Hospitals Maintain Opposition to Proposed Ban on Mandatory Overtime

Nurse leaders say last-resort flexibility needed to ensure patient safety

The Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief and Revenue held a hearing this week on Senate Bill (SB) 108, the proposal to ban the use of mandatory overtime.

As in an Assembly Health and Health Care Reform Committee hearing held earlier this month, WHA, along with several members of the Wisconsin Organization of Nurse Executives (W-ONE), testified in opposition to the proposal. The Rural Wisconsin Health Cooperative and Wisconsin Manufacturers and Commerce also testified in opposition, and the Wisconsin Counties Association submitted written testimony opposing the ban.

W-ONE members, who provided first hand examples of how rapid and unexpected changes in patient activity and staff availability can impact hospital staffing efforts, educated committee members on how mandatory overtime is not a routine staffing strategy, nor a preferred option, but one that must be left open to ensure safe and effective care can be provided to all patients in the unpredictable environment of 24/7/365 health care.

Wisconsin Hospital Representatives in DC

AHA Annual Meeting and Capitol Hill Visits

Led by WHA Chair Mike Schafer, CEO of Spooner Health System, more than a dozen hospital representatives will be in Washington, DC April 25-28 to attend the American Hospital Association’s Annual Meeting and day on Capitol Hill.

“The American Hospital Association Annual Meeting represents an important advocacy opportunity each year,” said WHA President Steve Brenton. “AHA is on the frontlines of priority national legislative issues, and we strongly support this event.”

During visits with Wisconsin Members of Congress, hospital representatives will discuss health information technology under the American Recovery & Reinvestment Act, the Employee Free Choice Act (“card check”), the economic impact of Wisconsin hospitals in their communities and the recession’s impact on community hospitals.

“We believe face-to-face visits with our Members of Congress are an important element of our federal grassroots advocacy,” said WHA’s Jenny Boese, vice president, external relations & member advocacy. “Telling our story and the impact of federal legislation on Wisconsin communities is fundamental to being able to affect change.”

Representatives from the following hospitals and health systems will travel to Washington, DC for this event: Aurora Health Care, Franciscan Skemp Healthcare, Froedtert & Community Health, Gundersen Lutheran Health System, Rural Wisconsin Health Cooperative, St. Mary’s Hospital (Madison), St. Joseph’s Hospital (Chippewa Falls), Spooner Health System, and Wisconsin Hospital Association.

(continued on page 2)
Take Advantage of Early Bird and Other Discounts for Rural Health Conference

The 2009 Wisconsin Rural Health Conference is a great way for hospital executives, leadership staff and trustees to take advantage of great education, right in your backyard, at a fraction of the travel and registration costs of out-of-state events!

Now it’s even less expensive if you register by May 15 when you take advantage of the early bird discount. In addition, another special deal is available that allows organizations that register two people to bring a third person to the conference for free. It’s a great way to ensure the entire leadership team and members of the Board of Trustees can attend this year’s event.

This year’s conference is scheduled June 17-19 at the Kalahari Resort in Wisconsin Dells. Register soon to take advantage of the special deals, and make your hotel reservations to ensure you receive the special Rural Health Conference group rate.

The full conference brochure with registration information is included in this week’s packet. It is also available at [www.wha.org](http://www.wha.org), along with online registration. For more information or for registration questions, contact Lisa Geishirt at 608-274-1820 or email lgeishirt@wha.org.

DQA Memo Addresses Medication Cart Storage

The Division of Quality Assurance (DQA) issued a new memo related to medication cart storage. DQA wrote that they have issued a number of citations recently for unsecured medications, notably carts that use plastic breakaway locks to lock the carts in unsecured areas. Per the DQA memo, a properly secured medication cart must meet one of the following conditions:

1. A permanent key lock such as: key pad, biometric or similar permanent locking system must be used, or
2. The cart can be placed in a locked room when authorized staff are not present, or
3. The cart can be placed in a secure area where staff is present.

DQA said that in most areas where crash carts and anesthesia carts are stored, staff is present and actively providing patient care. In that situation, staff can monitor the carts, thereby meeting the requirement for a secured medication cart. According to DQA, surveyors have observed crash carts and other medication carts pushed into alcoves, stored in patient rooms, or stored in unlocked departments where staff are not present (OR suites, radiology, etc).

DQA emphasized that the use of breakaway locks, exchangeable trays with sealed plastic and other tamper-proof devices are valuable tools to alert staff to tampered medication carts, but that those devices do not ensure security of the medications within them. A copy of the DQA is available at the following link: [http://dhs.wisconsin.gov/rl_dsl/Publications/09-014.htm](http://dhs.wisconsin.gov/rl_dsl/Publications/09-014.htm).
Nancy-Ann DeParle, the White House health care policy czar, said this week that the Obama Administration places a high priority on achieving a bipartisan consensus before moving ahead on specific reform legislation. Her whirlwind tour of Capitol Hill also included stops at the offices of Republican leaders whose help she claims to want in mapping out a health care reform plan.

Her messages might be described as conflicting, however, as the former Clinton Administration CMS Director (it was known as HCFA at the time) also spoke glowingly of a reform initiative that will likely include a public plan alternative to private sector plans. The government-run plan option is a deal breaker for most Republicans and for some stakeholders who are otherwise eager to champion change. Also, when asked about the potential for getting a reform plan through a divided Congress yet this year, DeParle spoke of using budget reconciliation—a highly controversial process that represents a diversion from standard Senate protocol. Such a strategy would result in a fierce Republican backlash.

Two of the themes that WHA members will stress in meetings with Congressional Delegation members next week in Washington are the importance of enacting reform legislation that enjoys some level of bipartisan support and the fact that Wisconsin and other upper Midwestern states are already well positioned to lead the nation in key components of necessary delivery-related reform that will ultimately determine whether or not many identified outcomes are achieved. The community-owned, largely integrated dynamics of Wisconsin’s delivery system means value for purchasers and optimum quality for patients. This link [www.dartmouthatlas.org/interactive_map.shtm](http://www.dartmouthatlas.org/interactive_map.shtm) to the Dartmouth Atlas proves that point.

Sixteen years ago the American Hospital Association championed the notion of Provider Sponsored Organizations (PSOs) as an alternative to traditional publicly-traded health plans. The concept was (and still is) that if providers owned the payment stream it could better align incentives as they relate to the efficient delivery of care, and facilitate the necessary movement toward wellness and disease management that remains such an elusive goal for truly “reforming” the current delivery and payment systems. The time is right for a new look at this still very viable concept, especially for Wisconsin, which already has several award-winning provider-owned plans whose administrative costs are well below their mega-national counterparts.

Steve Brenton
President
Minnesota’s Globe University to Locate in Madison

Globe University announced they will open two branches of its for-profit, career college network in Madison. According to an April 22 article in the Wisconsin State Journal (WSJ), campus director Brock Vander Velden said the first building is “on track” to open in mid-June in Middleton. A second site on Madison’s east side is expected to open early next year. Starting July 20, Globe will offer degree programs in health care, criminal justice and other high-demand areas. Offerings in health care include nursing, medical assistant, health fitness specialist, health care management, and master of management in health care.

Judy Warmuth, vice president of workforce for the Wisconsin Hospital Association, told WSJ reporter Karen Rivedal the for-profit colleges meet “exactly the same standards” as public institutions and do “a fine job” helping to produce the graduates needed for occupations seeing labor shortages, such as medical assistants and nurses.

“But they’re for-profit, they’re attuned to customer satisfaction and to customer needs,” she said. “They don’t come into an area if they haven’t figured out there’s a demand and if there isn’t a product they sell that people will want.”

For more information see www.globeuniversity.edu.

HHS Releases Guidance on Securing Health Information and Breach Notification

The U.S. Department of Health and Human Services (HHS) issued guidance on April 17, 2009 regarding technologies and methodologies to secure health information and prevent harm by rendering health information unusable, unreadable, or indecipherable to unauthorized individuals.

Pursuant to the Health Information Technology for Economic and Clinical Health Act (HITECH) passed as part of the American Recovery and Reinvestment Act of 2009, entities that apply these technologies and methodologies to secure information will not be required to provide certain notifications in the event certain information is compromised. Interim breach notification regulations will be forthcoming from HHS this summer. The HHS regulations will apply to entities covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HHS is also soliciting public comment on the breach notification provisions of HITECH. Both the guidance and the request for public comment can be found at www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/hitechrfi.pdf. The specific methodologies can be found beginning on page 16.

WHA Educational Opportunities

Innovative Behavioral Health Partnerships Focus of May 7 Webinar

Hospitals and health care systems throughout our state, and across the country, are finding it increasingly difficult to provide needed behavioral health services to the communities they serve. Fortunately, there are a variety of innovative partnership models that can be used to deal with the challenges and support the continued provision and growth of behavioral health services.

On May 7, WHA is offering a 90-minute webinar entitled “Innovative Behavioral Health Partnerships.” It will present several case studies that demonstrate the efficacy of these models, provide the rationale for such partnerships, the advantages and disadvantages of various partnership models, as well as some of the key factors that should be considered in pursuing such arrangements.

This webinar is a great way to educate your team in a short amount of time, for one low fee, and without the travel costs of in-person programs. More information and online registration is available at www.wha.org. Contact Lisa Geishirt at lgeishirt@wha.org or 608-274-1820 with questions.
Joint Commission Compliance Focus of Upcoming Webinars

Over the next four weeks, WHA is offering a variety of webinars focused on various aspects of Joint Commission compliance. These webinars are a great way to educate your full Joint Commission compliance team in a short amount of time, for one low fee, and without the travel costs of in-person programs.

The upcoming webinars include:

- **The Joint Commission Tracers: Preparing for the Survey Process**
  April 28 from 9 - 10:30 a.m.

- **The Joint Commission’s New and Revised Accreditation Requirements**
  May 8 from 10 - 11:30 a.m.
  Repeated on May 19 from 12 - 1:30 p.m.

- **Joint Commission Requirements: How to Stay Continuously Survey Ready**
  May 14 from 12 - 1 p.m.

- **Ensuring Compliance with the Revised 2009 Joint Commission Medication Management Standards**
  May 19 from 9 - 10:30 a.m.

There is still time to register for each of these sessions. More information and online registration is available at [www.wha.org](http://www.wha.org). Contact Lisa Geishirt at lgeishirt@wha.org or 608-274-1820 with questions.

Online Course Available to Meet Red Flags Requirements

WHA announces the availability of an online course – FACTA “Red Flags” – which focuses on the requirements of the Fair and Accurate Credit Transaction Act (FACTA).

Created by the U.S. Department of Treasury and the Federal Trade Commission, Section 114 of the Identify Theft Red Flags and Address Discrepancies in the Fair and Accurate Credit Transactions Act of 2003, FACTA was enacted in November 2007. The legislation requires each financial institution, bank or creditor that stores consumer accounts to develop specialized identity theft prevention programs. Although FACTA applies specifically to financial institutions and creditors, every company (even hospitals) that handles consumer data should be alert for the red flags that apply to their business.

These policies and procedures require solutions that can identify patterns in consumer account behavior and flag those that could be of high risk. The new course (which takes about 30 minutes to complete) is intended to help hospital staff identify red flags that are relevant to their handling of account information, detect those red flags when they occur, respond appropriately to whatever red flags they detect to prevent and mitigate identity theft, and ensure that red flags are updated periodically to reflect changes in the methods of identity theft.

The course is available through WHA’s participation with careLearning.com and can be accessed in the Course Catalog at [www.carelearning.com](http://www.carelearning.com). The cost is $20 per person, which includes access for one year from the date of registration. Group discounts and a 30-day free preview trial of the course are available. Contact Jennifer Frank at jfrank@wha.org for more information.

Webinar to Focus on Impact of ARRA on Health Care

A two-part webinar is available for those hoping to learn more about the American Recovery and Reinvestment Act of 2009 (ARRA), commonly referred to as the federal stimulus package. The two 90-minute webinars, offered May 1 and May 8 from 12-1:30 p.m., will address the benefits and the drawbacks of the ARRA for health care providers and how the provisions of the Act will impact hospitals, long-term care facilities and medical and dental practices.

More information and online registration is available at [www.wha.org](http://www.wha.org). Contact Lisa Geishirt at lgeishirt@wha.org or 608-274-1820 with questions.
Stories From Our Hospitals

St. Vincent Hospital, Green Bay
She’s got the touch

Patients young and old who need Palliative Care at St. Vincent Hospital have found relief in recent years from the ministrations of Certified Massage Therapist Marilee Petasek, a woman who brings them comfort beyond measure each time she enters their rooms.

“It is truly a special gift she has, her charisma and spirituality, and she brings it in the room with her,” said Shiphrah Williams-Evans, PhD, nurse practitioner, Petasek’s mentor and adult coordinator for the Palliative Care team.

Petasek also works on the hospital’s Pediatric Unit, where she comforts young patients no matter what they’re being treated for. On that floor, she’s teamed with Barbara Zenker, pediatric coordinator for Palliative Care.

Zenker said Petasek is certified in infant massage, but she recognizes that often in the youngest patients there is a fear of strangers, even those with a gentle touch. Instead, Petasek shares her techniques with their parents so they can soothe their children themselves. “It has been extremely beneficial,” said Zenker.

In other situations, a patient may be at the end of his young life and may not be able to give verbal feedback regarding the comfort provided by the massage, Zenker said, “but the family is observing the massage and what gets seen is how much we care that we would offer this special intervention for their loved one.”

Luella Gallegos, just 17 and a pediatric oncology patient who is undergoing chemotherapy treatments to fight a diagnosis of neuroblastoma, said her back often hurts her and nothing seems to relieve the pain, not even powerful medications – until Petasek comes to see her. “It relaxes me and relieves the pressure off my back,” she said.

When Luella has a chest tube in and Petasek can’t massage her back, “She’ll work around her,” the girl’s mother, Janet Kazik, said. “She does her feet and legs, the back of her shoulders. She’ll try anything to relieve the pressure.”

Petasek insists that the spotlight shouldn’t be on her and the massages she delivers to patients, but on the care the Palliative Care teams, adult and pediatric, bring to patients who are suffering. “We all share the same values. Our hearts are all in the same place,” she said. “Any patient they give us, we take that patient very seriously.”

The massage services that Petasek provides to three to seven patients or more daily are not billable.

(continued on page 7)
Luther Midelfort, Eau Claire
Free cardiovascular screening helps patients discover risk of heart disease

According to the American Heart Association, heart disease is the No. 1 cause of death in the United States. That being the case, it makes sense that people should track the condition of their hearts. But without obvious clues to possible heart disease, busy people may overlook important cardiac concerns.

Luther Midelfort’s Cardiac Center has taken the initiative to sleuth out those clues by offering a free cardiovascular screening to the community twice each month. People can schedule a 40-minute appointment that will provide information about their heart’s condition.

The screening includes:
- Blood pressure
- Body mass index
- Waist/hip ratio check
- Total cholesterol and HDL (good cholesterol); a small blood draw is necessary
- Glucose (blood sugar); fasting after midnight is required in advance of your appointment
- Ankle brachial index (ABI), a simple blood pressure test of the legs to check for peripheral artery disease, a condition in which the arteries in the legs and ankles are narrowed

At the end of the screening, patients meet with a medical professional who interprets the results and provides further direction as necessary.

Lisa O’Neill is a nurse practitioner in the Cardiac Center who has been involved with the program since its inception. “(This program) is good for people who have that family history (of heart disease) and have just never gotten around to checking what their risk really is,” O’Neill says.

Besides family history of heart disease, other risk factors include high blood pressure, high cholesterol, obesity, physical inactivity, and smoking.

At age 73, Elinore Hageness of Osseo was an avid walker who was forced to shorten her exercise significantly because of leg pain. Hageness had consulted with an internist and then an orthopedic surgeon about her leg pain. At the free cardiovascular screening, Hageness learned that her pain was the result of peripheral artery disease in her legs. She is now working with a cardiologist and an internist who have changed her medication and have her back on her feet.

“I started out at a quarter of a mile, and I’m up to a mile now,” says Hageness. “There are some days I’ve walked a mile and a half. I’m happy now.”

The free screening can accommodate about 50 people a month at a substantial savings to patients.

“The ABI test usually costs about $400,” explains O’Neill. “The blood test is probably another $100 to run in the lab, and the counseling that participants receive is all donated time.”

(continued on page 8)
Aurora St. Luke’s Medical Center, Milwaukee

*Aurora’s Asthma School helps Milwaukee school children deal with their disease*

Asthma is the biggest health-related reason for absenteeism in the Milwaukee Public School system. Thanks to a program initiated by the Aurora School Based Health Program and introduced to Aurora St. Luke’s Medical Center Respiratory Therapy Department, an innovative delivery of asthma health care has been instituted in various Milwaukee schools.

The first asthma school was conducted in 2004 for 25 students at Sherman Multicultural School of the Arts on Milwaukee’s northwest side. Aurora St. Luke’s respiratory therapists used the American Lung Association’s Open Airways program as a framework.

Today, Aurora St. Luke’s respiratory therapists serve over 375 underserved K-8th grade children at Sherman, Urban Day, 12th, and 24th Street Schools by conducting “Asthma School” to help youngsters understand and control their disease.

The Aurora Asthma School focuses on understanding the disease and its early warning signs. The curriculum illustrates what happens to children’s bodies when an asthma attack occurs or when the illness acts up. Students learn how to identify asthma “triggers” in the home, school, and surrounding environment and appropriate techniques for controlling their disease.

Communication and collaboration between the respiratory therapists and Aurora’s school-based nursing staff helps to identify and treat children whose asthma is out of control. Therapists working in tandem with Aurora school-based nurses and nurse practitioners ensure that children will have the medications they need, since the nurse practitioners can evaluate, prescribe medications, and follow up with physicians regarding each student’s care.

Through their creativity, the respiratory therapists developed interactive, fun classroom sessions to encourage learning. Popular activities include an online asthma education game and an exercise where children build asthmatic airways using tubing, rubber bands, cotton, wax paper and home-made, artificial mucus to illustrate what happens to their airways during an asthma attack. In another exercise, children make a collage with pictures of the triggers that make asthma worse. In addition to fun activities, Asthma School includes practical, hands-on experience in which the children learn how to use a peak flow meter and apply different types of inhalers to treat their disease. A party at the end of each asthma school is the final touch to the learning experience.

The success of Aurora’s Asthma School also relies on teachers and administrative staff understanding the disease and its effects on children. To ensure they do, the Aurora St. Luke’s therapists use the American Lung Association’s Asthma 101 class as a teaching tool for educators.

In its first three years, Aurora’s Asthma School has successfully helped children understand and control their disease. The program is now addressing the challenge of asthma education for parents, with emphasis on strengthening their engagement, overcoming barriers in dealing with the child’s asthma, and the importance of maintaining a smoke-free home environment.

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