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Welcome to Initiatives Online, the monthly e-newsletter of Catholic Health Initiatives. Please send questions or comments to news@catholichealth.net.

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Nebraska Heart Institute and Nebraska Heart Hospital
Sign Letter of Intent to Join CHI Nebraska

Nebraska Heart Institute and Nebraska Heart Hospital (Nebraska Heart) have signed a non-binding letter of intent to enter into negotiations to become part of CHI Nebraska. A 90-day exclusive negotiating process is expected to lead to a definitive agreement with a closing date of July 1. The letter of intent follows several years of discussion and a 30-year partnership between the organizations.

“Nebraska Heart has been our partner for many years in caring for cardiac patients,” said Bob Lanik, chief executive officer for CHI Nebraska. “They are in the top five percent nationally for overall quality of cardiac care. Adding them to our system will allow us to expand access to care and services for people in the regions we serve.”

With the culmination of the agreement, Nebraska Heart Hospital would become part of CHI Nebraska’s hospital network, and the physicians who are currently part of Nebraska Heart Institute would become part of The Physician Network. Tom Burnell would remain the CEO of Nebraska Heart with the culmination of this agreement. “We feel CHI is a good fit for Nebraska
Heart because we share a common philosophy in the way we provide outstanding health care to patients,” Burnell said.

**Advocacy Priorities Set for 2011-2012**

The Board of Stewardship Trustees has endorsed CHI's advocacy priorities for 2011-2012. The advocacy priorities were developed through an extensive process that included input from CHI leaders and employees, alignment with CHI's strategic plan, and review and recommendation by the Advocacy Advisory Committee.

Initial input was obtained at the 2010 National Leadership Conference, followed by an electronic survey of potential advocacy priorities disseminated throughout CHI. The Advocacy Advisory Committee considered this information in developing its recommendations to the Board.

As CHI’s advocacy priorities have been refined over the years, the issues have remained fairly constant, with “access and coverage for all” remaining the highest priority. For 2011-2012, there are six advocacy priorities, with the greatest emphasis placed on first three, which are interrelated and driven by the demands of health care reform. The priorities are:

- **Access and Coverage for All** – Assure that regulations implementing health care reform achieve the promised expansion of coverage to more than 30 million uninsured individuals; block legislative efforts to repeal the coverage gains of health care reform; seek continued expansion of coverage to those left out of health care reform; eliminate health care disparities based on race, ethnicity, immigration or socio-economic status; enhance access to palliative care to persons facing life-threatening illnesses.

- **Delivery System Reform** – Remove regulatory and legal barriers to the provider collaboration needed to improve coordination and quality of care; seek regulations for the proposed new models of care that provide flexibility and opportunity for participation by a broad range of hospitals and other providers; seek regulatory or legislative changes to advance the adoption of electronic health records and the integration of relevant information technology.

- **Quality, Value and Fair Payment** – Implement values-based purchasing in a manner that rewards both quality improvement and achievement of high quality; oppose provider payment cuts in excess of levels included in health care reform; protect vulnerable populations and avoid undue harm to providers and programs in entitlement reform; seek reasonable exclusions in regulations implementing the readmission payment penalty provisions of reform; modify inappropriate payment penalties related to the hospital-acquired condition provisions of reform.
• **Preservation of Charitable Purpose** – Preserve and promote the charitable purpose and tax-exempt status of nonprofit health care; provide, demonstrate and communicate organizational accountability and community benefit, including charity care, that is responsive to community need; protect Catholic identity; promote social justice.

• **Rural Health Care** – Preserve and promote access to high-quality health care services in rural areas through payment systems and programs that recognize the unique needs of rural providers; protect Critical Access Hospitals; advance telehealth; support workforce expansion efforts.

• **Violence Prevention** – Advance public policy, community-based and other organizational initiatives that seek to address, reduce and prevent violence in the communities CHI serves; increase public understanding of the impact of violence on health; address multiple areas of violence, including domestic violence, child and elder abuse, Internet-related violence, bullying and gun violence.

CHI’s continuing involvement in advocacy provides the opportunity to shape future directions in health and social policy while also responding to current realities. For more information, contact [Marcia Desmond](mailto:Marcia.Desmond@CHI.org), vice president of public policy.

**Office Product Standardization to Yield Savings**

As part of CHI’s Purchased Services Cost Savings Initiative, a new, standardized list of office products that can be ordered by CHI national offices and market-based organizations is rolling out across the system.

Office supplies are currently a $15 million annual expense for CHI, even with discounts provided by CHI’s use of HealthTrust Purchasing Group’s office supply contract with Staples. To achieve greater savings, CHI worked with Staples to establish a core list of cost-effective office products. When used across the system, the core list will provide CHI with estimated savings of $900,000 per year.

“The core list restricts product choices to those that are most cost effective, which supports our stewardship goal,” said John Gould, director of supply chain operations. “Rather than supporting individual product preferences, we are focusing on practical needs. For example, instead of 300 different pens and pencils, CHI employees will have a choice of 12. We worked with a team of administrative and supply chain leaders from across the market-based organizations and national offices to make sure that each item on the core list provides acceptable quality and usability.
Everyone’s use of the core list, from staff to executives, is needed to maximize the benefits of this initiative.”

A pilot of the online ordering system for the core list began on February 1 at CHI’s Northern Kentucky office; Carrington Health Center, Carrington, ND; and St. Vincent Health System, Little Rock, AR. “The pilot has been helpful because we found some supply needs not covered by the core list,” said Gould. “For example, one hospital needed a larger clasp envelope. We can continue to adjust the core list as necessary, and will also conduct an annual review.”

Employees who use the new ordering system will see few changes to the screens, and all employee log-in information will remain the same. “The difference is that employees will see and choose from only the items on CHI’s core list,” said Gould. Employees who need an item that is not on the core list should contact their local materials management department, which will have a trained “superuser” who can help. Also, employees who use standard shopping lists to order supplies may need to adjust them to reflect the products on CHI’s core list.

The rollout of the core list and the ordering system is expected to be complete by the end of March. Employees will receive email notices prior to implementation at their place of work.

For more information, contact your organization’s materials management department.

**Scanlon Tours Kenyan Medical Outposts with CMMB Board**

Colleen Scanlon, senior vice president of advocacy, toured sections of Kenya late last year in her role as secretary of the Board of Directors of the Catholic Medical Mission Board (CMMB), which has provided medical assistance and other aid to the impoverished African nation for more than a decade. A 30-minute videotape of the visit recently broadcast on Telecare, a Catholic television station based in Long Island, NY, is available for viewing.

The week-long visit by Scanlon, other board members and CMMB executive staff included tours of medical outposts in the city of Nairobi and two Catholic mission hospitals in a rural area of Kenya. A visit to clinics that serve the tens of thousands of Kenyans living in the slums of Nairobi was especially poignant for Scanlon.

The CMMB, established in 1912, is the leading U.S.-based Catholic charity focused exclusively on global health. It works in consultative status with the Economic and Social Council of the
United Nations, providing health and medical outreach programs around the globe. For more information, visit www.cmmb.org.

**Strategic Initiatives: People**

**Good Samaritan Hospital Hosts Launch of Values Program**

*Kearney, NE*

Good Samaritan Hospital, Kearney, NE, hosted a three-day training program to help start a nationwide initiative to promote values in the workplace and in the community. The 68 attendees from eight different hospitals in Nebraska became Certified Values Coach Trainers, qualified to teach a course on “The Twelve Core Action Values” in their hospitals and communities. The initiative is sponsored by the Nebraska Hospital Association and others. For more information, contact Marsha Wilkerson.

**Strategic Initiatives: Quality**

**Saint Joseph Receives Medal of Honor**

*Lexington, KY*

Saint Joseph Hospital received a Silver Medal of Honor from the U.S. Department of Health and Human Services (HHS) for successfully increasing the number of organs available for transplantation. The hospital achieved a 100 percent donation rate for the 18 months (October 2008-March 2010) considered by the awards program. Through coordinated efforts and the generosity of their families, six donors provided 12 organs to be transplanted to waiting recipients. Kentucky Organ Donor Affiliates presented the Silver Medal of Honor to Saint Joseph Hospital at a reception on January 26. For more information, contact Jeff Murphy.

**St. Joseph Community Health Receives Program of the Year Award**

*Albuquerque, NM*

The New Mexico Community Health Worker Association presented St. Joseph Community Health with the 2010 Central New Mexico Model Program of the Year award. St. Joseph received the honor for its Home Visiting Program, which provides education and support to those who are parenting for the first time. The free program is available to anyone living in the greater Albuquerque area. The program also provides an enhanced referral service that help
families meet life challenges such as access to food, housing, employment, Medicaid enrollment, quality child care and admission to school. More information is available on the St. Joseph Community Health website.

**Alegent Health Clinic Earns Recognition for Medical Home Program**

*Omaha, NE*

Alegent Health Clinic, the physician group practice of Alegent Health, Omaha, NE, received the highest recognition from the National Committee for Quality Assurance for its Patient-Centered Medical Home Program. The clinic’s program scored 95.25 of a possible 100 points to earn Level 3 recognition. The Patient-Centered Medical Home Program builds a partnership between patients and their primary care physicians. Early results show an improved quality of care and the potential to lower health care costs and provide savings for patients. For more information, contact Jodi Hoatson.

**Fast Track Reduces Emergency Wait Times at Memorial**

*Chattanooga, TN*

The emergency departments at Memorial Health Care System are reducing patient wait times with a new system called Fast Track. The emergency departments at both Memorial Hospital and Memorial North Park Hospital have seen a reduction in wait times and an increase in patient and staff satisfaction. The Fast Track system identifies urgent versus noncritical medical problems to help ensure that all patients are treated promptly. For more information, contact Brian Lazenby.

**Jewish Hospital Lighted Red for American Heart Month**

*Louisville, KY*

Jewish Hospital is drawing awareness to cardiovascular disease, the number one killer of Americans, by lighting its Rudd Heart & Lung Building red during February, which is American Heart Month. The hospital is also providing tips for a heart-healthy lifestyle via Facebook (www.facebook.com/jewishhospital) and Twitter (www.twitter.com/jewishhospital) throughout February.
Strategic Initiatives: Growth

St. Elizabeth Hospital Opens in Enumclaw

_enumclaw, WA_
St. Elizabeth Hospital, part of Franciscan Health System, opened February 2. The 94,000-square-foot critical access hospital replaces Enumclaw Regional Hospital, which opened in 1949 and became part of Franciscan Health System in 2007. More information about St. Elizabeth’s facilities and services is available on the Franciscan Health System website. For more information, contact Gale Robinette.

Ground Broken for St. Vincent West

Little Rock, AR
St. Vincent Health System held a groundbreaking ceremony on January 21 at the 37-acre site of St. Vincent West, a health and wellness campus in west Little Rock. Construction is underway, with phase one – family physician services, an urgent care facility and an expansion of The Longevity Center at St. Vincent – expected to be complete in September. Phase two will include facilities for outpatient surgery and diagnostic imaging, as well as specialty physician offices.

St. Vincent also held a grand opening and blessing ceremony for a new Outpatient Surgery Center for Gynecology, Orthopaedics and Urology at St. Vincent Infirmary Medical Center, Little Rock. The first surgery in the new center was performed on January 3 in one of seven new surgery suites. When the project is completed in July, the center will have a total of 11 surgery suites in 21,655 square feet. For more information, contact Margaret Preston Dedman.

People on the Move

Presidents/CEOs

Leslie Hirsch, president and chief executive officer, Saint Clare’s Health System, Denville, NJ, appointed secretary of the New Jersey Hospital Association.

Ben Koppelman, president and chief executive officer, St. Joseph’s Area Health Services, Park Rapids, MN, named a “rising star” among health care leaders under age 40 by Becker’s Hospital Review.

Jennifer Nolan to president and chief executive officer, Our Lady of Peace, Louisville, KY, from chief executive officer within Universal Health Services, Little Rock, AR.
**Carl Vaagenes**, president and chief executive officer, Unity Family Healthcare, Little Falls, MN, will resign effective April 1 to accept the chief executive officer position at Douglas County Hospital, Alexandria, MN.

**National Staff**

**Ann Shepard, RN**, to chief nursing information telehealth officer from national director, clinical informatics.

*Initiatives Online* can be found on the Catholic Health Initiatives Web site, [www.catholichealthinitiatives.org](http://www.catholichealthinitiatives.org).

**Submission Guidelines**

*Initiatives Online* is published by Catholic Health Initiatives. Please send news releases or brief announcements on successful healthy community initiatives, clinical and service advancements, new partnership activities, awards and recognitions and appointments of executives. Photos may also be submitted for use in the Web site edition of *Initiatives Online*. Submissions should include contact information. Submissions for each month’s issue are due the first day of that month. Submissions may be edited, redirected to other CHI publications, or may not be accepted for publication. Send submissions, as well as questions, comments or email address changes, to news@catholichealth.net.

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