

# News & Views

July 2007



## President's Message

Yes, the year really does go fast. I know that's what most outgoing Presidents say, but it is true. It has been a very rewarding year working with all of the dedicated NHIMA volunteers who make our organization viable and successful.



It has also been a very busy and progressive year within our organization. NHIMA focus this year included member benefits and recognition with our 25-year recognition and free offering the Guide to Privacy, Retention, and Disclosure of Health Information to NHIMA members at the 2006 Fall Conference; the rejuvenation of the Coding Roundtable with the successful coding teleconference offering in November that was free to NHIMA members; the recognition of our Professional Promotions Committee with the receipt of the 1<sup>st</sup> place AHIMA Core Services Achievement Award for Recruitment and Retention of Members and Honorable Mention for Member Communications for our Web redesign. The 2006 AHIMA House of Delegates voted to pass inclusive membership for AHIMA active members; this will broaden collaboration between AHIMA-credentialed members and other health information professionals such as IT and nursing. E-HIM has also been a focus of our organization with e-HIM educational offerings at our 2007 Spring Conference.

And this year we reached over 500 active members. This means that we now qualify for five (5) delegates which is the maximum number of delegates allowed for any state. Our policies and Bylaws do not address who the fifth delegate would be. So at the June 8, 2007, NHIMA Board meeting we appointed Kim Johnson, our Central Office Coordinator, to represent us as the fifth delegate. Reaching over 500 active members is a milestone for our organization. And having five delegates gives us one more voice in the House of Delegates.

Our profession continues to change and offer more opportunities than ever before. In reviewing our membership list, we have members who work in research, insurance companies, various quality organizations, physician offices, hospitals, skilled nursing, finance, and many other areas. Our members serve as chief information officers, compliance officers, HIM consultants, coders, hospital department managers, hospital vice presidents, privacy officers, security officers, and software representatives. Our backgrounds include HIM professionals, attorneys, physicians, nurses, and educators. We are a diverse membership with many professional opportunities.

These opportunities will continue to grow as the EHR matures and is adopted throughout the healthcare industry. I know that for some members this seems like a long way off and not relevant. However, as EHR legislation and standards are passed and developed, the EHR will begin to touch all of our professional lives. Opportunities for all of us in our changing profession are on the horizon.

This variety of opportunities will be the focus of our 2007 Fall Conference. The conference will be in Omaha at The Nebraska Medical Center on September 20 and 21, 2007.

As our professional landscape changes, we look forward to an exciting HIM future and collaboration with our other healthcare professionals. Together we will make a difference in the world of healthcare.

It has been an honor and a pleasure to serve as your President. I look forward to being part of the continued growth and success of NHIMA.

*Donna A. Keller, RHIT*

Donna Keller, RHIT - NHIMA President

## 2007 Home Health Quality Improvement National Campaign

**Who:** The Centers for Medicare & Medicaid Services (CMS), in conjunction with the Home Health Quality Improvement Organization Support Center (HHQIOSC), has launched a national home health quality improvement campaign targeting homecare agencies and other key stakeholders.

**What:** The campaign seeks to unite the homecare community under the shared vision of reducing avoidable hospitalizations to improve patient quality of care. This will be accomplished through the distribution of tools and resources, guidelines, information and best practice education. Agency recruitment will occur locally through state and national home health associations and Quality Improvement Organizations (QIOs), which will combine to serve as Local Area Networks for Excellence (LANEs).

**When:** Campaign registration began January 11, 2007 and is ongoing. The campaign will provide homecare agencies with a monthly intervention packet, which will include educational tools and resources, information sharing, best-practice education and individual agency reports to assist with reducing avoidable hospitalizations.

**Where:** The campaign Web site ([www.homehealthquality.org](http://www.homehealthquality.org)) allows agencies to register and receive monthly intervention packets. For assistance in Nebraska, call

To register as an agency or a campaign supporter, visit the HHQI National Campaign Web site at [www.homehealthquality.org](http://www.homehealthquality.org).

CIMRO of Nebraska or NAHCHA (see contact information below).

**Why:** Patients desire and prefer to stay at home whenever possible. Being hospitalized can unnecessarily create financial and emotional burdens for patients and their families and can negatively impact the healthcare delivery system. Currently, more than one in four homecare patient episodes will result in a hospitalization. This campaign addresses avoidable hospitalizations and seeks to reduce them nationally.

### **Supporting the HHQI National Campaign**

Individuals and organizations that are not homecare agencies can also register to participate in the HHQI National Campaign as a campaign supporter. These are individuals and organizations that share the vision for improved quality of care for homecare recipients. Examples of campaign supporters may include consultants, physicians, vendors, homecare publications, individual homecare staff members or any other homecare stakeholders. Basically, any individual or organization with an interest in improving homecare quality can register as a campaign supporter for free. By doing so, your organization or name will be listed on the Web site, and you will receive a monthly e-Bulletin detailing the campaign's current activities.

## The Nebraska Health Information Initiative

By Kevin Conway, Member, NeHII Board of Directors

The Nebraska Health Information Initiative, or NeHII, is a collaborative of Nebraska health care organizations, hospitals, physicians, Blue Cross and Blue Shield of Nebraska, and the University of Nebraska Medical Center. The NeHII was formed with the purpose of developing a Nebraska-based, non-proprietary and public health information network, which will coordinate with the envisioned National Health Information Network. While the health information exchange network may realize health care cost savings in Nebraska, equally important is the opportunity to improve patient care.

### Background:

The U.S. health care system is facing a significant set of challenges that many have called an impending crisis: rapidly increasing costs<sup>1</sup>, unacceptable levels of avoidable medical errors<sup>2</sup>, declining population health status<sup>3</sup> and an aging population<sup>4</sup>. 2005 marks the fifth consecutive year of double-digit inflation of private health insurance premiums<sup>5</sup>, which is causing intense concern for federal and state governments, employers and patients. There does not appear to be any reprieve in sight to address these challenges, as demand for health care services is expected to grow as a result of scientific innovations and an aging population.

Universal electronic health records have been identified as a national need for twenty years. While early attempts via community health information networks (CHINs) seem to have failed, new momentum was created on April 27, 2004, when President Bush called for widespread adoption of interoperable electronic health records within 10 years, and established the position of a National Coordinator for Health Information Technology. David J. Brailer, M.D., Ph.D. was appointed to serve in this new position in May of 2004. On April 19, 2007, Robert M. Kolodner M.D. was appointed to the position of National Coordinator for Health Information Technology (HIT). He served as the Interim National Coordinator for HIT since September 2006 after Dr. Brailer stepped down. Dr. Kolodner will continue to lead the Office of the National Coordinator (ONC)

During this same timeframe, findings from the Nebraska Biomedical Informatics Project (NBIP) envisioned a business and technology infrastructure that would enable Nebraska to deliver the highest possible quality of care to all of its citizens at the lowest possible cost. The new program was named the Nebraska Health Care Transformation (NHCT).<sup>6</sup>

In January 2005, the University of Nebraska, armed with the NBIP findings, approached Blue Cross Blue Shield of Nebraska (BCBSNE) to discuss building a health information exchange for Nebraska that could connect to the National Health Information Network. These discussions lead to BCBSNE creating the Nebraska Health Information Initiative (NeHII) to develop a Nebraska-based, nonproprietary and publicly available health information network, which has the potential for countrywide interoperability.

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<sup>1</sup> US DHHS, *ibid*

<sup>2</sup> Crossing the Chasm: A New Health System for the 21<sup>st</sup> Century. Committee on Quality of Health Care in America, Institute of Medicine.

<sup>3</sup> *Health, United States, 2002*, National Center for Health Statistics, U.S. Department of Health and Human Services

<sup>4</sup> The Federal Interagency Forum on Aging-Related Statistics

<sup>5</sup> Trends: Health Spending Growth Slows in 2003. Smith et al. *Health Affairs*. 2005;24:185-194.

<sup>6</sup> Transforming Nebraska Health Care, April 23, 2004, Nebraska Biomedical Informatics Project.

BCBSNE visited the Nebraska Hospital Association (NHA), Nebraska Medical Association (NMA) and Nebraska's large health systems during March and April of 2005 to introduce the concept of NeHII. Receiving enthusiastic interest from all parties, BCBSNE provided the initial funding to launch NeHII.

### **NeHII Collaborative Process**

The NeHII Collaborative held their initial meeting on April 26, 2005. In attendance were the NHA, NMA, BCBSNE and most of Nebraska's large health systems. During this meeting, the NeHII group decided on a fully collaborative process designed to engage as many participants as possible, while driving toward a timely implementation. The NeHII Collaborative hired HealthAlliant, a nonprofit with extensive experience in existing regional health information organization (RHIO) efforts in the United States, to facilitate the collaborative development of a business case for a health information exchange.

Initially, NeHII developed a project with distinct phases. The project phases consist of Convening, Planning, Financing, Development, and concluding with Operations. During the Convening phase, the NeHII Collaborative developed and refined their Vision, Mission, Principles, Goals and Organization

### **Structure:**

**NeHII Vision** - The NeHII Collaborative will be a leader in the secure exchange of health information enabling a healthier Nebraska.

**NeHII Mission** - The mission of the NeHII Collaborative is to provide Nebraska a system for the secure exchange and use of health information.

### **NeHII Goals:**

- Sharing timely and accurate patient health care information in a secure environment to improve patient care and reduce health care costs
- Seamless, electronic medical system driven by patients who give doctors access to information that will enhance quality care delivery.

### **NeHII Principles:**

The NeHII principles have naturally evolved throughout the strategic planning process and are the result of input from various stakeholder participants. They are meant to create a framework for working together as a community:

- Statewide approach
- Patient-centered
- Collaboration and consensus
- Open and transparent process
- Neutrality
- Shared resources, shared burden, shared planning
- Investments should reflect benefit flow
- Economically self-sustaining
- Inclusion of those with less resources
- Keep it simple
- Incremental implementation with early victories
- Build on what is available
- Support quality improvement
- Ensure interoperability

### **NeHII Organization and Participants**

NeHII's collaborative process grew to almost 90 participants who were active in the Collaborative and/or one or more working groups. Organizations that participated in the process included:

- Hospitals: Nebraska Medical Center, Alegant Health, BryanLGH Health System, Regional West Medical Center, Nebraska Methodist Hospital, Good Samaritan Health System; Creighton University Medical Center; St. Elizabeth Regional Medical Center, Children's

Hospital, Faith Regional Health Services, Mary Lanning Memorial Hospital, Great Plains Regional Medical Center, Fremont Area Medical Center, Saint Frances Medical Center, Columbus Community Hospital

- Physicians: More than 20 physicians that are part of the NMA's Electronic Health Records Task Force, including Dr. Harris Frankel, Dr. Mike Kroeger, Dr. Todd Sorenson and Dr. Mike Westcott
- Pharmacies: Nebraska Pharmacy Association (NPA), Kohll's Pharmacy, Walgreens
- Insurers: Blue Cross Blue Shield of Nebraska
- Other Projects: Nebraska Telehealth Network project

Current members of the NeHII Board of Directors are:

Kevin Conway, Vice President Health Information, Nebraska Hospital Association

Joni Cover, JD, Executive Vice President, Nebraska Pharmacists Association

Harris Frankel, MD, Omaha

Kimberly Galt, PharmD., Creighton University Medical Center School of Pharmacy

Sandy Johnson, Executive Vice President, Nebraska Medical Association

Kenneth Lawonn, Senior Vice President & CIO, Alegent Health, Omaha

Steve Martin, CEO, Blue Cross Blue Shield of Nebraska, Omaha

James E. O'Connor, Attorney, Baird Holm LLP, Omaha

Rick Sheehy, Lieutenant Governor, State of Nebraska, Lincoln

Todd Sorensen, MD, Scottsbluff

George Sullivan, Director Information Technology Services, Hastings

Delane Wycoff, MD, North Platte

The NeHII has now moved into the planning phase. While NeHII is a statewide initiative, the Board of Directors is looking at conducting a pilot to test the concept and what information can be shared effectively. Pilot sites have not been selected, but Omaha hospitals and physician groups are the center of conversations.

One issue that is still being discussed is how to finance the health information exchange. Some of the models discussed include a fee for service model, membership model, or blended model. No decision has been made yet on this issue. Of interest to members of NHIMA is that NeHII continues to push patient control of information as a key element. In committee discussions, they recognize that patient authorizations and control will need to be designed and built into the health information exchange prior to implementation. Stay tuned for more information about this exciting initiative.

## Welcome to New NHIMA Members

Paige Sherman  
Karyn Stodden  
Patricia Watson  
Yvonne Cacy  
Nichole Simpson

Vicki Fugate  
Shawna Negus  
Oksana Kochergin  
Michelle Sterling  
Linda Grieffel

Lisa Fix  
Carmella Schroeder  
Buffy Lara-Juarez  
Megan Pelegrimas  
Carolyn Ziemann

## Mark Your Calendar!

### NHIMA Fall Conference in Omaha - September 20 & 21, 2007

The NHIMA Fall Conference will be held September 20 & 21, 2007 at The Nebraska Medical Center in Omaha, Nebraska. This year's theme, *HIM - A Kaleidoscope of Opportunity*, will feature topics as varied as our membership.

While the agenda is not yet finalized, the program planning committee is busy identifying speakers to discuss the use of Six Sigma for quality improvement, the new Physician Quality Reporting Initiative (PQRI), the Present on Admission (POA) requirement, the proposed IPPS MSDRGs, and an update from our new Medicare Administrative Contractor (MAC) - (at least, we plan to invite them, once the contract is awarded by CMS).

A block of rooms has been reserved until August 19<sup>th</sup> at the Baymont Inn & Suites, 3301 South 72<sup>nd</sup> Street, Omaha, NE 68124; phone 402-391-8029; fax 402-391-7998; [www.baymontinns.com](http://www.baymontinns.com). To receive the special rate of \$55/day plus tax, remember to make your reservation by August 19<sup>th</sup> and mention you are attending the NHIMA meeting.

If you have any questions, please contact the co-chairs, Malinda Stanley, [malinda.stanley@bcbsne.com](mailto:malinda.stanley@bcbsne.com) or Mary Miller, [MillerM@clarksoncollege.edu](mailto:MillerM@clarksoncollege.edu).

The NHIMA Membership List is no longer printed in News & Views. However, the NHIMA membership list can be emailed to NHIMA members. Request your list by emailing the NHIMA Central Office at [kim@consulthi.com](mailto:kim@consulthi.com).

### Coding Roundtable

by Theresa Rihanek, Coding Roundtable Chair

The Coding Roundtable committee members have been making plans to set up a Traveling Coding Audioseminar to help facilitate the coding roundtable in Nebraska. The Roundtable will purchase an AHIMA audioseminar CD and send it to various regions who indicate an interest in participating. A pre and post test as well as discussion questions to go along with the audioseminar will be provided by AHIMA. We are working on a letter to send out to the region chairs to get some help in organizing locations and facilitators. The Coding Roundtable

committee has a goal of sending out three audioseminars in the next year.

The Coding Roundtable is pleased to announce that Shirley Carmichael has agreed to join our committee. We are very excited to have a representative from a critical access hospital join our team. We are brainstorming ideas to host another telehealth workshop in the fall. If you have any suggestions for the telehealth workshop, please email them to [trihanek@nebraskamed.com](mailto:trihanek@nebraskamed.com).

## 2007 WNCC Graduates

The NHIMA would like to congratulate the following graduates:

### Medical Transcription Certificate:

Candi Joska	Lola Lacy	Christine Olsen
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### Diploma in Coding:

Buffy Lara-Juarez	Mary Escamilla	Teresa Morris
Victoria Casillas	Amy Newman	

### AAS - Health Information Management Services:

Jamie Buck	Amy Gomez	Merna Thorson
Nancy Clark	Krea Hannaford	Jo Tower
Brittany Coryell	Paige Sherman	
Kim Gibson	Starla Thompson	

## NHIMA Policy & Procedure Revisions

*The following policy was revised at the June 8, 2007 Board of Director meeting:*

**3.80 Vendor Support, 3.80a Corporate Sponsorship Letter, 3.80b Information for Vendors, 3.80c Corporate Sponsorship Policy, 3.80d Corporate Sponsorship Application and 3.80e Vendor Conference Agreement** - all updated by changing "corporate membership" to "corporate sponsorship" throughout policies.

## Newly Credentialed in Nebraska (June 2006 thru May 2007)

Cynthia Carlson, CCA	Jennifer Loy, RHIT	Andrea Roughton, CCA
Lisa Dorn, CCA	Monica Morrill, CCA	Michaela Tesar, CCA
Amanda Henke, RHIT	Nancy Prunty, RHIT	Becky Thorson, CCS
Pamela Johnson, CCA	Ranae Race, RHIT	
Crystal Kellen, RHIA	Lindsey Reyna, CCA	

**2007-2008 Corporate Member**

[www.on-lineimaging.net](http://www.on-lineimaging.net)

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## The Institute for Healthcare Improvement's 5 Million Lives Campaign

Building on the success of the Institute for Healthcare Improvement's (IHI) 100,000 Lives Campaign, the IHI is now rolling out its 5 Million Lives Campaign. The goal of the 5 Million Lives Campaign is to eliminate harm from healthcare and to continue the mission of providing the right care for every patient, every time. Approximately 22 Nebraska hospitals



participated in the 100,000 Lives Campaign and many Nebraska hospitals are already working on the initiatives that are included in the 5 Million Lives Campaign. CIMRO of Nebraska and the Nebraska Hospital Association have recently partnered to serve as Nebraska's Campaign Node for the Campaign. Our goal, as the state node, is to support the work currently being done and to encourage hospitals not working on these measures to consider participating.

The 5 Million Lives Campaign utilizes evidence-based medicine and proven performance techniques to achieve improved outcomes for patients. CIMRO of Nebraska and the Nebraska Hospital Association promote the use of evidence-based medicine and are able to support hospitals in this campaign by disseminating information, providing education and technical assistance, and creating opportunities for networking among Nebraska hospitals. The Nebraska Hospital Association, in its designed future statement, adopted the goal that Nebraska's hospitals will be leaders in quality initiatives. Participation in the IHI's 5 Million Lives Campaign is one approach you can use to help your facility become a leader in quality.

The interventions being addressed in the 5 Million Lives Campaign include:

- Deploy Rapid Response Teams (RRT) at the first sign of patient decline\*
- Deliver reliable, evidence-based care for Acute Myocardial Infarction to prevent deaths from heart attack\*
- Prevent adverse drug events (ADEs) by implementing medication reconciliation\*
- Prevent central line infections by implementing a series of interdependent, scientifically grounded steps\*
- Prevent surgical site infections by reliably delivering the correct perioperative antibiotics at the proper time\*
- Prevent ventilator-associated pneumonia by implementing a series of interdependent, scientifically grounded steps\*
- Prevent harm from high-alert medications starting with a focus on anticoagulants, sedatives, narcotics and insulin
- Reduce surgical complications by reliably implementing all of the changes in care recommended by SCIP, the Surgical Care Improvement Project
- Prevent pressure ulcers by reliably using science-based guidelines for their prevention
- Reduce Methicillin-Resistant *Staphylococcus Aureus* (MRSA) infection by reliably implementing scientifically proven infection control practices
- Deliver reliable, evidence-based care for congestive heart failure to avoid readmissions
- Get Boards on board by defining and spreading the best-known leveraged processes for hospital Boards of Directors, so that they can become far more effective in accelerating organizational progress toward safe care

\* 100,000 Lives Campaign intervention

Nebraska is fortunate to have hospitals nationally recognized as “mentors” in the 5 Million Lives Campaign. The Nebraska Medical Center, BryanLGH Medical Center, Saint Elizabeth Regional Medical Center and Saint Francis Medical Center have each achieved significant improvements in one or more of the initiatives and have volunteered to provide support, advice, clinical expertise and tips to hospitals as they implement these quality initiatives.

The primary goal of the campaign is to eliminate harm from hospitals, regardless of the location or size of the hospital. Small and rural hospitals often report that national initiatives and campaigns aren't designed for their settings. The IHI has created a Rural Affinity Group, comprised of IHI faculty and representation from the National Rural Health Association. This group's purpose is to share implementation strategies for the interventions that will be easily adapted in a small or rural hospital. System improvements that become the way work is accomplished each and every day are key to improving patient care, no matter the size or location of the hospital.

Participation in the IHI 5 Million Lives Campaign is an opportunity for all Nebraska's hospitals to participate in a national initiative. Since most hospitals are addressing at least one of the listed interventions, it is also an excellent opportunity to showcase Nebraska's high-quality patient care on a national level. We encourage you to continue working on those interventions in which you are currently focused and select another intervention, which would benefit your patients. If your hospital is not working on any of the listed interventions, we ask that you select an intervention and begin to implement it in your facility.

If you are interested in participating, you must complete an enrollment agreement and send it to the IHI. The data submission requirements for the 5 Million Lives Campaign are essentially the same as those for the 100,000 Lives Campaign. The requirements are:

1. Report Acute Care Inpatient Mortality data annually (deaths and discharges)
2. Completion and periodic update of a “Hospital Profile,” - a questionnaire that describes basic administrative and demographic characteristics of your hospital

Additional information on data submission, including the data submission tool is available on the IHI Web site at:

<http://www.ihl.org/IHI/Programs/Campaign/Campaign.htm?TabId=6#HowTheCampaignWorks>

For additional information on the 5 Million Lives Campaign and how your hospital can participate, please contact Janet Dooley, Director of Medicare Operations, CIMRO of Nebraska at 800/458-4262 or via e-mail at [jdooley@neqio.sdps.org](mailto:jdooley@neqio.sdps.org) or Monica Seeland, Vice President Quality Initiatives, Nebraska Hospital Association, at 402/742-8152 or via e-mail at [mseeland@nhanet.org](mailto:mseeland@nhanet.org).



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**2007-2008 Chairpersons:**

- Legislative Committee..... Anne Skinner
- Nominating Committee ..... Connie Henderson
- Archivist ..... Retha Hudkins
- Spring 2008 Conference  
Committee ..... TBA
- Fall 2007 Conference  
Committee ..... Malinda Stanley &  
Mary Miller
- Coding Roundtable..... Theresa Rihanek
- Professional Promotions..... Janice Sandquist