

Cooperative Connections

The National Cooperative of Health Networks (NCHN)

Since 2002, NCHN has had the pleasure of working with The Hospital Cooperative as a valued, involved network member. As a member, THC has participated in numerous conferences, educational programs, committees, and other NCHN events. Jon Smith has served as a member of the Board of Directors since 2010 and as Treasurer the past two years. In 2012, THC was recognized as NCHN's Network of the Year. Thus, a few weeks ago, when we were invited by Jon Smith to formally introduce NCHN in The Hospital Cooperative's newsletter, we were delighted by the opportunity to share.

The National Cooperative of Health Networks (NCHN) is a member-driven association of health networks. NCHN's mission is *to support and strengthen health networks through collaboration, networking, leadership development, and education*. Since its incorporation in 1995, it has developed into a nationally recognized organization that offers support to health networks throughout their phases of development.

The Association is comprised of 58 networks and 13 associate members (network stakeholders) across the nation and is governed by an elected vol-

unteer Board of Directors. Member programs, benefits, and educational offerings are developed and provided in collaboration with the members through participation on a variety of committees. NCHN offers numerous opportunities for collaboration, education, and leadership development, including an annual conference held each spring, a leadership summit in the fall, quarterly membership calls, monthly Coffee/Tea Chats, and special topics calls. Network members and their members also have access to the NCHN's Business Partners, which offer a variety of products and services relevant to the health care delivery.

In composition and development, NCHN Members are as diverse as the communities for which they evolved. Some members have been in existence longer than NCHN and some are networks that recently formed with the assistance of HRSA Rural Health Network Development funding. The breadth of knowledge, experience, and expertise offered by this range of members facilitates truly innovative collaboration. The programs and purposes of the NCHN members vary, but each contributes unique knowledge, serving as an example of what can be achieved, how barriers can be over-



come, and the extent to which partnerships within communities can do more with less. As the members work to adapt to the ever changing health care delivery system, there is an ongoing potential for discovery that is maximized by the collaboration among members.

At NCHN, perhaps the most exciting time of the year is the Annual Educational Conference. This year's conference will be held April 16-19 in New Orleans. It is truly a great opportunity to hold a meeting of the minds among some of the most enterprising network leaders in the country. Members of The Hospital Cooperative can register at the reduced NCHN Member rate. To find out more, visit NCHN online at www.NCHN.org.

Courtesy: Christy Sullenberger, Director of Member Services

We have changed our e-mail addresses!

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Bear Lake Memorial Hospital

Bear Lake Memorial Hospital Receives Major Gifts

Bear Lake Memorial Hospital received two major gifts this Christmas. The gifts are from the Matthew B. Ellis Foundation for \$100,000 and the W. Hague & Sue J. Ellis Foundation for \$25,000. Both of these gifts are pledged towards the Hospital's new patient room project.

In addition to these gifts, numerous other gifts and pledges from people here in the Bear Lake Valley, have been made over these last few weeks of the year. All these gifts are helping to reach the goal of \$2 million.

Craig Thomas, Executive Director of the Bear Lake Valley Health Care Foundation said, "We at the Foundation and the Hospital are extremely grateful to the Ellis family for their kindness, generosity and commitment to Bear Lake Memorial. We are also very grateful to the many wonderful people of the Bear Lake Valley for their generous donations and strong support of the Hospital."

The Foundation reported that they are now within \$400,000 of reaching their goal of \$2 million towards the new private patient room project. This project is scheduled to begin in the spring of 2014. Architects have been obtained and the design on the private patient room wing is well under way.

"We have 12 months to raise \$400,000. Considering the fact that we have raised \$1,600,000 in the previous 2 years, I think our goal is very achievable, said Rod Jacobson, Hospital Administrator, "One or two more major donations will get us there."

Dr. Clay Campbell Receives High Honor

Clay Campbell M.D. a family physician in Montpelier, Idaho was recognized as an Outstanding Alumnus of the Family Medicine Residency of Idaho. This recognition came in their December newsletter. Clay graduated from FMRI in 1994. He now practices in Montpelier, a rural area with a population of 2,350. He symbolizes the rural family physician who is truly the unsung hero in Idaho and exemplifies the FMRI's mission to 'train to remain' by focusing both on their commitment to education through hosting University of Washington School of Medicine – Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) Program students in the Rural Underserved Opportunities Program each summer and their service to rural Idaho communities. He has also served as a board member of the Idaho Academy of Family Physicians.



Dr. Campbell is a devoted, conscientious, and a selfless physician who genuinely cares about the healthcare of the citizens of the Bear Lake Valley. He epitomizes the demanding role of a rural physician doing it all, from beginning his day completing electronic medical records, to doing his rounds on the his hospital patients; attending hospital business meetings teaching Advanced Cardio-

vascular Life Support (ACLS) or Pediatric Advance Life Support (PALS) or some other in-service to hospital staff; instructing on the use of the hospital's Electronic Medical Records (EMR); to practicing his regular work day at his clinic and then returning back to the hospital to cover the emergency room in the evening. He is a solo practitioner expecting nothing but the opportunity to practice medicine the way he dreamed of doing it in medical school.

Minidoka Memorial Hospital

Caring and Sharing Tree Festival

The Minidoka Health Care Foundation is thankful for a wonderful 2012 year. From the employee campaign, to the annual golf tournament, and the Caring and Sharing Tree Festival, the participation from community members was absolutely outstanding.

The 14th annual Caring and Sharing Tree Festival was held over the Thanksgiving weekend. This year, we were able to raise over \$38,000 bringing our total since inception to nearly \$450,000. This year alone there were 60+ trees and items donated to the festival turning an ordinary gymnasium into a magical winter wonderland to kick off the holiday season. According to Kim Vega, Director of Marketing, "It always amazes me the generosity that abounds in small communities and I feel so privileged to be a part of something this special that helps to meet the needs of many in our community."



Construction Update

The main attraction for the past 18 months at Minidoka Memorial Hospital has been, and continues to be, construction and maintaining services while the building is being extensively remodeled. The project is nearing completion, with the bulk of the work expected to be done by the first of July, approximately 2 years from the beginning.

The new emergency department and the new lab were put into service late last fall. The new imaging department has been completed. Imaging equipment has been installed and is working, including a CT scanner directly accessible from the ER as well as the imaging department. The business office will be done by March 1. The new MMH nurses' station and north-side inpatient rooms will be done in February. Construction on the remaining south-side inpatient rooms will begin by the end of February and conclude by the end of June.

We are very pleased with the outcome, and we are anxious to conclude the rest of the project. The end result will be a 7 bed inpatient surgical unit, a 10 bed medical inpatient unit, and a 7 room emergency department. Additionally, admissions and access to clinical services will be consolidated into a single location.



Power County District Hospital

Blood Warming Machine

Recently, two duck hunters with severe hypothermia were brought into Power County Hospital's emergency room. Using a blood warming machine, the medical staff raised their temperature by warming blood and IV solution before they were introduced into the duck hunters blood streams. This procedure saved their lives. All of the blood warming supply kits on hand were used at the time and when hospital staff tried to order replacements, they were told that the kits, which cost about \$169 each, are backordered until February 2013. The hospital, of course, cannot be without kits for extended period of time, especially during the cold winter months. The decision was made to purchase a new blood warmer.



The PCHD Foundation board was happy to fund the purchase for several reasons. First, the warming kits for the new machine are available immediately. Second, and very important, the new warmer has the capacity to warm blankets at the patient's bedside. This is advantageous to recovery because the blankets are very warm when they are placed over the patient. In the past, blankets were warmed at another location in the hospital and they lost some of their heat before they reached the emergency room. Warmer blankets speed up the warming process which increases the likelihood hypothermic patients will recover in a timely fashion. Finally, the blood warming kits only cost about \$10 each, which will save patients and the hospital a lot of money. The Foundation used some of the money raised at its recent Scarecrow Auction to pay for the new warmer.

Star Valley Medical Center

Star Valley Medical Center Alpine Clinic Temporarily Closing

Star Valley Medical Center has elected to temporarily close the Alpine Clinic due to the disruption caused by the remodeling project currently going on at the clinic.

Charlie Button, CEO of Star Valley Medical Center stated "As is the case with most remodel projects, once the work was started, it was discovered that much more extensive remodel construction will be required to provide the quality of medical clinic the Alpine community deserves. Also, it is important that we protect our patients and our employees while this extensive remodeling is completed, and we felt that closing the clinic temporarily would provide the best opportunity to get the remodeling done in a timely fashion."

In mid-December 2012, the clinic closed until further notice while the remodel construction progresses. SVMC will notify the community as soon as possible of the re-opening date for the clinic. Button went on to say, "Star Valley Medical Center wishes to thank Alpine and the other lower valley communities for their support of the Alpine Clinic. We also want to convey our commitment to those communities by providing affordable top quality

healthcare services. We feel this project when completed will be a facility we can all be proud of."

During this remodel construction period, the SVMC health care providers that work in Alpine will move to the Star Valley Medical Center Thayne Clinic located at 124 Petersen Parkway in Thayne, Wyoming. Members of the Alpine community will be able to see their regular provider in the Thayne Clinic. Please call (307) 654-5852 to schedule an appointment. The same business hours held in Alpine will be observed in the Thayne Clinic.

Madison Memorial Hospital

Family Maternity Center Upgrades

The upgrades to our Family Maternity Center are well underway. It is expected to be completed the first week of March with patients being admitted by mid-March. This portion of the remodel will cost approximately \$1.3 million, with additional equipment upgrades of \$300,000 including 8 new Infant Bedside Warmers, 6 Fetal Heart Monitors, and heat exchangers to help with water efficiency.



The other phase to the Maternity Center is the entrance remodel. This will constitute a canopy drive-through with an ability to accommodate a temporary drop off parking area. The cost for this phase of the project will be approximately \$300,000. To prepare the area for the remodel the hospital removed the old ambulance bay building on the south end of the hospital. The completion date is still pending due to weather.

New Physicians at Madison Memorial

We are experiencing some exciting changes with the Specialty Clinic on our campus. Our new physicians are Dr. Brian Bruggeman MD, Plastic Surgery, Dr. Douglas Blank MD, Cardiology, Dr. Kim Coffman MD, Cardiology, Dr. John Chambers MD, Cardiology. We had an official welcoming open house for them on January 10, 2013. We have also just recently received the privilege of adding a Pain Management Clinic to our facility with Dr. Jake Poulter MD and Dr. Jason Poston MD as our specialty physicians. We welcome them to Madison Memorial.

Educating on Health Care Reform

With all the changes coming down the pipeline with the Healthcare Reform, our CEO Rachel Gonzales has felt a need to take a leading role in helping the county become aware of these changes. The hope is that this effort will aid us all work together through this transitional period. She and Kent Vernon, Chairman of the Board, and Douglas McBride, Public Relation, will be meeting with various service organizations to help in this educational process.



Oneida County Hospital

Oneida County Hospitals Introduces Shoulder Surgery

Shoulder surgery is now available for the residents of Malad and surrounding areas, at Oneida County Hospital. Shoulder surgery is a treatment for a variety of diseases and conditions such as rotator cuff tears, shoulder dislocations, and shoulder separations. Shoulder surgery can potentially help restore pain-free range of motion and full function to a damaged shoulder joint. Less invasive treatment options are available depending on your specific circumstances. Orthopedic surgeon, Matthew F. Bitner, MD, who specializes in surgical treatment of diseases of the bones and connective tissues, encourages you to seek medical advice if you are experiencing shoulder pain to evaluate your situation to see what options might be available to you.



Head to Toe Campaign

Oneida County Hospital is kicking off a “Head to Toe” campaign as a way to empower their community to live healthier lives. They will be offering a variety of tests and labs for community members, free of charge or at a reduced price. Glucose and lipid lab tests, EKG (ECG), blood pressure testing, and leg screenings will be available.

Teton Valley Hospital

Teton Valley Hospital Welcomes New Physician

Teton Valley Hospital is proud to announce that George Linhardt, MD, has started accepting patients at the Driggs Health Clinic in mid-January. Dr. Linhardt will be performing surgical procedures that include stomach and colon surgery, hernia repair, appendectomy and treatment of breast diseases. Dr. Linhardt has pioneered many advances in the treatment of malignant and benign breast conditions related to reconstruction, conservation therapy and rapid access consultations. Dr. Linhardt is board certified with the American Board of Surgery.



Bingham Memorial Hospital

Hyperbaric Oxygen Therapy Clinical Trial

Bingham Memorial Hospital and Idaho Doctor's Hospital are participating in a national clinical trial that started in mid-January in which they are investigating the effects of hyperbaric oxygen therapy (HBOT) as a treatment for traumatic brain injury (TBI) and/or post traumatic stress disorder (PTSD). The treatments are being administered at Idaho Wound Care and Hyperbaric Medicine in Pocatello. Mr. Jeff Hampsten, the Director and owner of Idaho Wound Care, and BMH are providing the personnel and facility

resources to make this treatment available for free. The Bingham Healthcare Foundation is supporting the project by covering some of its costs, such as lab tests and transportation samples.

Many veterans and service members, as well as private citizens, have experienced concussive events that have caused mild to moderate brain injuries. Traditional medication therapy is not proving to be as effective as needed and the suicide rate among service members and veterans has reached an alarming level. In fact, there are more deaths from suicide among Iraq and Afghanistan veterans/service members than there have been deaths caused by combat.

Previous research and experience with HBOT, including a recently completed clinical trial, has indicated that HBOT might be an effective treatment that stimulates the brain's wound healing mechanisms. A physician from Idaho Doctor's Hospital, Dr. Chris Shields, is the lead clinician for the study and the Research Office at Bingham Memorial Hospital is running the trial. Mr. Shane Robinson is the Clinical Research Coordinator and Dr. Bernadette Howlett is the Clinical Research Director. BMH invites their colleagues who are treating patients with TBI and/or PTSD to put your patients in touch with them. They will provide them the information they need to determine if they qualify for the study and if the study is of interest to them. For more information about this clinical trial, called, National Brain Injury Rescue and Rehabilitation (NBIRR-01) please visit the national trial registry website at <http://www.nbirr.org> or call the BMH research office at (208) 782-2953.

Economic Impact Study

Bingham Memorial Hospital recently announced the release of an economic impact study of the hospital that shows the hospital has contributed more than \$500 billion to the local economy over the last 14 years.

The independent study, which was carried out by a team of economic researchers, was conducted to measure the impact of Bingham Memorial Hospital on the local economy.

“We are proud of the services and employment Bingham Memorial Hospital is able to offer the residents of east Idaho,” says Bingham Memorial CEO Louis Kraml. “Our world class physicians, state of the art facilities and devoted team at Bingham allow us to deliver outstanding healthcare and services. I am grateful the hospital is a strong economic driver providing benefits to our local counties during these tough economic times.”

Other findings of the study include:

- In 2011, BMH's economic impact for the region accounted for:
 - 1742 jobs
 - \$64.1 million in labor income; and
 - \$89.4 million in total economic impact

Additional highlights:

- BMH is the 5th largest employer in Bingham County
- BMH's average payroll count has grown from 274 employees in 2001 to 621 in 2011.
- BMH employs over 30 physicians and partners with a medical staff of over 150 providers.
- BMH has contributed close to \$3 million dollars to Bingham County since converting to a 501(c)3 organization in 2007.

Developing a Collaborative Strategy for Patient and Community Engagement

Health care is about taking care of patients; ensuring that your community members are healthy and taking care of them when they are not. That much we know. After all, that's why many of us got into health care to begin with. What we *don't* know fully, however, is how to most systematically and effectively ensure that our goal of keeping our community healthy can be achieved.

The regulators are telling us, through the release of regulations for Stage 2 of Meaningful Use (along with the proposed Stage 3 measures), that we need to develop a plan for exactly how to engage our patients and communities in their health through patient portals and the usage of electronic health records (EHRs). Stage 2 of Meaningful Use ramps up on initial efforts laid out in Stage 1 and will require 50 percent of a provider's patients to be given access to online health information for viewing, downloading and or/transferring through a patient portal. Further, providers must have 5 percent of their patients accessing their electronic health information online and must engage in secure, two-way messaging with their provider through the portals.

That's a BIG leap from Stage 1, imploring facilities and providers to develop a strategy for how they will implement their portal, how they will educate providers and staff, how to communicate with patients and, ultimately, how to encourage patients and communities to recognize the value of this interaction with their own health. The common criticism of these provisions is that it places a lot of responsibility for patient engagement in the hands of facilities and providers. Another perspective is that healthcare providers are held accountable for the level of patient involvement in their own care.

We know that two out of three people would consider switching to a physician who offers access to medical records through a secure Internet connection. We know that 80% of American who have access to their health information in electronic health records use it and 65% who don't have it, say it's important to. We know that people who are more engaged in their health actually get better health care.

So, where to start? With the myriad of rules and regulations that seem overwhelming to leadership, how do you prioritize the development and implementation of a comprehensive patient engagement strategy? The answer lies in the foundational concept of the regulations—it needs to be a COMMUNITY approach. Health care facilities and providers need to be talking with their patients and community members, local businesses and governmental leadership, regional extension centers and health information exchanges (HIE), and rural health networks, such as The Hospital Cooperative, to develop a comprehensive strategy. By developing something collaboratively that is owned by the community reduces the burdens on the individual facilities and empowers patients to utilize something that they helped to create.

Courtesy: Sally Trnka, Senior Program Coordinator, [National Rural Health Resource Center](#)



Calendar of Events

February 2013

THC Executive Board Meeting
February 7

Marketing/Foundation
Peer Network Meeting
February 8

Pharmacy Peer Network Meeting
February 13

Human Resources
Peer Network Meeting
February 15

Nutrition Services
Peer Network Meeting
February 20

Lunchtime Education Series
"Strategies to Handle Burnout"
February 21



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March 2013

Radiology Peer Network Meeting
March 6

THC Executive Board Meeting
March 7

Laboratory Peer Network Meeting
March 13

Business Office/HIM
Peer Network Meeting
March 15

Environmental Services
Peer Network Meeting
March 20

Lunchtime Education Series
"Managing Conflict in the Workplace"
March 21

The Hospital Cooperative Welcomes New Member!

The Hospital Cooperative is excited to announce that Eastern Idaho Regional Medical Center (EIRMC) has joined the network. EIRMC, the largest medical facility in the region, is a modern, JCAHO-accredited, 331-bed full-service hospital located in Idaho Falls, Idaho.

EIRMC serves as a regional health care hub, offering specialty services including cardiovascular surgery, leading-edge cancer treatment, trauma, neurosurgery, intensive care for adults and infants, and a helicopter and ground medical rescue service.

Additionally, EIRMC is the only provider in the region offering perinatology services (maternal-fetal medicine) for high-risk pregnancies; neonatology services for extremely premature and critically ill infants; gynecologic-oncology services provided by specialists who focus only on cervical, ovarian, uterine, and other reproductive cancers in women; and inpatient psychiatric services. EIRMC is also the regional leader in wound care and hyperbaric medicine. EIRMC has Idaho's only Level 1 Intensive Care Unit, and also the state's only winner of the Beacon Award for Critical Care Excellence.



For more information, visit their webpage at: <http://www.eirmc.com>

Cooperative Connections

Robert Cuoio, Editor

The Hospital Cooperative Executive Board

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Medicaid Expansion

For state governments, perhaps no issue they will face will loom as large as the reform of their state Medicaid program. The legislation would expand Medicaid in accordance with the Affordable Care Act. They undoubtedly will face other issues such as education, but with a single program costing the state some \$500 million each year, Medicaid reform and related health care issues will be front and center.

Nationally, Republican governors are turning down the Medicaid expansion despite generous federal support. Under the health care reform law, the federal government will pay the full cost of covering newly eligible people from 2014 to 2016, then will scale back funding to 90 percent in 2022 and later years. If every state were to participate, the total increase in state spending would amount to just 3 percent while millions would gain health coverage, according to an analysis by the Urban Institute and the Henry J. Kaiser Family Foundation.

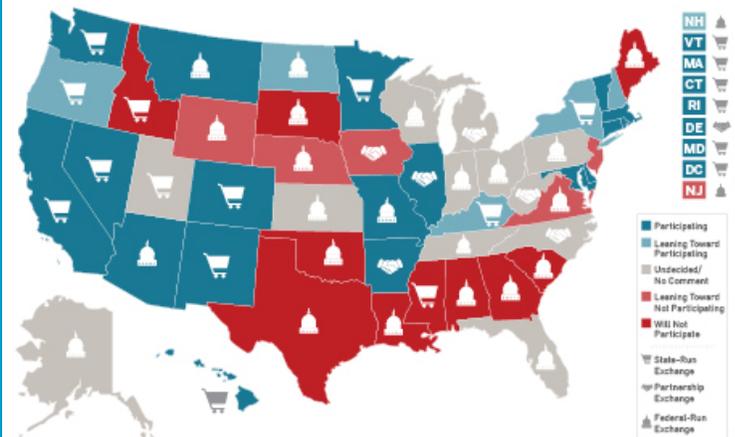
Idaho could add 88,000 poor people to Medicaid under the expansion, and 19,000 people already eligible under today's rules, but not enrolled, also may sign up for coverage, the report says. The state would spend an additional \$261 million from 2013 to 2022 to cover these individuals and the federal government would send \$3.7 billion to Idaho. Governor "Butch" Otter announced on January 7 during his State of the State address that Idaho will not be participating in Medicaid expansion.

In Wyoming, government health coverage would be extended to roughly 28,000 poor and medically needy people, or about a third of the state's uninsured population. A Wyoming Health Department study found that full expansion could save Wyoming \$47 million over six years by allowing the state to spend less of its own money on other health programs. Opting out of the optional parts, in comparison, could cost the state \$79 million. On January 31, the Wyoming Senate voted 22-8 against the bill to expand Medicaid.

Last summer's U.S. Supreme Court ruling gave states the ability to opt out of parts of the expansion. The legislation, Senate File 122, would commit Idaho and Wyoming to both the optional and mandatory parts of the controversial health reform provision.

After Election 2012: Where the States Stand

What are the States Saying about ACA Medicaid Expansion?



Note: Based on literature review as of 1/15/13. All policies possible to change without notice.

Source: American Health Line, <http://ahline.com/2012/07/03/medicaid-where-each-state-stands-on-the-medicaid-expansion/>, accessed 1/15/13.



Learn more about the impact of the Supreme Court ruling at advisory.com/MedicaidMap

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