



July 2016

Special points of interest:

- Productivity
- Regulatory Update
- Memory Café
- Population Health - Part 4 of 7

HTS3 Working for YOU!

Staff Scheduling Technology Growth

HIMSS is reporting that five health care technologies are projected to grow exponentially (around 300%) this year, particularly software around staff scheduling. Based on this prediction, does your organization want to invest in this software or are there other options?

Health Tech can help! Many of you are using the cloud-based system that was developed by some fabulous programmers at Health Tech called the **Optimum Productivity Enhancer**. The important goal associated with the development and implementation of the Optimum Productivity Enhancer is that it is so much easier to use than the former spreadsheet. One CFO stated that Optimum is better than other productivity systems that he has seen and used in the past. If your organization has not had a productivity review within the last 12-18 months, it would behoove you to seriously consider engaging the team to conduct a review.

A review consists of a foundational educational offering to assure that everyone understands the basics of productivity targets, both Health Tech and hospital targets, the metrics associated with each department, and that all questions are responded to regarding target setting, definitions and capture of work. The education takes approximately 3 hours based on participant's knowledge. Once the education is completed, the team will meet individually with each department manager and their respective supervisor to review department-specific metrics. Generally, departmental meetings take 1—1½ days.

For further information about a Productivity Review, please contact one of the team members below:

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There are six important outcomes of a productivity review:

1. It is an objective evaluation.
2. It is research-based. The metrics are established from review of national benchmarks, both not-for-profit and for-profit, and other sources such as NDNQI.
3. Individual meetings capture all work done in the department
4. Work can be realigned under the right department where the work is done and credited appropriately.
5. New departments are added as the health care landscape changes.
6. Ideas are exchanged regarding better practices of accomplishing work more efficiently.

More than ever, health care organizations must assure that each member of the health care team is as productive as possible since labor is our best asset yet the most expensive.



Regulatory Affairs

Each month an updated snapshot of regulations, proposed rules/regulations and opportunities to highlight your initiatives is provided. The list is clearly not all-inclusive, but the most applicable information is offered relative to your operations.



HHS News: The U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC) provided a more detailed listing and easier-to-understand information about certified health information technology (health IT) through an upgraded website. The website provides information about costs and limitations a purchaser may encounter when implementing and using certified health IT products. The disclosure of this information is required by ONC's recent 2015 Edition final rule, which includes several provisions to increase transparency and accountability in the health IT marketplace and to assist purchasers to better compare and select products that meet their needs. According to Karen DeSalvo, MD, MPH, M.Sc. National Coordinator for Health Information Technology, "These new efforts to provide more and easier-to-understand information are critical to helping clinicians find the right tools to provide better care and improve the health of their patients." She also stated that, "This information and our new websites will make the process of comparing and buying certified health IT simpler and better, discourage information blocking, and create clear incentives for developers to focus on the quality and usability of their products."



CMS News: The Centers for Medicare & Medicaid Services (CMS) is inviting hospitals to submit innovative quality improvement practices to its Strategic Innovation Engine. The submissions will be evaluated for possible dissemination nationally. Some of the targeted improvements include managing patients with multiple chronic conditions; engaging patients and families as active members of the care team; coordinating care within and across settings; streamlining patient flow; and integrating behavioral health into care. Organizations whose practices are selected will be recognized and celebrated nationally. For more information, see the initiative's website: sie.qioprogram.org



A proposed rule by CMS would update Medicare, Medicaid CoP for hospitals and CAHs. The rule would require hospitals and CAHs to have hospital-wide infection prevention and control and antibiotic stewardship programs for the surveillance, prevention and control of health care-associated infections and other infectious diseases, and for the appropriate use of antibiotics. CMS also proposes to require hospitals and CAHs to designate leaders of the infection prevention and control program and the antibiotic stewardship program, and to establish and implement a policy prohibiting discrimination. For further information, the entire proposed rule can be viewed in the June 16 Federal Register. After reviewing, any and all comments can be sent to CMS through August 15.



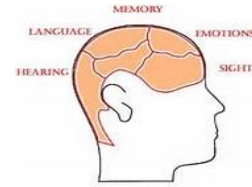
Starting in fiscal year 2018, the Centers for Medicare & Medicaid Services (CMS) proposes to no longer use the results from three pain management questions in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey in determining hospitals' value-based purchasing (VBP) program scores. CMS would continue to collect and publicly report the results of the HCAHPS pain management questions. The American Hospital Association has urged CMS to suspend the pain-related questions in the VBP program while the agency works to address concerns that the questions may create pressure to prescribe opioids. CMS is field testing alternative pain management questions to include into the HCAHPS survey. (AONE e-News, 7/8/16)



CDC News: The Centers for Disease Control and Prevention (CDC) alerted health care facilities to an emerging multidrug-resistant yeast associated with high mortality and at least two outbreaks in health care facilities in other countries. U.S. health care facilities that suspect they have a patient with the *Candida auris* infection should contact state or local public health authorities and email CDC, the agency said. CDC is working with domestic and international partners to develop definitive infection control guidance. Until more information is available, CDC said health care facilities should place patients with *C. auris* colonization or infection in single rooms, and ensure thorough daily and terminal cleaning and disinfection of these patients' rooms using an Environmental Protection Agency-registered hospital grade disinfectant with a fungal claim. Health care personnel also should use standard and contact precautions, and consult with state or local health authorities and CDC about the need for additional interventions to prevent transmission, the agency said. (CDC alert, 6/27/16 & AONE e-News 6/7/16)



Innovative Concept Memory Cafés



What Exactly Is A Memory Or Alzheimer's Café?

A social gathering where people with memory loss and their care companions can come together in a safe, supportive environment. Guests can share conversation over a cup of coffee in a relaxed atmosphere that sometimes includes music, art or other forms of entertainment. Memory cafés usually take place for a couple of hours once or twice a month in a variety of locations including community centers, museums, libraries and restaurants/cafés.

Source: Alzheimer's Speaks

The concept of Memory Cafés is relatively new to the United States, however the concept was developed in Holland by Dr. Bèrè Miesen, a psychologist who realized the importance of social connections for people. Due to longer life spans, this concept is applicable to any community. Currently, there are about 200 of these cafés in the United States which is exciting yet poses an opportunity for further growth. There are 5.4 million people in the United States who have been diagnosed with Alzheimer's disease. As a result, there is some urgency in developing ideas like Memory Cafés and other progressive initiatives since it is predicted that the large baby boomer generation will likely require services, and the number of Americans with Alzheimer's disease is expected to more than double by 2050.

This diagnosis impacts not only the individual, but their care givers and other family members. Unfortunately, the diagnosis often is interpreted as gloom and doom because Alzheimer's continues to be a misunderstood disease. Sadly, friends sometimes have difficulty dealing with the progression of the disease, and as a result, pull away from the individual which can have devastating consequences to the friend who has been diagnosed with this debilitating disease.

Two of the goals of the Memory Café is to maintain normalcy for an individual as long as possible, and provide a venue for carers to meet with other carers as a means of developing strategies that will benefit a loved one who has been diagnosed with Alzheimer's.

As organizations move into Population Health Management, the development of Memory Cafés or similar ideas may be an opportunity based on the data cited above. The concept can be developed jointly with community agencies and the hospital, and does not necessarily require huge resources and expenditures.

For further information, check the following link: <http://thirdageservices.com/Memory%20Cafe%20Tool%20Kit.pdf>



Population Health Part 4 of 7: Decision Support with Analytics

DEFINITION: Analytics is the systematic use of data and related business insights developed through applied analytical disciplines, for example, statistical, contextual, quantitative, predictive, cognitive, and other emerging models, to drive fact-based decision making for planning, management, measurement, and learning. Analytics may be descriptive, predictive or prescriptive.



Health care organizations have mounds of data, yet oftentimes the data is ignored or too voluminous to do anything with it relative to making good decisions. Sometimes, organizations become so enmeshed in looking at all the data that nothing gets done! In today's fast-changing health care environment, data is essential to help in decision making yet there must be a balance between timing and agility. It is imperative that health care organizations build data analytics competencies as a means of establishing a future vision, improving outcomes, decreasing redundancies, differentiating the hospital from competitors, and improving efficiencies.

Some questions come to mind for health care executives to ponder:

1. Is your organization error-free, and if not, how are you collecting, analyzing, and using data to assure that patients are safe?
2. Do your electronic records transfer data among each other or does the patient have to answer the same questions multiple times?
3. Are you proud of your scores on Hospital Compare, and if not, how are you improving them through the use of data analytics?
4. Have you analyzed the complexity of your organization's "maze" with data?
5. Have you measured accountability levels of providers, nurses and executive leaders within your organization as it relates to your constituents expectations with data?
6. How are you using analytics to engage patients in their care?

What is the return-on-investment for using analytics? A number of thoughts come to mind. For example:

1. Having all medical tests, lab reports and prescribed medications for patients in one place, such as a dashboard that all providers can access which reduces over-prescribing of medications, streamlines ordering of tests and procedures, yielding reductions in costs.
2. Ability to stratify patient demographics to allow for care managing those groups that can best be care coordinated and monitored more closely to prevent frequent admissions and readmissions.
3. Analytics can assist in sending reminders to patients to focus on wellness through choosing healthy choices through behavior modification.
4. Patient information is maximized for the entire care team which improves communication, reduces duplication, and focuses on keeping individuals healthy and out of the hospital.

The ability to work quickly with agility, measure and improve outcomes, and reduce waste certainly support the case for expanded use of analytics.

"The price of light is less than the cost of darkness."
– Arthur C. Nielsen

