



# Southern Atlantic Healthcare Alliance

Quarterly Newsletter April 2009

## A Letter from our CEO

### Regional News

- Beaufort County Medical Center unveils new Operating Rooms and hospital renovations
- High Point Regional welcomes Kimberly Crews as CFO
- Nash Health Care is offering free Colorectal Cancer Screening to improve detection and treatment
- Lenoir Memorial is launching an enhanced interpretive services program
- Moses Cone Hospital receives Chest Pain Accreditation
- SAHA members add several new nurses to the NC Great 100
- Wayne Memorials' Radar Find system featured in Health Management Technology Magazine

Members,

April is the first full month of Spring and coincidentally, the beginning of the third quarter of SAHA's fiscal year. Both are, in fact, significant milestones. Spring marks leaving Winter's cold temperatures and not so scenic landscapes behind and entering a season of warmer temperatures, flowering bushes and budding trees. April also marks the mid-point of our 2008- 2009 fiscal year and I am proud to say, due to your many contributions, it is shaping up to be another very successful one. We are pleased to have so many budding contracts and programs on the horizon and are proud of the significant initiatives already completed.

It goes without saying that we are in very uncertain economic times reaching to the very core of our communities and touching the lives of every one of us in one way or another. As we continue to pull together "doing the right thing for the right reason," there is no question these efforts are making a difference in the lives of those who depend on accessible, safe, quality healthcare in their communities. It is indeed a privilege for SAHA to share in these efforts.

This quarter's newsletter reviews both recent successes, current activities and future possibilities in areas such as RAC preparation, effective blood utilization, Joint Commission successes, education, Mental Health forums and new "value added savings." Enjoy the read and thank you again for being the glue that holds our Alliance and healthcare in your communities together.

*Dale Armstrong*



## SAHA Adds over \$130,000 in Value

SAHA has been adding value for our members since our inception in 2004. Now, we are tracking and reporting it to our Board and CFOs. By our current definitions, since October of 2008, SAHA programs and activities have an added value of \$138,565! This amount is calculated based on the wide variety of non-cost savings programs that

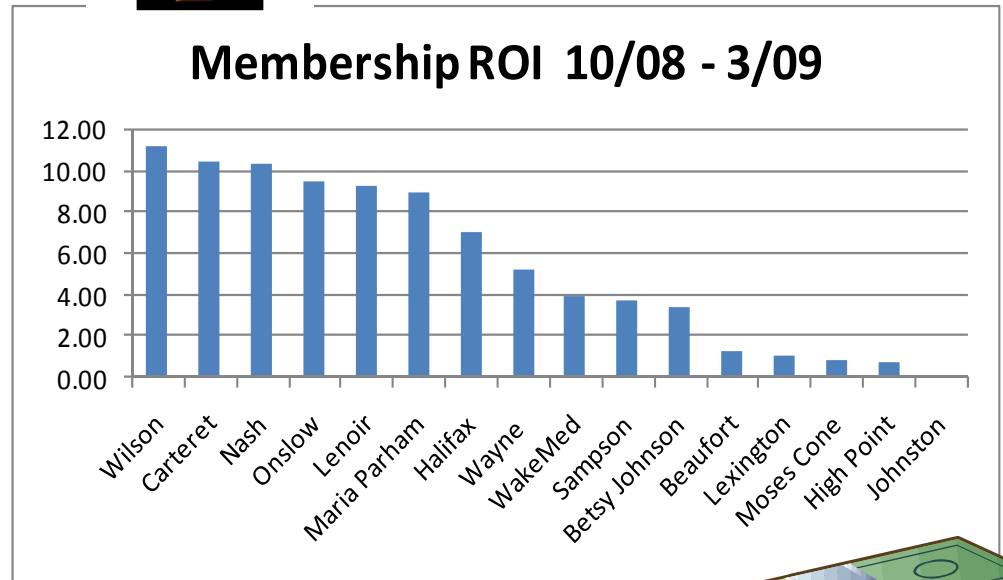
the Alliance provides. Examples of these are: SAHA College training offered at reduced rates, complimentary MGMA data service for physician compensation metrics, RAC readiness assistance, and free sessions with attorneys to answer critical legal questions.

We are proud of the breadth and value of the programs offered to date. SAHA will continue to look to our members to provide us with more ideas in the future.

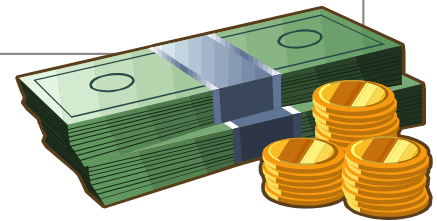
# Cost Savings Initiatives



**Average  
Member ROI  
\$4.66**



## HR Team Renews Background Check Agreement, Adds Additional Savings



After reviewing the competitive pricing of nine vendors, the HR Team completed a contract renewal with FirstPoint. This Greensboro company was able to meet many of the teams' pricing demands, reducing administrative fees by 7.7-50% on many of their products. The team has already enjoyed three suc-

cessful years with FirstPoint and our members were confident they would enjoy the same level of service in addition to the renegotiated rates. FirstPoint is also working on the added benefit of one keystroke ordering that members using Position Manager will recognize soon. The HR Team should be very proud with

broad participation including Betsy Johnson, Carteret, Halifax, Lenoir, Lexington, Moses Cone, Nash, Maria Parham, Onslow, Sampson, WakeMed, Wayne, and Wilson. Beyond HR this contract stands to benefit multiple departments including Medical Staff Coordinators, Volunteer Services, and others.

## BioSite Contract Moves to Next Tier

Thanks to the due diligence and joint effort of the SAHA ED and Lab teams, the BioSite contract for point of care testing is going to create more savings for members. The overall discount has gone up to 5% landing us in tier two. We are sixty kits short of moving into the third tier of a 6% discount. Twelve of our member hospitals were working with Biosite prior to

the SAHA agreement and realized a 3% discount on their current spend with the SAHA contract. As these members add on more Point of Care testing kits from Biosite, and other members come on board, we hope to report greater savings for our members in the near future!!



## SAHA Secures Preferential Pricing with Carolina Physician Recruiters

*America is experiencing a physician decline that is predicted to continue and produce a shortage of 200,000 physicians through the year 2020. {AMA, 2007}*

How does this affect your ability to recruit new physicians? Is it time to re-evaluate your resources in physician recruitment?

To help solve this dilemma, SAHA and Carolina Physician Recruitment collaborated to bring a preferred rate for the hospitals within the Alliance. The agreement is structured as a two party contract between Carolina Physician Recruiters and the individual hospital.

Since 1995 Carolina Physician Recruitment has recruited quality physicians for North Carolina hospitals and practices.

With over 30 years experience in working with medical staffs, CPR recruiters are ready to assist by becoming your preferred recruiter.

The SAHA/CPR agreement contains:

- Placement and Consulting Fees less than national average
- Consultant present during on-site interview; if needed
- Reduced Placement Fees for referred candidates
- No mark-up on advertising cost
- Exclusive contract pricing with option for selective recruiting
- Thirty day cancellation clause without cause for both parties, one year term
- Guaranteed Replacement

The agreement allows discounts for multiple physicians in the same specialty as well as group discounts from hospital to hospital when recruitment services begin

in the same calendar quarter.

What makes CPR different? CPR is locally owned and operate in NC and SC. Their executives have extensive health-care experience and know the NC markets. Their comprehensive approach to physician recruitment makes them similar to having an in-house recruiter, without ongoing expenses. They have a proven track record. For additional information, please contact :

**Annette Towne 919-866-1592 or Pam Tripp 910-892-7448.**



### DA Specialists to Assist with Cancer Registry

The HIM Team completed their agreement with Data Abstraction Specialists for cancer registry services in early February. DA Specialists came highly recommended from our HIM team members at Halifax and was evaluated against 2 competitors. The Burlington, NC company beat the competition with a quick implementation plan and

discounted pricing for our three team members. Sampson, Lexington and Halifax will save \$18,256 with this agreement. In addition, Sampson and Lexington will avoid the costs associated with new state penalties for backlogged data, representing another \$11,481 in value.

## AHIMA Contract Enhanced

For the past three years, SAHA has partnered with AHIMA for online coding education. This year, we've enhanced that agreement. For the first time all of the online sessions will be available to member hospitals. In past years, our HIM team members were required to choose a limited number of these recorded training seminars from the complete list, unfortunately missing programs that a few would be interested in. These education sessions, are highly regarded and used for

continuing education for coders by HIM, Rehab, and Home Health team members. A valuable addition to this program is the SAHA specific portal that allows members to see all the available programs in one place instead of keeping up with individual emails of access codes and topics. SAHA is proud to provide these programs to our hospitals at no charge. Without the SAHA agreement, the cost of these sessions would be nearly \$4,000 per hospital.

# Compliance

## Four Members Complete Successful Joint Commission Surveys



Lenoir, Lexington, Onslow and Wayne recently completed successful Joint Commission Surveys. Compliance Team members were eager to learn from their experience with the new guidelines for 2009. Onslow and Wayne shared their accomplishments and challenges meeting the new rules at our February Compliance Team meeting. Onslow noted their

surveyors were quick to point out the rules were new for them too, setting a positive tone to their survey. Wayne discussed their experience with surveyors that began very intense but ended well. Surveyors at each facility concentrated on the traditional subjects, such as medication reconciliation, but added additional attention to behavioral health tracers, after hour's

pharmacy, contract services, and security of supply carts. How data is used and communicated and how change is implemented have been topics of great importance, with surveyors asking for more than the end result. Wayne and Onslow's survey highlights can be found in the Joint Commission Highlights folder on the SAHA website.



## DEA Compliance is Critical for Pharmacy

A senior consultant from Pharmaceutical Records Inc.(PRI) spoke to the SAHA Pharmacy team about DEA compliance as it relates to controlled substances in a healthcare facility. Following this presentation, several team members indicated an interest in working with PRI to be DEA compliant. WakeMed is already using PRIs services that have not only resulted in staying compliant with DEA regulations but have also cre-

ated significant cost savings. A single DEA violation carries a \$10,000 fine per citation and hence a pre-emptive strike on the part of our members to be in compliance. SAHA is working with PRI to provide its members with the best possible discount. So far Betsy Johnson, Johnston Memorial, Sampson, WakeMed and Wilson have expressed an interest in a contract with PRI.

## Red Flag Rule Coming in May

The SAHA Business Office and Compliance Teams are working on a joint effort to assure compliance with the Red Flags Rule for Identity Theft. Healthcare facilities were initially required to be in compliance with this rule by November 1, 2008; however implementation was postponed till May 2009. The rule requires hospitals to have policies and procedures in place to protect patients and report possible identify theft. Our mem-

bers participated in a webinar with Compliance Pal, a web-based tool to assist with the tracking and reporting requirements of the Red Flags Rule. While the members are in the process of developing policies specific to each facility, the two teams are also evaluating a proposal by Compliance Pal for a collaborative contract. We will provide a status update as the process moves along.





## Infection Control Team Discusses CLASBI Elimination

At their February meeting, the Infection Control Team heard from Jessica Dixon and Robin Carver of WakeMed about the tremendous results they have seen in reducing central line associated blood stream infections (CLASBI). The primary driver of this decrease in infection rate was the use of 2% Sage CHG (chlorhexidine) impregnated cloths for patient bathing, replacing soap. Nurses provided patients in the SICU with a daily bath using these cloths. A substantial amount of education was conducted to assure appropriate technique as this new program was a significant

change in practice from the former methods. The program was a huge success decreasing the CLASI rate by nearly 74%!

Team members discussed different methods for bathing at their hospitals and other measures they are using to decrease CLASBI. Using the central line insertion bundle and limiting femoral lines were other ways hospitals are tackling this important infection control issue. The team will continue to collaborate on best practices to eliminate CLASBI.

## Site Visit - Moses Cone ED

On January 14<sup>th</sup>, the ED Team was invited to tour the Moses Cone Emergency Department by Kathy Haddix-Hill and her team. After learning about their Fast Track and bed assignment protocol at the 2008 Patient Flow Seminar, our members were eager to see it in action. The creation of a Patient Flow nurse was an added feature few had seen but many were curious to learn about. The bed tracking station and software system enabled staff to observe bed space coming avail-

able and more easily match patients to the right unit and level of care. The team members agreed that we should add site visits to our scheduled meetings. We are currently planning the next site visit to Onslow in May.



## PI Team Launched



SAHA's Performance Improvement team is the latest addition to our list of teams actively working to improve the quality of healthcare provided by our member hospitals. The kick-off meeting was held on

Jan. 23, 2009 at WakeMed Cary. The meeting was attended by eleven members from nine SAHA hospitals. Marion Martin, our team member from Moses Cone Memorial Hospital presented an overview on "Quality in Healthcare" to the group. The team enjoyed a hearty discussion on the various aspects of quality and its impact on the operations of any

healthcare organization and also discussed various strategies for process and quality improvement. Prior to the meeting, the team had participated in a short survey to express their expectations from the group and also indicated several topics of interest including quality programs ROI, Joint Commission National Patient Safety Goals, and Root Cause Analysis. The team consensus is to make patient safety a priority in all team initiatives going forward.

We look forward to working with our new PI team as it makes great strides in enhancing a culture of patient safety across the SAHA membership.



# Educational Programs

## Mental Health Forum Reviews Perdue Administration Priorities and LME Partnership Best Practices

On March 10th, SAHA members attended our most recent Mental Health Forum featuring noted consultant, Mike Mayer, PhD. Dr. Mayer reviewed the upcoming priorities of the Perdue administration as it relates to mental healthcare. He specifically addressed the enhancement of crisis services, immediate psychiatric after care, the increasing use of telepsychiatry, and further efforts to integrate behavioral healthcare among all of the providers,

both public and private. To address the ongoing issues of overcrowding in Emergency Departments, the state is engaging in three way contracts to improve bed availability, adding more mobile crisis teams that can go to the ED, and offering delay agreements for primary providers. An additional goal of the administrations plan is to establish medical homes for psychiatric patients to assure improved continuity of care.

The discussion continued with highlights

of best practices for partnerships with the Local Management Entities (LME's). Dr. Mayer stated that the LME's are open to collaboration with the hospital, but often need assistance developing plans. The most successful programs are ones where the hospital presents ideas to the LME and they work together on implementation.

The presentation from this session is archived on the SAHA website if you are interested to learn more.

## SAHA Provides RAC Update

Now that the RACs are a reality and making their way to North Carolina, our members are getting ready to meet their challenge! The SAHA RAC Readiness session was held on February 6, 2009 at the Johnston Medical Mall auditorium and a whopping fifty two attendees representing thirteen member hospitals attended. The session was conducted by a team from South Carolina who had experienced the RAC first hand. Some of the key strategies suggested by the speakers included establishing a very close working rela-

tionship between Case Management and HIM; providing 24/7 case management coverage; ensuring discharge planners are on call and can be reached when needed; accurate discharge dispositions with special emphasis on one and two day stays; looking at Code 44; and improving the utilization review process. The speakers also stressed the importance of educating physicians and keeping them informed on a regular basis. Attendees were also reminded that Present on Admission (POA) was not included in the dem-

onstration project but will be reviewed in the permanent project. Self audits were highly recommended to identify vulnerabilities and gaps. A further suggestion was to create a central "lock box" to receive all incoming requests and implement a fool proof communication throughout the organization that a request had been received. SAHA partnered with Wake AHEC to award .4 CEUs. The evaluations from the session were very positive and we hope the attendees took away successful strategies to be RAC Ready!

## Healthy Foods Partnership Update

On January 26<sup>th</sup>, NC Prevention Partners' representative Anne Butzen joined the Food Service Directors Team for an update of statewide and SAHA member progress on the Healthy Foods Initiative. She shared examples of other NC hospitals improving employees' waistlines and their retail food service bottom lines. Anne noted eight of our hospitals are in the green apple profile and within reach of the coveted red apple status noted on their webpage at [www.healthyhospital.org/Links/apples.pdf](http://www.healthyhospital.org/Links/apples.pdf). The red

apple designation acknowledges hospitals which meet the five principles of Access, Pricing, Marketing, Benefits, and Education to inspire staff and visitors to make healthy food choices. Many of our team members only need to meet one more criteria to advance.

Their action plans are coming along and their employees are enjoying the benefits while our Food Service Directors are maintaining their profit margins.



# Educational Programs

## HR Team Hosts Attorney for Family Medical Leave and Labor Law Reform Updates



The HR Team joined Jerry Oliver of Smith Moore Leatherwood on February 10<sup>th</sup>, for an update on the new rules of Family Medical Leave (FML). He shared the impact of recent federal legislation shifting a greater amount of responsibility to businesses and managers to address FML in a timely fashion with employees. Changes in eligibility, serious health conditions, employer notice requirements, and required certifications were addressed at length.

Additionally, Mr. Oliver reviewed the new FML opportunities extended to our military and their supporting family members. Leave to Care for Injured Military Family Members and the new "Exigency" Leave for Military Families

is a significant addition to the program and could greatly impact hospitals near military facilities and those with significant numbers of National Guard or Reserves in their area.

At their March meeting, Mr. Oliver joined the HR Team again to review significant changes in labor law proposed by the President and congressional delegates. By revoking the Executive Order by the former administration, labor unions will now have a greater access to those involved in government contracts and employers that contract with the federal government. He also addressed concerns related to Emergency Medical Technicians with the Public Safety Employer-Employee Cooperation Act of 2009. Upcoming congressional

proposals including the Free Choice Act and National Labor Relations Act have much broader implications for our hospitals.

Providing a wealth of expertise in labor relations, he counseled team members on their current ability to manage and educate employees in regard to labor unions. Mr. Oliver encouraged members to improve their communication with employees and managers now and clarify supervisory positions as he contrasted how the Free Choice Act and other reform proposals will alter their ability to appropriately address labor union activity in NC. Twelve member hospitals took advantage of these informative programs.

## Effective Blood Utilization Can Decrease Cost

Members of the SAHA Lab team attended an interesting and educational talk with Dr. Tim Hannon of Strategic Healthcare Group, on effective utilization of blood and blood products. In attendance were representatives from seven SAHA hospitals. Dr. Hannon brought to light several key points that contribute to excessive blood utilization and suggested various strategies to enforce blood management and effective utilization. He stressed on the importance of pre-admission testing. Should the patient not meet blood criteria, surgery should be postponed, when possible to avoid blood infu-

sion during or after the surgery. Dr. Hannon also emphasized on the need for education, both for nursing staff and physicians. He showed how stored blood accumulates by-products as a result of the breakdown of blood cells and how this could impact patient safety.

SAHA members are considering a further partnership with Strategic Healthcare Group to improve blood utilization and decrease costs.



## HCP Pro Sessions Offered

SAHA has partnered with HC Pro, a leader in continuing education for healthcare compliance and management to bring our members online sessions on a variety of topics. To date, we have purchased:

- Shared Governance
- Nursing Models of Care vs. Care Delivery Models
- Creating a Culture of Nurse Accountability
- Evidence Based Nursing Practice
- Stark Laws III - Recent Changes Update
- Address CMS Top Compliance Issues Now
- CMS Interpretive Guidelines
- Managing Disruptive Physicians
- Financial Meltdown - Managing through the crisis

Please contact Cindy Nobling at [cnobling@sahalliance.org](mailto:cnobling@sahalliance.org) for the username and password if you are interested in any of these programs.

# Clinical Programs

## Collaboratives Update



North Carolina Center  
for  
Hospital Quality and Patient Safety

IHI Sprint: The Surgical Checklist  
Sprint: **The goal of the Sprint:** Every hospital in the US will test the World Health Organization (WHO) Surgical Safety Checklist at least one time with one operating room team by April 1, 2009. With the help of the North Carolina Center for Quality and Patient Safety, forty-one NC hospitals have tested the WHO surgical safety checklist. Having realized the value of a checklist to reduce surgical complications and mortality, most of these hospitals are planning on implementing a surgical safety checklist. We are happy to announce that nine SAHA members are already on this list with a few more to follow. Current SAHA members participating in the IHI Sprint initiative are: Betsy Johnson, Carteret, Johnston, Maria Parham, Nash, Onslow, Sampson, WakeMed and Wayne. Also, two of our members, Carteret and Onslow will share the implementation of the WHO Checklist in their organizations in the upcoming NCSCIP mid-collaborative meeting on April 2, 2009 in Greenville.

We look forward to the rest of our members joining the initiative within the coming months.

Surgical Care Improvement (NCSCIP): NCSCIP is now in its second year with ten of our members participating in the collaborative. Our hospitals have made huge strides over the past few months and we are pleased to report that Carteret, Maria Parham, Nash and Wayne have been identified as the best performers in some of the SCIP measures. Nash and WakeMed will share their SCIP successes at the upcoming mid-collaborative meeting in Greenville.

SAHA members involved in the collaborative include: Betsy Johnson, Beaufort, Carteret, Johnston, Lenoir, Maria Parham, Nash, Onslow, WakeMed and Wayne.

Just Culture: Carteret is participating in the Just Culture Collaborative with the NC Quality Center and recently attended a training with Dr. Carol Koeble and Barb Edson, to kick off their participation in the collaborative. We wish them the best as they undertake this journey and look forward to hearing about their success!!

State Hospital Infection Measurement (SHIM): Fourteen of our SAHA members are participating in this program to report and review hospital acquired infections (HAIs). The Infection Control Team continues to work closely with the Quality Center to review SAHA member data and discuss improvement methods for eliminating HAIs.

Cardiac Care: Currently six member hospitals - Betsy Johnson, Carteret, Maria Parham, Nash, Sampson, and WakeMed are working with over 15 other hospitals to improve their performance on the core measures for heart failure care. One of the key components of this collaborative is the free access to the American Heart Association's tool - "Get with the Guidelines". The learning sessions to date have been focused on effective medication reconciliation as part of the discharge instructions process and how to create sustainable change within the hospital. All members are reporting improved metrics as a result of participation. Our appreciation is extended to Carteret and WakeMed for their leadership in this important collaborative program.



As part of the SAHA agenda for

2008-2009, our CNO Team is focused on Never Events. At their January Meeting, Kathleen Privette, CNO of WakeMed Cary and her colleague, Mary O'Keefe shared the falls prevention program that has been implemented. They reviewed their policy as well as current falls data. Other

## Focusing In on Never Events

team members contributed their best practices including bed alarms and color coded stockings for patients. Others noted the value of a 'falling stars' program for designation outside the patients' room.

For the March meeting, the CNO's heard from the wound care team at Memorial Medical Center in Illinois. This hospital was recognized by VHA

for their near elimination of pressure ulcers. The team reviewed the blueprint for assessment and ongoing monitoring. Memorial also provides reports to all units based on their outcomes data and rewards each department that improves their scores. An additional best practice was a pressure ulcer champion on each inpatient unit. The CNOs were appreciative of this new information that they can use to enhance patient care and outcomes.



Southern Atlantic Healthcare Alliance

**CONTACT US:**

125 Edinburgh South Drive  
Suite 220  
Cary, NC 27511

Phone: 919-350-2004

Fax: 919-481-6781

**Website:**

[www.sahalliance.org](http://www.sahalliance.org)

**We welcome your feedback!**

**Important Dates and Contacts:**

April 16 (DA/SB) - Finance Committee and Business Office  
Joint Meeting

April 20 (SB) - SAHA College - Interviewing and Selecting  
Talent

April 24 (CP) - Patient Communication Diagnosis

May 22 (DA) - Finance Committee Meeting

May 27 (DA) - Board Meeting

**For all SAHA meeting dates and information refer to the  
calendar on our website.**

**Staff Contacts:**

Dale Armstrong (DA): [darmstrong@sahalliance.org](mailto:darmstrong@sahalliance.org)

Swati Bhardwaj (SB): [sbhardwaj@sahalliance.org](mailto:sbhardwaj@sahalliance.org)

Cindy Nobling (CN): [cnobling@sahalliance.org](mailto:cnobling@sahalliance.org)

Cindy Pittman (CP): [cipittman@sahalliance.org](mailto:cipittman@sahalliance.org)

## Staffing Changes Announced

We have several happenings at SAHA related to our staff. We wanted to provide an update and assure our members that we continue to be committed to providing robust, valuable programs and contracts to each of our hospitals.

Sarah Hoffman has accepted a position as Ambulatory Services Consultant with WakeMed Health and Hospitals. Sarah has been instrumental in the establishment and ongoing success of SAHA since the date of its' incorporation on September 1, 2004. She assisted in the development of many of our current contracts as well as the SAHA College programming. Sarah's last day with SAHA will be Thursday, April 9<sup>th</sup>.

Shirley Cotton, our staff assistant, will be leaving SAHA on

April 3rd. Shirley has been a great help to our project managers in preparing educational programs and arranging meetings.

SAHA will be welcoming an intern again this summer. Matthew Wilcox graduates next month from the University of South Carolina with a Bachelor of Business Administration. Matt is a resident of



Raleigh. He spent his last 2 summers interning with WakeMed. (The summer of 2007 as a Patient Services Assistant and the summer of 2008 as a Corporate Marketing and Public Relations Intern.)

Matt comes highly recommended by those he has worked with within the WakeMed system. We know he will be an asset to the SAHA team and look forward to introducing him to our members.