WHA Task Force Tackles Behavioral Health Issues
“Engaged group focused on an exceedingly important issue”

The Wisconsin Hospital Association Task Force on Behavioral Health had its inaugural meeting January 23 to begin defining the increasingly important and difficult mental health service issues in the state. The WHA Board charged the group with the tasks of “identifying the barriers to accessing behavioral health services in Wisconsin and developing a set of recommended goals and actions for improvement.”

WHA Senior Vice President George Quinn provided the group with an overview of Wisconsin’s current behavioral health services delivery system. (Two of the graphs Quinn shared with the group are on page 5.) Wisconsin Department of Health Services Administrator for Mental Health and Substance Abuse Services, John Easterday, described the state and local governments’ roles in providing behavioral health services and funding. George Kerwin, president, Bellin Hospital in Green Bay and task force chair, led the group discussion to identify the current problems in the system, including payment, access, and workforce issues and began the process of prioritizing those issues.

“This is an engaged group focused on an exceedingly important issue. The group is determined to identify credible actions that will improve the system,” Quinn noted at the conclusion of the meeting. The task force will meet in March to begin work on its action plan.

AHA Report Says “Capital Crunch” Forces Delays in Hospital Projects

According to a report released January 22 by the American Hospital Association, more hospitals are stopping or postponing “shovel-ready projects” that would not only improve community health care, but also increase jobs and support the local economy. The survey showed that hospitals’ ability to obtain the necessary funds to upgrade their facilities or invest in new clinical and information technologies is severely restricted due to the “capital crunch” and the recession.

Hospitals primarily rely on borrowed money, philanthropy and reserves to fund capital projects to improve their ability to meet communities’ health care needs, but many now find it difficult to obtain funds from these sources. The vast majority of hospitals report that borrowing funds through tax-exempt bonds—the main source of borrowing for most hospitals—is difficult or impossible. In addition, loans from banks or other financial institutions are similarly difficult to obtain. Hospitals’ reserves, or savings, also have taken a hit due to falling stock prices, net income is down and philanthropic donations have slowed, leaving hospitals with less of their own funds to rely on to make needed improvements.

A survey of Wisconsin’s non-profit hospitals recently conducted by the Wisconsin Hospital Association (WHA) illustrates the deteriorating financial picture here for the first three quarters of 2008.

Compared to the same time period in 2007:
- Total margins declined 73.5 percent
- Charity care increased 19.1 percent
- Bad debt increased 19.6 percent
- Days cash on hand declined in 80 percent of hospitals
- Nearly one-third of hospitals had trouble accessing capital in 2008

(continued on page 5)
WHA Information Center VP Kachelski Appointed to State’s eHealth Board

Governor Jim Doyle has appointed Joe Kachelski, vice president of the WHA Information Center, to the State eHealth Quality and Safety Board.

The Board, chaired by DHS Secretary Karen Timberlake, is charged with developing a strategic action plan for the statewide adoption and exchange of electronic health records in five years.

Kachelski joined the Wisconsin Hospital Association in 2003 and is responsible for overseeing the collection of all hospital discharge data under WHA’s contract with the Wisconsin Department of Administration.

Physician Leadership Development Conference, March 13-14

Last Chance for Early Bird Discount

January 23 is the deadline for the early bird registration discount for the 2009 annual Physician Leadership Development Conference. Now is the time to take advantage of nationally-recognized, CME-qualifying education offered in-state, while saving money on airfare, lodging and registration fees.

This year’s conference will be held March 13-14, and the full conference brochure, with agenda and registration information, is included in this week’s packet. Online registration is also available at www.wha.org/education/other.aspx.

This popular conference, which garners outstanding evaluations from attendees each year, focuses on developing physicians’ leadership skills and assisting them in making the transition from clinician to physician leader at both a reasonable price and with more limited travel time and expense than the national conferences. The 2009 conference agenda will focus on the topics of strategic planning and dealing with disruptive physician behavior, presented by faculty from the American College of Physician Executives (ACPE).

ACPE is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. ACPE designates this educational activity for a maximum of 12 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Additionally, these programs are part of the ACPE and CCMM requirements toward a graduate degree or certification in medical management.

For more information on registration, contact Lisa Geishirt at 608-274-1820 or email lgeishirt@wha.org.

WHA Moves to Make Greater Use of Electronic Communications

For decades, WHA has produced a newsletter on Fridays and printed and mailed hundreds of copies. After convening a workgroup and reviewing our communications vehicles, the decision was made to begin to reduce the Association’s dependence on paper and send more communications to members electronically.

Each WHA member hospital and system CEO will continue to receive the Friday Packet that will include a hard copy of the newsletter. All other recipients of the newsletter will receive WHA communications, including the Friday newsletter, "The Valued Voice," by email only starting February 6.

If you are currently receiving a hard copy ONLY of The Valued Voice by mail and wish to receive it by email starting February 6, contact Tammy Hribar at thribar@wha.org, or 608-274-1820. The Friday Packet is also available 24/7 from the WHA Web site at www.wha.org. The current issue is on the home page of the Web site, and past issues can be found in Publications & Archive.

If you have any questions, contact Mary Kay Grasmick, WHA, at 608-274-1820 or mgrasmick@wha.org.
President’s Column

The Symptoms of a Health Care Recession Abound

WHA recently released information describing financial performance and utilization indicators that confirm Wisconsin hospitals are buffeted by an economic downturn that started a year ago. The data, benchmarking the first nine months of 2008 to the same period in 2007, found charity care and bad debt skyrocketing 20 percent. Performance from investments was poor and that was prior to the world changing in early October.

New data, largely from DataBank participants and recent hospital fiscal surveys, suggests that for 2008, statewide hospital total margins likely were negative. WHA has no information as to the last time that happened. As a Milwaukee system CEO told the Milwaukee Journal Sentinel last week, “You and I have not seen times like this.”

This past Saturday, the Business section of the Journal Sentinel featured three stories confirming the economic downturn has hit health care, including reports of additional layoffs at GE Healthcare caused by a sharp decline in medical imaging equipment orders. Earlier in the week, there were reports of hospital layoffs in southeast Wisconsin hospitals. And my recent travels across Wisconsin for editorial board visits confirm declining financial indicators. The rise in bad debt is particularly stunning.

Anticipated federal help for Medicaid, HIT and community health clinics will provide some needed relief. The hospital assessment can quickly net $200 million in higher Medicaid payments for Wisconsin hospitals (although half of that must backfill the uptick in uncompensated care). And statewide expansion of the Medicaid Childless Adults program can provide coverage to thousands of chronically-underinsured citizens—over the next couple of years—with revenue made possible by the assessment.

But even with this modest help, Wisconsin’s community hospitals will shoulder a larger burden in 2009 than at any time in recent history. That’s the clear message that has become apparent during the past few weeks.

Steve Brenton
President

Register Today for 2009 Advocacy Day
April 1, 2009 *** Monona Terrace, Madison

ONLINE REGISTRATION is now available at www.wha.org. For registration information, contact Lisa Geishirt at 608-274-1820 or lgeishirt@wha.org.

Reminder: The deadline for making a hotel reservation at the Hilton Hotel in Madison is Tuesday, March 3. Call 608-255-5100 to reserve a room today.
Wisconsin Safety Partnership Focuses on Worker Fatigue, Preventive Strategies

The Wisconsin Safety Partnership announced that this year they will direct their collective efforts toward the issue of fatigue in the workplace. This group, of which WHA is a member, annually identifies and selects a specific workforce-related issue for improvement. Previous areas of attention have included safe patient lifting and restaurant safety.

Fatigue is an issue that cuts across a multitude of occupations and industries. The worker schedules required and consumer demand for service, when combined with busy lifestyles, can lead to individuals working while fatigued. Worker fatigue is defined as the inability of a worker to perform reasonable and necessary physical or mental activity. The Partnership believes that employers and employees share responsibility to reduce the incidence of fatigue.

The partnership is working to:
- Create awareness of the risk associated with long work hours;
- Encourage an evaluation of risk factors; and,
- Identify currently used and potential control measures.

The group already has two strategies in place. First, they are collecting information from workers and employers through an online survey to learn about workers’ experience with fatigue and the strategies employers already use when scheduling employees to prevent worker fatigue. The survey can be found at: http://safetypartnership.blogspot.com. Second, this spring, they are offering presentations on the topic at a variety of state and regional safety conferences.

The Partnership was created, with leadership provided by the Department of Workforce Development Worker’s Compensation Division, to gather resources and expertise toward a common target—improved workplace safety. The Partnership is a consortium of private sector, state and federal organizations (federal OSHA, various State of Wisconsin agencies, insurance, health care and unions) dedicated to improving workplace safety and health.

Judy Warmuth, vice president for workforce, is WHA’s representative on the consortium. Warmuth said, “Weekend and night shifts are not exclusive to health care workers. Construction trades, road repair crews, convenience store workers, and production workers meeting a deadline and many others work evenings, nights and rotating shifts. We can capitalize on the growing amount of data and information about fatigue and its affect on workers, their workplace and worker safety. We want to help employers find and use that information.”

The Consortium aims to find and encourage strategies that are evidenced based and help employees manage fatigue factors and help employers create a safer work environment. For more information contact Warmuth at jwarming@wha.org or call 608-274-1820.

Member News: Hillsboro CEO Bruce Accepts Position in Illinois

Bill Bruce, CEO at St. Joseph’s Community Health Services in Hillsboro since 1999, has resigned his current post and accepted a position as president and chief executive officer of Morris Hospital & Healthcare Centers in Morris, Illinois.

Bruce has served in a variety of administrative and leadership roles in the health care industry for more than 35 years. Bruce currently serves on the Wisconsin Hospital Association’s Board of Directors and chairs the WHA Council on Rural Health.
To cope with the current economic situation:
- Nearly two-thirds of hospitals say they are planning to cancel, delay or scale back capital projects
- Nearly one in six are planning to cut existing programs or services
- One-third are considering reducing or freezing staffing levels

Though the data has not been compiled, early indications suggest October and November were even worse months for hospitals.

“We are very concerned with the survey results because healthy hospitals are essential to maintaining healthy communities in so many ways,” said WHA President Steve Brenton. “Wisconsin’s non-profit hospitals are the front lines of the health care safety net, often the only place people can turn when they have lost their health insurance or simply can’t find access to basic care.”

Nearly half of hospitals surveyed by AHA said they have postponed projects that were to begin within the next six months and many have stopped projects that were already in progress.

Stopping or postponing facility upgrades and technology investments has significant ramifications for communities served by these hospitals and for the health care system as a whole. According to the survey, the planned hospital projects now put on hold would have responded to a variety of health care needs:
- 43 percent of hospitals planned to expand and improve their emergency or urgent care departments.
- 65 percent intended that their projects increase their ability to provide inpatient medical and surgical care.
- 13 percent of hospitals reported they postponed projects related to inpatient behavioral health, at a time when behavioral health care needs are more important than ever.

The vast majority of hospitals that have postponed projects have delayed updating their facilities, while more than 6 out of 10 hospitals have put clinical and information technology projects on hold. These projects could have benefited patients, families and communities by improving quality of care, efficiency and coordination of care.


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From page 1... maps shared with the Behavioral Health Task Force

To view all three graphs presented at the WHA Behavioral Health Task Force meeting, go to: [www.wha.org/wismap1-09.pdf](http://www.wha.org/wismap1-09.pdf)
Stories From Our Hospitals

Agnesian HealthCare, Fond du Lac
Dynamic stretching program helps prevent injuries

The prevention and prompt treatment of injuries is key for any student athlete. It is important to Agnesian HealthCare as well, who partners with many area schools to offer athletic training services that help students get back in the game as quickly and safely as possible.

Mayville High School is one such school, where trainer Mark Jakubek, MS, LAT, CSCS, not only spends time on-site with student athletes, he is proactively helping prevent injuries.

Jakubek worked with the boys’ basketball team this past season to develop a dynamic stretching program. “Dynamic stretching is a means of performing slow, controlled, active range of motion exercises that target all the large muscle groups of the body,” he says.

He adds that compared to static stretching—the traditional hold and stretch concept—dynamic stretching improves muscle and tendon flexibility, enhances performance and prevents injuries.

Seve Strook was a member of the team who appreciated this new approach. “I think that dynamic stretching gets you a little looser because you’re moving more and not just standing still. I always felt good and ready to go.”

The real proof is in the outcome. As a result of Jakubek’s dynamic stretching program, the team did not have a single muscle strain all season. This, coupled with his ongoing work at Mayville High School, reinforces the importance of trainers at the schools. “Because I am here, I can see an injured athlete right away, deal with it in the appropriate manner and get him or her back in the game as soon as safely possible.”

Aspirus Wausau Hospital, Wausau
Disaster was less scary, thanks to innovative program

On February 29, Aspirus Wausau Hospital snapped to action when the first of 40 patients arrived at the Emergency Department seeking treatment for chemical exposure. The patients included 38 kindergarteners and two adults who had been exposed to high levels of chlorine during a field trip to a swimming pool. It was a scary experience, yet the children remained calm, many of them breathing comfortably through oxygen masks.

“I do not think one child cried,” said Mary Patefield, emergency department administrative assistant. “Not one.”

One of the reasons might well be that the kindergarten class had visited Aspirus Wausau Hospital just three weeks prior to the disaster. It was one of 80 classes—that’s 1,284 children—Mary hosted at a Teddy Bear Clinic during the school year.

“The purpose of the clinic is to familiarize the children with the emergency department setting, so that they’re not afraid if they ever have to come in as a real patient,” she said. “And that’s what happened.”  

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For 11 years, Mary, a former kindergarten and third-grade teacher, has hosted Teddy Bear Clinics. Today, every kindergarten class in the Wausau, DC Everest and Mosinee school districts, and classes from as far away as Tomahawk and Rosholt, attend Teddy Bear Clinics at Aspirus Wausau Hospital. During these events children accompany their favorite stuffed animal through the emergency department, watching as volunteers and clinicians “treat” plush puppies and Winnie the Poohs suffering from various imaginary injuries and illnesses.

On February 29, as Mary walked from room to room in the emergency department, she was greeted by familiar faces and smiles. In one room, a young boy who was sitting with his grandfather called out immediately, “I know who you are, you’re the teddy bear lady. You told me not to be scared, and I’m not scared.”

Thankfully, all 40 patients that day made a complete recovery. But Mary also finds satisfaction in knowing that the children’s experience was less scary, less foreign, because of the program she pioneered.

Fort HealthCare, Fort Atkinson

A mammogram for all women

Fort HealthCare asked the question: Who needs a mammogram? The answer was clear: All women over the age of 40. The follow-up question was: Who schedules a mammogram? That answer was also clear: Not all women who need one do, as too many women are underinsured or uninsured and do not schedule mammograms. The Fort HealthCare community mammogram program was implemented to make sure that all women that needed a mammogram had the opportunity to receive one.

Cathy Hovel, manager of the radiology department at Fort Memorial Hospital, says mammograms are a critical step in detecting breast cancer. “We’re doing everything possible to work with women so that they can have this potentially life-saving exam.” With funding from a generous grant from the Fort Memorial Hospital Foundation, free mammograms were provided for women who qualified through a mammogram voucher program.

Vouchers were distributed to women in the community as a result of a needs assessment from a Fort HealthCare physician, or from the Rock River Free Clinic in Lake Mills where Fort HealthCare physicians also volunteer to see patients. The ongoing effort also extended mammogram appointments into evenings and weekends. Dozens of free mammogram vouchers have been made available to underinsured or uninsured women in the community.

Hudson Hospital, Hudson

Hospital dietitian works at schools to increase information and veggies

Parents can’t be everywhere and serve as advisor for each of their child’s decisions, especially when the child is in school. However, it should make parents feel better knowing that, when it comes to decisions about what food to eat, they have inside help by the name of Sara Harris.

Harris, a registered dietitian with a master’s degree in public health, reviews the menus for all the public schools in the Hudson School District, as well as for two private schools. She is a staff member at Hudson Hospital. Through a partnership between the hospital and the Board of Education, Harris spends about 20 hours a week working for the school district with the goal of maintaining and improving the nutritional well-being of school-aged children. (continued on page 8)
Continued from page 7 . . . Community Benefits: Stories From Our Hospitals

She makes sure the students’ meals meet the USDA requirements. And she is subtly introducing more vegetables into the students’ diets through simple changes, such as adding spinach, carrots and purple cabbage into the lettuce mix of salads.

“This partnership between the school district and the hospital really shows a commitment to nutrition education,” said Harris. “It’s important to really hit school-age children with information. They need to know: What is healthy? What’s a squash? How do you eat a pineapple? When you educate children, you’re going to see success.”

Success in nutrition care means different things for different students. For some, it’s a means of controlling diabetes or managing allergies. For others, it’s losing weight or gaining weight. To serve the individual needs of students, Harris works with the schools’ health staff and parents. She monitors ingredients to ensure children with, for example, gluten allergies know to avoid a specific dish on the menu. In some cases, the dietitian works directly with families as a consultant if a child needs help managing a specific dietary need.

When serving the student body as a whole, Harris takes a positive approach to helping children understand concepts such as:

- **Portion control** – She is developing educational materials to make it easy for children to visualize a healthy portion size.
- **Colorful plate** – Making healthy choices can be as simple as picking the most colorful foods for your plate.
- **Labels** – Reading the nutritional information labels of foods in the ala cart selection is important, especially information about portion size. One 20-ounce bottle of juice could be three servings.
- **Displace** – By increasing the amount of fruits and vegetables students eat, they will displace the amount of fats and carbohydrates.

Vernon Memorial Healthcare, Viroqua

“VMH Presents… You’ve Gotta Have Heart”

Forty-two Vernon Memorial Healthcare staff put their hearts and souls into a unique variety show on February 2, 2008 in an effort to raise funds for the Vernon Memorial Center for Hospice Care. Just over $5,000 was raised to be put toward the construction of an 8-bed inpatient residence which will provide a home-like environment for the terminally ill in the Viroqua area community.

Co-directors of the show, Barb Ames and Julie Steiner, said “You’ve Gotta Have Heart” got the community behind a project that will allow their friends, neighbors and perhaps family members complete their life’s journey with dignity and compassion, surrounded by loved ones whose needs are also cared for.

The show was created, directed, produced and performed by staff and associates with marketing and financial support from Vernon Memorial Healthcare. Close to three-and-one-half months of planning and rehearsals culminated into two performances of “You’ve Gotta Have Heart” on the stage of the historic Temple Theatre in downtown Viroqua.

More than 700 members of the community watched as their doctors, nurses and other medical support staff stepped out of their professional health care roles and ‘wowed’ them with one-and-a-half hours of fun, family entertainment, including singing, dancing and comedy. Staff members were made to feel like movie stars as weeks after the event patients continued to stop them at the grocery store, gas station or clinic waiting room to express their enjoyment and appreciation of the event.

Submit hospital community benefit stories to Mary Kay Grasmick, editor, at mgrasmick@wha.org.