

Mark your Calendar!

January 15, 2013

IRHA Public Policy Forum
8:00am – 3:30pm ET
Hyatt Regency
One South Capitol Avenue
Indianapolis, IN 46204

March 15, 2013

Spring Into Quality Symposium
Primo West
2353 E Perry Road
Plainfield, IN 46168

Roundtable Meetings

November 30, 2012

HR Roundtable Videoconference
1:00pm – 3:00pm ET

December 6, 2012

MM Roundtable Videoconference
10:00am – 12:00n ET

December 7, 2012

Pharmacy Roundtable
Videoconference
10:00am – 12:00n ET

December 14, 2012

IT Roundtable VC / Movi
10:00am – 12:00n ET

December 14, 2012

CFO Roundtable Videoconference
10:00am – 12:00n ET

February 8, 2013

CEO Roundtable Meeting
Sensory / VC
10:00am – 1:00pm ET

February 13, 2013

CFO RT & Revenue Cycle Meeting
Sensory / VC
9:00am – 12:00n ET

February 15, 2013

Meaningful Use RT Meeting
Sensory / VC
10:00am – 12:00n ET

March 1, 2013

NE Roundtable Videoconference
9:30am – 11:30am ET

Please Verify Details at:
indianaruralhealth.org/InSRHN

InSRHN Bulletin

VOLUME 3, ISSUE 4

NOVEMBER 2012

Looking Ahead to 2013 ...

*from Deena Dodd,
InSRHN Director*

As hard as it is to believe, 2012 is almost a memory. So much has happened over the last year, and yet one has to consider how much more change is coming. I'm on the edge of my seat contemplating what 2013 will bring to healthcare for providers and constituents alike. These are challenging times across the healthcare spectrum, with talks of sequestration, the fiscal cliff, and the debt ceiling looming over the country. As we look across the healthcare summit, we see so many challenges: financial; quality; and, of course, meaningful use. How can rural Indiana facilities survive in this climate? Collaboration, communication, and engagement.

2013 looks to be a year of collaborative efforts. This means across your county, within the state, and across the nation, relationships will be key. We must continue to work together to ensure the voice of rural is heard loud and clear. Communicating within your communities, engaging your local, state and national politicians, and pursuing to educate individuals at all levels is imperative. Healthcare moves so quickly; we all know this. However, those outside of the industry need your help in keeping abreast of the issues.

Now is the time to take an inventory of needs and opportunities; look outside of your immediate zone to see how you can get a leg up for your community, as well as provide a hand up to your

neighbors. We also need to look to 2013 as a time to foster more partnerships with our representatives in Washington, D.C. These lawmakers, through legislator practice visits and other grassroots events, need to be kept abreast of the challenges facing rural Indiana. Let's be intentional; let's provide them with first-hand perspectives of how their decisions impact healthcare for patients in rural Indiana; the delivery of high-quality healthcare is delivered in a cost-efficient manner, while keeping rural clinical Hoosiers employed in their communities of choice.

Additionally, remember that InSRHN is your network. We are here to share our knowledge and resources, encourage and cultivate relationships amongst our members, facilitate stronger statewide interactions, help identify best rural practices, leverage buying power, and facilitate learning and mentoring. We continually strive to provide you with the latest news, developments, and resources available to us. Let any of us know how we can better assist you in your endeavors to serve your communities. We are consistently looking for opportunities to share stories, provide education, engage your constituents, and put boots on the ground in your area.

As always, We Are Stronger Together!

InSRHN Staff Reports

Jim Miller – IRHA Staff Consultant / jmiller@indianarha.org / 812-478-3919, ext. 233

The 2012 election may be over; but many uncertainties regarding healthcare reform remain, especially at the state level.

The re-election of President Obama and an increased Democratic majority in the U.S. Senate means that repeal or significant changes to the 2010 Affordable Care Act is highly unlikely. However, in Indiana like most other states, many key questions regarding implementation of ACA remain unanswered.

Meanwhile, members of the InSRHN Roundtables will eagerly await those answers to ensure full compliance with the federal law in time for its January 1, 2014, start date.

Three principal issues regarding health reform implementation face Indiana lawmakers over the next several months: (1) how to establish a health insurance exchange through which consumers can purchase health insurance with federal subsidies, (2) whether to grow the state Medicaid member enrollment by as much as 50% over current numbers; and (3) what medical service categories will be included in the essential health benefits package to eventually be offered to consumers.

The new Pence Administration and the Republican-dominated Indiana General Assembly will grapple with these decisions during the upcoming 2013 legislative session, during which time a two-year biennial budget – that will be significantly impacted by those decisions – must be adopted.

Due to expected start-up costs reportedly estimated at \$50 million, Governor-elect Mike Pence has publicly stated his preference to implement a health insurance exchange run by the federal government – in lieu of an entirely state-operated or federal-state partnership or “hybrid” exchange. Some GOP leaders in the legislature have advocated use of a partnership exchange to exert more local control over participating qualified health plans as well as affording more consumer choice in the Indiana health insurance market.

Expanding the state Medicaid program by adding between 300,000 and 500,000 more low-income Hoosiers is also squarely in the legislature’s crosshairs in 2013. The state has estimated Medicaid expansion will cost Indiana taxpayers between \$1.5 and \$2.5 billion over the next 10 years. Lawmakers will have to decide between that huge addition to the state budget, despite heavy federal funding support in the first two years, or continue to account for a high percentage of uninsured in Indiana (approximately 16%), many of whom use hospitals as their first choice for primary care.

And state officials must agree as to what medical services will constitute the essential health benefits package that must be offered by health plans (through the health insurance exchange) to consumers starting in 2014.

Over the next several months, while these critical decisions are being made, the InSRHN Roundtables will continue to discuss other short- and long-term challenges facing member facilities, including scheduled Medicare cuts in 2013 as part of the looming Federal fiscal cliff and ongoing Congressional efforts to reduce Medicare reimbursement for rural providers.

In 2012, InSRHN Roundtables looked at best practices in operational matters involving hospital finance and reimbursement, internal operating policies and procedures and employee benefit packages, various group purchasing initiatives, and pharmacy dispensing and pricing matters. More of the same, along with reconciling the fallout from crucial upcoming Affordable Care Act decisions, is anticipated in the new year.

InSRHN Staff Reports

Becky Sanders – Upper Midwest Telehealth Resource Center Director / bsanders@indianarha.org / 812-478-3919, ext. 232

InSRHN IT Roundtable – The last IT roundtable meeting for 2012 will be held on Friday, December 14. We will discuss the new format for this group in 2013. It will become the Meaningful Use Roundtable.

Indiana Telehealth Network (ITN) / Federal Communications Commission Rural Health Care Pilot Program (FCC RHCPP)

Several ITN participants participated in site visits with USAC in October. Don Lewis, Program Manager for the RHCPP from USAC, seemed very impressed with our efforts to promote fiber connectivity and telehealth in the state of Indiana. We will share the summary from the site visits when it is finalized. We also found out that the new USF reform order is due to be released in December, 2012. We expect the order to have details regarding the new Rural Health Care program, which should enable us to continue funding additional fiber optic construction and broadband services to expand the ITN.

Upper Midwest Telehealth Resource Center (UMTRC)

Becky Sanders is now the UMTRC Director. In her new role with the UMTRC, she will be working with healthcare entities in Indiana, Illinois, Michigan, and Ohio to promote telehealth services, and provide technical assistance. Check out the UMTRC website at www.umtrc.org for more information.

InSRHN is pleased to announce a new business partner for the portfolio with iProtean. What is iProtean? It's the latest technology in trustee education and provides interactive e-learning courses within an easy but sophisticated LMS. iProtean features leading experts in all areas of board responsibility including, but not limited to, Finance, Mission and Strategy, Governance and Quality. The iProtean technology delivers new and seasoned board members the educational tools to work in their most effective capacities. For trustees looking to obtain certification iProtean also offers varying levels of accreditation. This can be achieved at the board members' leisure and with little to no travel.



Tom Nordwick, CEO of Adams Memorial Hospital, had this to say about iProtean, "Our board of directors was hungry for an education tool that would help them stay current and a tool that would provide new board members the education they need to get up to speed quickly. iProtean offers a solution that is very convenient, has good substance and isn't overwhelming. As a Rural Healthcare CEO for over 23 years, this is the first educational program that I am aware of that offers this caliber of experts addressing current issues in an environment that is not intimidating, and allows users to work at their own pace and in the privacy of their home if they so desire. Board members' attainment of knowledge is what allows them to be good contributing members of a board and iProtean gives them the confidence needed to ensure that they are keeping the organization on track. Last, but not least, is the affordability of the course offerings; and I think that speaks for itself. As you know, we are new users of iProtean; but the board is fired up to use it, and I am anxious to watch them grow and get their feedback on its usefulness."



National Rural Health Day – Recognizing Excellence

National Rural Health Day is an opportunity to “Celebrate the Power of Rural” by honoring the selfless, community-minded, “can do” spirit of that prevails in rural Indiana and America. Rural Indiana communities also have unique healthcare needs. Today more than ever, rural communities must address accessibility issues, a lack of healthcare providers, the needs of an aging population suffering from a greater number of chronic conditions, and larger percentages of un- and underinsured citizens. Critical Access Hospitals (CAHs) and rural hospitals – which are often the economic foundation of their communities in addition to being the primary providers of care – struggle daily as declining reimbursement rates and disproportionate funding levels make it challenging to serve their residents.

In recognition of National Rural Health Day, Governor Daniels, Indiana Governor, has proclaimed **November 15, 2012**, as *National Rural Health Day*. This Proclamation award was presented to Don Kelso, Executive Director of the Indiana Rural Health Association, on behalf of all the rural communities in Indiana. Leaders of rural health from across the country will come together to celebrate the tremendous accomplishments that have been achieved in rural healthcare.

In this spirit, the Indiana Rural Health Association *SuiteSTATS* offers a data-driven program to recognize excellence across a broad spectrum of indicators relevant to hospital performance and patient care. SuiteSTATS would like to share the following list of providers from your state that have been designated top quartile performers by the iVantage Hospital Strength Index™ rating system, the first rating system in the country, to include all rural providers including Critical Access Hospitals.

Give us a call to discuss how you may utilize this information as part of your hospital’s celebration of your rural health leaders. We would love to help! We would welcome the opportunity to schedule a webinar or teleconference to support your efforts to become a top performing hospital in Indiana and in the nation.

2 Rural Hospitals are recognized as Health Strong™ – Top quartile performers in the overall HSI score:

MARGARET MARY COMMUNITY HOSPITAL
DECATUR COUNTY MEMORIAL HOSPITAL

6 Rural Hospitals are recognized for Excellence in Quality – Top quartile performers in the Quality-Base pillar of the HSI Index (AMI, HF, PN, SCIP, and OP Process of Care Scores):

INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL
DUKES MEMORIAL HOSPITAL
ST. VINCENT WILLIAMSPORT HOSPITAL
UNION HOSPITAL CLINTON
PARKVIEW LAGRANGE HOSPITAL
COMMUNITY HOSPITAL OF BREMEN

1 Indiana Rural Hospital is recognized for Excellence in Outcomes – Top quartile performer of Outcomes Index of the HSI. (Patient Safety Indicators, Readmissions, Mortality):

DECATUR COUNTY MEMORIAL HOSPITAL

National Rural Health Day – Recognizing Excellence (cont.)

5 Indiana Rural Hospitals are recognized for Excellence in Patient Satisfaction – Top quartile performers of the Patient Perspective Index of the HSI (HCAHPS “Willingness to recommend” and “Overall Quality”):

MARGARET MARY COMMUNITY HOSPITAL
PARKVIEW LAGRANGE HOSPITAL
INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL
ST. VINCENT DUNN HOSPITAL
JAY COUNTY HOSPITAL

9 Indiana Rural Hospitals are recognized for Excellence in Efficiency – Top quartile performers of the Cost and Charge index of the HSI:

PUTNAM COUNTY HOSPITAL
SCOTT COUNTY MEMORIAL HOSPITAL
ST. VINCENT SALEM HOSPITAL
SULLIVAN COUNTY COMMUNITY HOSPITAL
ST. VINCENT CLAY HOSPITAL
ST. VINCENT DUNN HOSPITAL
WOODLAWN HOSPITAL
DECATUR COUNTY MEMORIAL HOSPITAL
MARGARET MARY COMMUNITY HOSPITAL

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Call **812/478-3919, ext. 229**
to learn how you can decrease costs and
improve productivity today!!!



Ever Wonder Where Your Costs Go?

The IRHA SuiteSTATS Rural Operational Assessment (ROA) integrates Productivity, Quality, Clinical Effectiveness, and Patient Satisfaction into a single analysis that demonstrates the **link between cost performance and the hospital's value proposition**. Administrators get information they need to act - quickly and confidently - on the areas of greatest opportunity and highest need. The ROA pinpoints the current state, quantifies the value potential, and outlines a unique pathway to success and **sustainability**.

UNPARALLELED DRILL-DOWN CAPABILITY

Continuous drill-down - from hospital cost per admission to the procedures performed on a specific case - means every level of the organization has quantifiable performance data. Regardless who's using it - administration, **budgeting**, nursing, a PI Team, a manager - all see a view unique to your scope and can develop plans to improve.

The Top Ten Functional Excess list highlights productivity issues *immediately*. No need to spend scarce resources and months gathering data on all departments. Get started on improving performance right away. Additional insight comes from Top Ten lists for DRGs, Service Line Profitability Analyses, Cost of Off-Quality valuations, Clinical Utilization analyses and comparisons of Process of Care measures and HCAHPS to peer hospitals. See right away where and how much hospital value is compromised by **productivity**, skill mix, contracted services, supplies, quality, patient satisfaction or clinical practice issues.

FUNCTIONAL COST AND QUALITY

- Integrates functional **cost**, departmental **productivity**, clinical cost and quality performance into a system that allows for thorough exploration of cost and quality issues.
- Uses a proprietary functional mapping methodology to create cost, FTE and skill-mix **databases** to establish meaningful comparisons and highlight performance trends and differences in the management of individual operating functions between **peer hospitals** and comparables.
- Measures performance on a cost-per adjusted- admission basis (taking into account outpatient volume) and, where possible, other department-specific volume indicators, such as cleanable square feet for housekeeping.
- Evaluates **labor** to determine whether the primary **cost issues** are associated with productivity or pay mix.
- Provides productivity monitoring for **30 cost centers** within a single facility and up to 120 indicators per facility, using targets set by the functional benchmark results, which are updated quarterly via **Integrated dashboards**.

CLINICAL COST AND QUALITY PERFORMANCE

- Includes case level clinical detail that provides evaluations of key clinically driven **cost issues** such as nursing, LOS, pharmacy, laboratories, surgical services, respiratory therapy, and surgical supplies.
- Utilizes proprietary analytical methodology and data of **clinical costs** and is case-mix, severity, wage rate, and inflation adjusted.
- Provides a strategic overview for an entire peer hospital by showing the opportunity to improve **profitability** quantified by service line and details whether excess cost is driven by cost per day or length of stay; which component of cost per day is out of line; and which specific Diagnosis Related Groups represent the main targets for improvement.
- **Benchmarks** quality using the Agency for Health Research and Quality's safety and quality indicators and benchmarks indicators and maps them to appropriate functions/DRG's allowing the creation of **value matrices** showing the relationships between cost and quality.

For more information about how you can reduce excess costs from you net revenue and improve productivity, contact Cindy Large at clarge@indianarha.org 812-478-3919, extension 229 today!

Welcome, New InSRHN Hospital Members!

Davless Community Hospital (DCH), Daviess County's second largest employer, was organized in 1913 and provides a broad spectrum of quality healthcare services for people living in Daviess and surrounding counties. The only hospital north of Evansville on the I-69 corridor in southwestern Indiana, DCH is a not-for-profit and county-owned facility with 76 beds. Daviess Community Hospital provides a lifespan of health and wellness services, including a modern birthing center, emergency department, general and orthopedic surgical services, and expert diagnostic lab and imaging services. Nearly 600 employees and physicians work at the hospital and in our area medical clinics, delivering skilled medical care professionally and with a personal touch, earning the hospital numerous awards for exceeding customer expectations. Learn more about our services, employees, and physicians by visiting www.dchosp.org.



David Bixler assumed the position of Chief Executive Officer at Daviess Community Hospital on September 1. He has over 30 years of hospital experience and began his career in the business office, advancing to the position of Chief Executive Officer after only 13 years. He most recently served as President and Chief Executive Officer of Rutherford Regional Health System, a 143-bed not-for-profit hospital system in Rutherfordton, North Carolina. Bixler led that hospital to achieve many awards, including a top ranking for patient satisfaction from Press Ganey and multiple top hospital awards from Thomson Reuters. In addition, Bixler himself has earned awards. In 2011, he was included in Becker's Hospital Review's "291 Hospital and Health Systems Leaders to Know." He earned a Bachelor of Science degree in Marketing from the University of Massachusetts-Dartmouth and a Master of Science degree in

Health Science from Mississippi College. Bixler and his wife, Lynda, have two grown sons and a granddaughter living in Florida.

Cameron Memorial Community Hospital is an independent, 25 inpatient bed, critical access general community hospital offering health and wellness services to a regional population of approximately 30,000. Interestingly, the summer population swells to over 100,000 due to the many visitors to the area's 101 lakes. The hospital employs 400+ staff members and is served by over 130 physicians with privileges covering over 20 specialty areas. Cameron has its roots in two Angola hospitals, Cameron Memorial Hospital, which was founded in 1926 by Dr. Don Cameron, and Elmhurst Hospital, founded in 1945 by Dr. Lester Eberhart. In 1972, the two joined to form Cameron Memorial Community Hospital.

Cameron is beginning the exciting task of building a new facility. The 126,000+ square foot facility will be located on 13+ acres situated on its current footprint in downtown Angola and in surrounding acquired property. The new hospital will include the following design features for safety, comfort and privacy for our patients: all private patient rooms; "same-handed" rooms to promote patient safety and staff efficiency; 3 large operating rooms; 12 private ambulatory surgery patient care rooms; state-of-the-art Radiology Department, including a dedicated Women's Center; expanded Emergency Department; non-denominational chapel; and large community education facilities. The new facility is slated to open in 2014.

Reducing Readmissions at Rush Memorial Hospital

*By Denise Fields, PharmD
Director of Pharmacy Services
Decatur County Memorial Hospital*

On November 8, 2012, the Indiana Hospital Association's Coalition for Care sponsored a workshop entitled "Readmission and Adverse Drug Events: Causal Links and Strategies for Action" at the Indianapolis Marriott North. The program featured national speakers, representatives from the Purdue University College of Pharmacy Center for Medication Safety Advancement, the Medication Safety Officer for the Community Health Network and representatives from Rush Memorial Hospital, a Critical Access Hospital and member of IRHA.

Deborah Hummel, RN, MBA, MSN, is the Lead Quality and Safety Programs Liaison at Rush Memorial Hospital. She was joined in her presentation by Greg Pratt, RPh, who is the Director of Pharmacy at Rush Memorial Hospital. Deborah's and Greg's presentation was entitled "Implementing Change at the Bedside." Although they had the presentation spot just after lunch, they had no problem keeping the crowd's attention with their story-telling style presentation.

Deborah discussed how their internal reporting structure and roles within their facility were redesigned around patient safety and readmissions. Greg focused on his decision to replace a technician opening with a Pharmacist in order to begin discharge medication counseling at Rush Memorial. Their facility had some impressive results to share in regards to reducing readmissions, and they both did a wonderful job explaining the different needs, concerns, and challenges faced regarding this topic for small and rural facilities (as compared to larger, urban facilities).

Rural Indiana was well represented at this statewide event ... Congratulations to Deborah, Greg, and their team at Rush for their success in reducing readmissions!

IHA's Coalition for Care is Indiana's largest hospital engagement network. Through 2013, IHA is working with 120 member hospitals to improve patient care in Indiana through the American Hospital Association's Health Research & Educational Trust supported by the Centers for Medicare & Medicaid's national Partnership for Patients initiative.

InSRHN is pleased to announce a new contract with Safe Hiring Solutions out of Danville, IN. It is a company with vast knowledge and expertise in background screens/checks. Safe Hiring Solutions works with school corporations, hospitals, churches and non-profits across the country. The company developed a "paperless" technology that will allow hospitals to place a link on their website and candidates can click on the link, sign and e-authorization, input their information and initiate a background check which is returned to the hospital when complete. The company will soon launch iRefCheck, which is a totally automated reference checking system. iRefCheck is candidate driven and uses customizable behavior-based templates. InSRHN members will have a free 30 day trial of iRefCheck when they sign up to use Safe Hiring Solutions.

Safe Hiring Solutions' national criminal database has more than 17 sanction lists that include OIG and GSA. They have agreed to a contract to provide 2 levels of screening, as well as other additional services at reduced pricing. The screenings are :

Level I OIG/GSA

Level III OIG/GSA and 50 state licensing board



Each facility will be assigned a client service representative who will oversee everything on the reports. The rep verifies the name is correct, spelled correctly, any other names and address history. They make changes to report if needed and initiate report. All reports are viewed before completing and returning to facility. SHS also has integration with over half the courts in Indiana, including counties such as Monroe (IU) or Delaware (Ball State), and will run all candidates through this search.

Safe Hiring Solutions also has templates for Adverse Action Management. The forms are being integrated online so InSRHN facilities will be able to generate pre-adverse and adverse action packages quickly. SHS will also be updating all of these forms in preparation for the new requirements taking effect January 1, 2013.

Attica Consolidated School Corporation Installs High-Speed Fiber In Partnership With Indiana Fiber Network (IFN)



Broadband Connectivity Reaches Attica Consolidated School Corporation

Attica, Indiana—October 30, 2012—Indiana Fiber Network (IFN) is pleased to announce Attica Consolidated School Corporation has selected IFN in partnership with Education Networks of America (ENA) to deliver broadband fiber connectivity to their schools. The project will upgrade the school corporation from less than 8 Mbps to 60 Mbps, a significant leap in bandwidth—which means higher speed and capacity for critical instructional and operational applications that increasingly depend upon networks. “We are very excited about the opportunities this will afford our students. The cooperation from the City of Attica, Harrison Steel Castings Company, IFN and ENA was tremendous. I cannot express how grateful we are to the City of Attica, particularly Sharon Negele, City Clerk-Treasurer, and Robert Shepherd, Mayor, for their efforts in supporting the rural fiber grant project early on. The additional economic support Harrison Steel Castings Company provided the fiber build to Attica Jr.-Sr. High School completed the resources needed. Attica Consolidated School Corporation is fortunate to have a wonderful supportive school community here in Attica,” said Derek Marshall, Superintendent of Attica Consolidated School Corporation.

Geoffrey H. Curtis, Vice President and General Manager with Harrison Steel Casting Company, states, “Harrison Steel and our employees are pleased to be able to support the Attica School System. Education and growth are essential to the health and well-being of a community. We can only imagine the opportunities this network will provide the school system in the continuing development and education of our children.” ENA, the managed Infrastructure as a Service (IaaS) provider to Attica

Consolidated School Corporation, applauds everyone’s efforts in this project. Says ENA CEO David Pierce, “ENA is delighted to be part of a partnership that so clearly attests to a city’s, and its business community’s, dedication to its most important asset: its students. This significant upgrade in local infrastructure will mean that ENA will be able to provide even better data, voice and video solutions as well as greater value and service to Attica Consolidated School Corporation. ENA will make the most out of this investment in Attica’s children and community.”

“The City of Attica and Attica Consolidated School Corporation are directly benefiting from the 24 miles of fiber, constructed by IFN, which connected St. Vincent Williamsport Hospital in Williamsport, Indiana, to the Indiana Telehealth Network (ITN). The ITN is one of 50 remaining programs under the Federal Communications Commission’s Rural Health Care Pilot Program. The ITN is unique in its successful incorporation of this type of private/public collaborative effort,” said Becky Sanders, Director of Upper Midwest Telehealth Resources Center with Indiana Rural Health Association (IRHA). Kelly Dyer, CEO of the Indiana Fiber Network, states, “Attica Consolidated School Corporation is a shining example of how great things can happen when an entire school community works together for the betterment of their students and community. IFN looks forward to working with community leaders in Fountain County to help promote the availability of the fiber-optic assets and to market the excess capacity to potential users.”

Vendormate Contract Manager Eases the Audit Pain



Audit season comes with its own special type of dread. You know that you're going to be asked for some obscure, seemingly random document that you can't quite put your hands on.

Prior to **Vendormate Contract Manager**, Preston Hall with Clarion Hospital would spend the weeks before an audit updating his contract spreadsheet – a manual process of making sure each entry had a signature date, an expiration date, and other key information. Then the auditor would review the master list and ask to see actual contracts for a select few. Once the audit was over, the spreadsheet was put away until next time.

This year, Preston wanted to get ahead and stay ahead. Preston recently selected Vendormate Contract Manager to house and manage his contracts. Vendormate Contract Manager is a unique software-as-a-service app that securely manages and tracks contracts and associated documents. But most importantly for Preston, Vendormate Contract Manager means no more spreadsheets to update.

This time when the auditors showed up and asked for a list of contracts, Preston was able to easily pull the list from his system. And since the actual contracts are also housed in Contract Manager, he was able to select and print anything the auditors wanted.

While the pending audit was the driving force in implementing Contract Manager, Preston has found the flexible customization of the system to be one of its best features. The many fields in the system allow each user to determine what fields work for them and disregard those that don't.

"It is great to have a system where the user can make the system work for them as opposed to most systems where the user has to adjust to use the system," said Preston.

Also, Preston assigned each contract to a department. He has taught all department heads the simple self-service steps to access the system and find their contracts. Now the department heads can have direct visibility to all of their contracts anytime day or night, saving Preston from department specific questions about contracts.

In summary, the system is very easy to use, according to Preston. His recommendation to others considering Vendormate Contract Manager is, "bite the bullet and get it done."

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Everything you need, all in one place

- Nationwide inventory of medical disposables
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Customized Implementation

- Custom coding and EDI punch-outs
- Inventory management and lowest units of measure
- PSS is a proud partner of GHX who shares in our mission to help you improve efficiencies and reduce expenses

A distribution model that makes a big difference

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- Late cut-off times for next-day orders
- No minimum order, shipping and handling or hazmat fees

Solutions to help you Increase Revenues

- In-source services currently outsourced, from laboratory to general diagnostics
- In-office Dispensing Solutions

Reduce Expenses without cutting corners

- Our PSS family of brands delivers the highest quality products with the only no-questions-asked, 100% satisfaction guarantee in the industry
- The PSS Advantage Club allows savings on the most used supplies in alternate sites
- 15+ GPOS, local vendor and equipment contracts

Do more with less and Improve Efficiencies

- Efficient Supply Chain Management eliminates extra steps, time, money and opportunities for error from the ordering process
- Health Information Technology Solutions - PSS' Healthcare Information Technology portfolio can improve the performance of your network with solutions that increase care coordination, and easily document and report quality measures
- Laboratory Consulting

For more information, visit www.PSSHSS.com, or email IDNAnswers@pssd.com.

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