

NJSHCA



New Jersey Society for Healthcare Consumer Advocacy

March 2014

President's Pen

Hi Everyone!

Wow! It's been such a long time since we all met in November and a lot has been happening on the national SHCA level and within our organization! First and most immediate is our upcoming membership meeting on Thursday, March 20th. We have a guest speaker, who was originally scheduled to address our group in the fall. We are delighted to welcome Dr. Gary Brown, Medical Director of the Department of Psychiatry at Capital Health. Dr. Brown will be speaking on a number of challenges hospitals and health care providers face today in meeting the needs of the mental/behavioral health patients. We are all aware of the bed crisis that exists and how many of us struggle to provide appropriate care to these patients who are often held in ED beds for days while awaiting transfer to a psychiatric facility. If you have specific questions that you would like Dr. Brown to address, please email to Linda Fauteux (lfauteux@capitalhealth.org) or me (crobinson@caperegional.com). And thank you Linda for arranging for Dr. Brown to speak with us!

By now, many of our members have heard that National SHCA has ended its official membership with AHA and has become affiliated with The Beryl Institute, whose primary mission is to improve the patient experience. If you are not familiar with The Beryl Institute, I would strongly encourage you to check out their web site. It is a very professional organization and provides a tremendous number of resources and contacts for both patient experience directors and patient advocates. At the March meeting, we will spend some time discussing the benefits of membership in The Beryl Institute and how this new affiliation will impact chapters as well as individual members. Our President-Elect, Michelle Oleski, will be attending the Institute's annual conference in April and checking out the new Patient Advocacy Community of the Beryl Institute.

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2014

Meeting Dates

3/20/2014

5/30/2014

**(Conference/
Retreat)**

9/18/2014

11/20/2014

As a follow-up to the above, we have been very fortunate to secure Jason Wolf, President of The Beryl Institute as our guest speaker for our annual conference/retreat on Friday, May 30th at Harvey Cedars Conference Center. Mr. Wolf is a highly sought after nationally known speaker and he will be discussing the many aspects of the patient experience, best practices, the results of research studies and what is on the horizon in the world of patient experience! A more detailed email about the conference will be sent out shortly. Please share it with your patient experience/satisfaction directors or those in charge of patient satisfaction. We are hoping to have at least 50 members and guests attend the conference.

Additionally, I will be reaching out to all member hospitals to consider hosting Jason for a day on Thursday, May 29th, for his On the Road Series. He visits health care facilities around the country that have been able to identify and implement best practices that have improved the patient experience. He then writes about his tour in the Institute's newsletter. If your hospital has some great ideas to share and would consider participating in this event, please contact me ASAP so that I can provide you with more details about the On the Road Series. If you haven't already confirmed your attendance at the March meeting, please email Eileen Smith at esmith@jfkheath.org.

Looking forward to seeing everyone on the 20th! Here's to Spring FINALLY!

Corinne



What's a Hospital?

A Message from America's Hospitals

Those blue and white signs with the big H have always carried the promise of help, hope and healing. The hospital of the future will continue to extend that promise, but in new ways that will improve quality while lowering costs. The word hospital will be less about a building and more about a coordinated system of care.



Rich Umbdenstock
President and CEO
American Hospital Association

The Challenge

The environment the hospital of the future faces will be extraordinarily challenging. Providers will have incentives to work more closely together to coordinate care, improve quality and safety, and keep patients healthier.

That's a challenge. Ten thousand Baby Boomers celebrate their 65th birthday each day. More than half of them will have multiple chronic conditions like hypertension, diabetes and heart disease, yet they will live and require health care services far longer than previous generations. Chronic conditions are also increasing in younger people.

Medical and information technologies hold out great potential for improved care, but they come with a huge price tag. And even after the expanded insurance coverage emerging from the Affordable Care Act, hospital emergency departments will continue to treat millions of people without health insurance.

Hospitals are taking dramatic action now so they will be ready tomorrow to keep the promise of care to the patients and communities they serve.

That means embracing methods of improving the quality of care while at the same time reining in costs. It means becoming proactive instead of reactive — that is, working to keep people healthy instead of waiting for them to become sick. And hospitals are making tremendous progress.

Engagement

Hospitals are engaging patients and families, community leaders, physicians and their own staffs in a revolutionary effort to improve wellness, control expenses, improve efficiency and

increase quality and accountability. The goal: Keep people healthy and out of emergency departments; identify and eliminate costly treatments that don't improve patient outcomes; and provide the support patients need to stay out of the hospital once they are discharged. Hospitals will reach out, moving care into their communities in nontraditional ways. Some hospitals are merging to take advantage of economies of scale and provide the latest treatments, reconfiguring to better meet community needs and provide their patients with access to state-of-the-art equipment without breaking the bank.

community needs and provide their patients with access to state-of-the-art equipment without breaking the bank.

Innovation

Increasingly, hospitals are being paid for the value they provide rather than the volume of patients they treat. Hospitals are responding by using evidence-based practices to, for example, eliminate preventable infections and complications and better manage advanced illness.

These steps can result in lower costs, higher patient satisfaction and outcomes, and fewer unnecessary readmissions. They are using information technology to track the quality of the care they provide. They are also analyzing information so they can spot patterns that could lead to better treatments for certain conditions or groups of patients. All of these efforts are paying off; the growth in hospital spending is at a 15-year low.

These are not simple transitions. But hospitals are determined to do whatever it takes to continue meeting their commitment to their communities.

Just as a Model T and a brand-new hybrid are both cars, the community hospital of the future will still be your hospital. When you follow those blue and white signs, you will find people who work around the clock to provide emergency services, perform surgery and care for patients who are ill or injured. But in the coming years, the image of a hospital will be less about four walls and more about partnerships that advance the health of individuals and communities.

Fox news story highlights confusion over observation status

American Hospital Association News, 02/10/2014



In a story broadcast on Fox News, AHA Vice President and Deputy Director for Policy Ashley Thompson shared hospitals' frustration with the Centers for Medicare & Medicaid Services' complicated guidance on "observation status." The story looked at the policy's harmful impact on patients and providers, noting that Medicare Recovery Audit Contractors challenge Medicare claims going as far back as three years and receive "a financial incentive for second guessing doctors and hospitals."

Frustrating Medicare catch: Who's an in-patient at the hospital and who's under observation?

By [Jim Angle](#)

Published February 06, 2014



Ruth Felton, of Tiburon, California is a real fireball, even in her 90s.

Her daughter, Sherry Brier, interviewed her while she was working out on a rowing machine at a gym where she had been going for several years. When Brier asked if she felt it helped, her mother replied with a twinkle "I hope so," as she continued to row.

But when she was 95, Felton fell late one night at home and was taken by ambulance to the emergency room, where doctors found she'd broken her pelvis in three places.

Brier said the doctors told her that after leaving the hospital, her mother "would have to go to rehab and learn to walk again and learn to function again."

But Brier and her sisters were told that would mean a skilled nursing facility, which is expensive. But, if she "stayed three full nights, we were told that was the criteria for having Medicare pay for the rehab," Brier said.

There's a nasty catch, however-- many people in the hospital are not officially considered "in-patients" but rather "under observation" although the difference is not obvious.

Says Toby Edelman of the Center for Medicare Advocacy, "Once they are in the hospital and in a bed for several days, getting care and treatment and medicine and food, (a) wristband, they think they're in-patients. People have no idea that they're out-patients."

Felton's daughters learned just ten minutes before her discharge that she was only under "observation" -- meaning Medicare would pay nothing for nursing care and rehab -- leaving them to pay a \$17,000 bill.

Many others pay tens of thousands more. Rep. Joe Courtney, D-Conn., says "the inspector general calculated that there were 600,000 cases across the country just last year alone."

And ObamaCare itself contributes to the problem.

Hospitals say they're caught in the middle with the government challenging medical decisions, and imposing fines under ObamaCare if they admit too many in-patients.. and then the patients return.

Ashley Thompson of the American Hospital Association says, "hospitals are penalized for excessive readmissions and that is for any patient that's admitted. That might be one of reasons why physicians are more cautious admitting patients to the hospital."

Scott Gottlieb is a doctor and analyst at the American Enterprise Institute and serves on a board that examines physician practices at hospitals.

"They are trying to keep more patients on observation so they don't have to formally admit them to the hospital," he says.

One reason? The government hires contractors -- which some call bounty hunters -- to go out and challenge Medicare claims going as far back as three years, giving them 9 to 12.5 percent of any claim denied, creating a financial incentive for second guessing doctors and hospitals.

Ashley Thompson of the American Hospital Association says, "These claims are held up in the appeal process for two-and-a-half years. There's over \$1.5 billion that's tied up right now as hospitals are appealing these denials."

Although they win 70 percent of their appeals, that doesn't help families stuck with tens of thousands of bills from skilled nursing facilities.

Gottlieb blames the government.

"So you get hospitals, basically overshooting and keeping more patients on observation status because they know if they make the wrong decision and admit a patient that could have been put on observation status, they're gonna face a penalty when the auditors come in."

Courtney wants to fix all this. He has 136 co-sponsors from both parties for a bill requiring that any three-day stay at a hospital be entitled to Medicare payment for skilled nursing care.

Meanwhile, Sherry Brier has been fighting the Medicare bureaucracy for months. She calls the whole situation a travesty.

NJHA Report: Hospitals Provide Nearly \$2.6 Billion in Community Benefits

New Jersey hospitals provided \$2.58 billion in added benefits to their communities in 2012 above and beyond the healthcare services they provided to their patients, according to NJHA's annual *New Jersey Hospitals: Community Benefit Report*.

The total includes the value of free and discounted care for the poor, uninsured and senior citizens; community health offerings like immunization clinics and other wellness programs; education for future healthcare professionals; medical research; and a wide array of additional community programs.

"Hospitals' contributions – in both economic and community benefits – make them an essential part of the Garden State's well-being. It is a responsibility and commitment that they proudly embrace," said NJHA President and CEO Betsy Ryan.

The [report](#) also features community programs that were honored in the 2014 Community Outreach Awards presented in January by NJHA's affiliate, the Health Research and Educational Trust of New Jersey.

Data for the report was collected from 57 of the state's 73 acute care hospitals through a rigorous survey process. Most of the information was collected electronically through data collection software; other hospitals reported on a manual survey form. NJHA uses standardized reporting categories and definitions from the Catholic Healthcare Association and the Veterans Health Administration.

The \$2.58 billion in community benefits tallied in the report include:

- \$2 billion in unpaid costs of patient care, which includes \$623 million in unreimbursed charity care services for the working poor, \$290 million in unpaid care for Medicare patients and \$111 million in unpaid care for Medicaid patients. This amount also includes \$1 billion in uncollectable costs for treatment, also known as bad debt.
- \$66 million in community health improvement services, which include programs such as health fairs, health screenings and immunization clinics. About 6,105 programs were held statewide, providing more than 14 million unique "personal encounters" between hospitals and community members.
- \$124 million in health professions education, which includes education, internships, residency programs, scholarships and other programs to prepare the next generation of physicians, nurses and other healthcare professionals. Nearly 124,000 current and future healthcare workers were served in these programs.
- \$366 million in other community services and programs, many of which go beyond the traditional definition of "healthcare programs." Hospitals provided over 1,300 such programs in 2012, providing 2.8 million unique "personal encounters."

**Aline Holmes, 609-275-4157, aholmes@njha.com
Maria Mera, 609-275-4147, mmera@njha.com**

N.J. Department of Health Launches Five-Year Chronic Disease Reduction Plan

The state Department of Health yesterday unveiled a five-year plan, *Partnering for a Healthy New Jersey*, which would combine existing programs to reduce chronic diseases such as diabetes and heart disease. The announcement was made at a gathering of healthcare leaders at Cooper University Hospital in Camden.

The chronic disease reduction plan, which is built on a \$9.4 million federal grant, will draw on several existing programs, including one to improve residents' health by 2020 – Shaping NJ, which focuses on obesity prevention. Other current programs include a change in hospital funding that focuses on disease reduction; regional healthcare coordination efforts; and a state effort to improve birth outcomes.

The plan aims to achieve its goals by relying on four primary approaches:

improving public access to data on diseases and related risk factors

encouraging healthy behaviors, such as requiring hospitals to develop policies that support breastfeeding

bringing prevention efforts into the healthcare delivery system, such as working to improve residents' health before they develop chronic diseases

building links between community organizations and providers, so that residents are referred to the right disease-reduction programs.

By involving hospitals, insurers, healthcare foundations and community organizations in this work, state officials are looking to improve and better coordinate these programs.

"This is a cultural change for the department as much as it is a cultural change for our healthcare system," said Commissioner Mary E. O'Dowd.

She added that the success of the effort would depend on the participation of other healthcare stakeholders. State officials plan to convene a group within three months to gather their ideas for the coming years.

Aline Holmes, 609-275-4157, aholmes@njha.com

NJHA Launches Wellness Web Site

New Jersey spent \$2.2 billion in 2008 on obesity-related illnesses such as heart disease, diabetes and arthritis, according to data reported by the N.J. Department of Health. Spending is projected to climb to \$9.3 billion by 2018 if this trend is not reversed. To help improve this scenario, NJHA has launched [Keep NJ Healthy](#), a new Web site to assist consumers and highlight the work of New Jersey's hospitals in promoting community and employee wellness.

The Web site offers a wealth of information, resources and links. Consumers can search by hospital name to find health and wellness programs located in their area. And for healthcare employers, the site provides a valuable resource where they can share successful employee wellness programs with their peers.

"Promoting wellness, in our communities and our workforce, is a central part of reforming our healthcare system for the future," said NJHA President and CEO Betsy Ryan. "This Web site can help individuals make lifestyle changes so they can better manage existing health conditions and perhaps prevent new ones from developing."

The site includes the following features:

A statewide listing of New Jersey hospitals' community programming on wellness, exercise and nutrition

A list of employee wellness programs, plus benchmark information so employers can see what others are doing to promote employee wellness

Special sections on nutrition and exercise

New Jersey health facts

Links to an array of resources on nutrition, fitness, health data and overall wellness and well-being.

Aline Holmes, 609-275-4157, aholmes@njha.com
Belinda Cooper, 609-275-4001, bcooper@njha.com



NJSHCA March Meeting

Date: **March 20, 2014**

Time: 9:00 a.m. Continental Breakfast
9:30 a.m. to 3:00 p.m. Meeting

Title: **Perplexities of treating psychiatric patients on the medical units.**

Speaker: **Dr. Gary Brown, Medical Director**
Department of Psychiatry, Capital Health

Location: **NJ Hospital Association Conference Center**
760 Alexander Road, Princeton, NJ
(609) 275-4035

Please RSVP by

March 17, 2014

Eileen Smith

esmith@ifkhealth.org

Tel: (732) 744-5824

Fax: (732) 744-5614





The NJSHCA conference scheduled for May 30, 2014 is fast approaching. I have attached to the newsletter the list of vendors and the letter sent to each of them. I have not heard back from any of them so I am hoping that if you use any of these vendors and/or see them that you will ask them to join us. The vendors who sponsor us cover the expenses for the conference as well as increase our financial budget.

Thank you for your help in making this years conference another successful one.

360 Translations International, Inc.

ASL Interpreter Referral Service, Inc.

CaringBridge

Circles Corporate

Curbell Electronics, Inc.

Cyracom

Deaf Talk

GetWell Network, Inc.

HealthStream

Healthy Advice

The Jackson Group

Language Access Network

Medcalm Corp.

NRC Picker

Optimal Phone Interpreters

Pacific Interpreters

Para Plus Translations, Inc.

Popish Incorporated

Press Ganey

RL Solutions

SOFTEQ Development Corporation

Vendormate

Verge Solutions

VitalSmarts

Genesis HealthCare

Baptist Leadership Group

Sign Language Services

Stratus Video

American Hospitals Publishing Group Int.

Star Specialties Inc.



New Jersey Society for Healthcare Consumer Advocacy

www.NJSHCA.org

January 27, 2014

NJSHCA 8th Annual Conference Friday, May 30, 2014

The New Jersey Society for Health Care Consumer Advocacy (NJSHCA) is an affiliate of the New Jersey Hospital Association and a New Jersey chapter of the Society for Health Care Consumer Advocacy (SHCA) of the American Hospital Association. We are excited to announce our recent affiliation with the Beryl Institute, an international organization devoted to improving the patient experience. Our membership is comprised of Patient Advocates, Patient Representatives, and Patient and Guest Relations staff from hospitals and healthcare facilities throughout the state of New Jersey.

The Mission of the NJSHCA is to be the forerunner for the advancement of consumer advocacy, by enriching the healthcare professionals who represent and advocate for New Jersey's patients and healthcare consumers. This mission is achieved by creating a forum for healthcare consumer advocacy through:

- Diversity in Education
- Sharing of Information
- Membership Support
- Resource Conduit

As patient advocates, we bring patients' needs to the center of healthcare while supporting ethical values such as truth, respect and dignity in a changing environment. NJSHCA quarterly meetings include legislative updates, presentations on topics of interest to our members, and an opportunity for our members to connect with each other.

NJSHCA is hosting its annual conference. It will be held on May 30, 2014 at the Maris Stella Retreat and Conference Center in Harvey Cedars, New Jersey. Our annual conference is an opportunity for our members to network, exchange ideas and best practices in a relaxed atmosphere.

NJSHCA would like to offer your organization an opportunity to participate at this conference as a presenter and/or exhibitor. We hope you will take advantage of this opportunity to network with the membership of NJSHCA.

The NJSHCA membership includes representatives from:

AtlantiCare Regional Medical Center
AtlantiCare Regional Medical Ctr, Pomona
Bayshore Community Hospital
Cape Regional Medical Center
Capital Health System
CentraState Medical Center
Chilton Hospital
Cooper University Hospital
Englewood Hospital and Medical Center
Jersey Shore University Medical Center
JFK Medical Center
Palisades Medical Center
Raritan Bay Medical Center

Robert Wood Johnson Univ. Hosp. - Rahway
Robert Wood Johnson Univ. Hosp. - Hamilton
Shore Medical Center
St. Joseph's Regional Medical Center - Paterson
St. Mary's Hospital
St. Peter's Healthcare System
The Valley Hospital
University Med. Ctr. of Princeton at Plainsboro
Virtua - Berlin
Virtua - Marlton
Virtua - Memorial
Virtua - Voorhees

We are expecting the majority of our membership to attend the annual conference! We also invite you to enjoy a meet and greet during lunch in a tranquil and relaxing environment.

If you are unable to attend our conference, we also offer multiple levels of sponsorships customized to meet your needs. By participating as a sponsor, you will receive some or all of the following benefits:

- recognition as a sponsor at our annual conference and an opportunity to address the attendees
- recognition in the NJSHCA quarterly newsletter and on our website
- opportunity to promote your product to several New Jersey hospital representatives
- NJSHCA member contact list

If you are interested in participating in NJSHCA's annual conference and/or would like to sponsor our organization, please return the enclosed form to:

Gerry McCloskey
Manager, Patient Relations
Virtua - Voorhees
100 Bowman Drive
Voorhees, NJ 08043

Attached are the levels of sponsorships available through NJSHCA. If you have any questions, please call me at (856) 247-3555 or email me at gmccloskey@virtua.org.

Thank you for your consideration. I look forward to meeting you and working with you at our annual conference.

Sincerely,

Geraldine T. McCloskey
NJSHCA Retreat Coordinator

NJSHCA Sponsorship Options

Distinguished Sponsor - \$750

1. Recognition as a primary sponsor of New Jersey Society for Healthcare Consumer Advocacy
2. Acknowledgement in one issue of the NJSHCA newsletter
3. Acknowledgement of your sponsorship on our webpage for one year (July to July), which will include your logo along with a link to your website.
4. Display table and presentation by company representative limited to 15 minutes
5. NJSHCA member contact list

Patron Sponsor - \$500

1. Recognition as a sponsor of New Jersey Society for Healthcare Consumer Advocacy
2. Acknowledgement in one issue of the NJSHCA newsletter
3. Your company listed on our webpage as a Patron Sponsor
4. Display table and presentation by company representative limited to 15 minutes

Advertising Sponsor - \$350

1. Recognition as a sponsor of New Jersey Society for Healthcare Consumer Advocacy
2. Acknowledgement in one issue of the NJSHCA newsletter
3. Display table throughout the conference (information only).

EXHIBITOR RESERVATION FORM

NAME OF ORGANIZATION/COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

FAX NUMBER _____

PLEASE CHECK ONE

_____ DISTINGUISHED SPONSOR AND EXHIBITOR - \$750

_____ PATRON SPONSOR AND EXHIBITOR - \$500

_____ ADVERTISING SPONSOR AND DISPLAY TABLE - \$350

EQUIPMENT NEEDED

PLEASE MAKE CHECKS PAYABLE TO NJSHCA AND RETURN TO:

Eileen Smith
JFK Medical Center
ED Administration
65 James Street
Edison, New Jersey 08818

esmith@jfkhealth.org

Tel: (732) 744-5824

Fax: (732) 744-5614

2014 PRC

Webinar Series

Spring Semester



ment updates. Each session begins at
ch session to register and view full summaries.

March (TBA)

Author Q&A: Cookies, Cupcakes, Leadership and Positivity with Liz Jazwiec



Presented by: **Liz Jazwiec**
Founder and CEO, Liz, Inc.

In this webinar, you'll hear about:

- strategies and real-life examples of how to deal with negative colleagues
- why it's important to laugh at the little things
- providing guidance and direction during difficult times

April 17

Panel Discussion: The Benefits of Community-Wide Planning

Presented by: **Tadd Pullen**
*Vice President of Marketing and Strategic Planning,
The Nebraska Medical Center*
Beth Llewellyn
Vice President, Mission Integration, Alegant Creighton Health
Adi Pour, Ph.D.
Health Director, Douglas County Health Department

In this webinar, you'll hear about:

- how a metropolitan community balanced the needs of several organizations for one assessment
- how the community worked together toward community-wide planning
- the value found in defining community health needs and targeting programs through a coordinated approach

Visit <http://bit.ly/webinar0417>

April 24

2 Steps Forward, 1 Step Back

Presented by: **David Franz**
Manager, Ascension Health Experience Team, Ascension Health

In this webinar, you'll hear about:

- how one organization conquers its patient experience challenges
- tactics for driving process improvement through data
- why it's important to keep patient experiences top of mind

Visit <http://bit.ly/webinar0424>

May 14

Care Cards: The Impact of Meaningful Conversation and Understanding Patient Preference

Presented by: **Mandy Wearne**
Janet Butterworth
Directors, Inspiration NW

In this webinar, you'll hear about:

- the concept of Care Cards
- how to incorporate this tool into your organization
- how Care Cards can help you achieve excellence in patient experience

Visit <http://bit.ly/webinar0514>

May 22

Holding Yourself Accountable: Communicating Your Community Benefit Programs and Progress



Presented by: **Joan Lindenstein**
President, JKLindenstein Consulting

In this webinar, you'll hear about:

- the evolution of communications as they relate to your Community Health Needs Assessment
- reasons for and benefits to communicating your community benefit programs
- strategies for communicating your programs internally and externally

Visit <http://bit.ly/webinar0522>

May 29

Exceptional Patient Experiences: It Must Be Who You Are...Not Merely What You Do

Presented by: **Jake Poore**
President and CEO, Integrated Loyalty Systems

In this webinar, you'll hear about:

- a simple tool to help you weave loyalty into your operational protocols
- why excellent patient experiences consistently must be part of your organization's DNA
- the value of treating employees the way you want them to treat patients

Visit <http://bit.ly/webinar0529>



Contact us at **800-428-7455** or visit our website at **www.PRCOnline.com**.
To view our complete webinar schedule, go to **http://bit.ly/PRCwebinars**.

Professional Research Consultants, Inc.