LEGAL UPDATE

The Future of Wage Index

BY IAN M. SHERMAN AND BARTHOLOMEW M. SOJKA

Recently, the Centers for Medicare and Medicaid Services (CMS) asked consulting firm Acumen to examine alternative methodologies for the wage index process. The wage index system is used by CMS to determine prospective payment rates for services performed for Medicare patients by accounting for differences in labor costs throughout the country. Billions of dollars in payments can be redistributed through the country based on the outcome of any substantially altered wage index process put in place.

The most recent alternative method is hospital-specific, based on labor markets determined by the commuting patterns of hospital employees. The concept is well thought out in theory only; most of the details the hospital industry needs to fully and properly evaluate this concept were not provided. Chief among these gaps is a full data analysis showing the manner and extent to which hospital wage indices would change under this concept. For example, if this concept were to substantially lower the wage indices of safety-net hospitals, it could potentially affect Medicare beneficiaries’ access to care. Also critical is a full analysis of potential volatility in wage indices from year to year under Acumen’s concept. Volatility makes it difficult for hospitals to

Will You Be Sorry You Said “I’m Sorry?”

BY IAIN M. SHERMAN

“I didn’t say sorry,” he replied. “I said ‘I’m sorry. That is semantics, as discussed below. Traditionally, apologies are not admissible in court, often to show defendant “confessed” his guilt or wrong doing. These same apologies are now sometimes narrowly given legislative immunity, as discussed below. However, while the words “I’m sorry” may be protected, what it was to keep a physician’s statement from the jury that “as far as he was concerned, he may have been at fault” for a bad outcome. Traditionally, apologies are

Healthcare Equipment and Technology Integration

BY SPERO VALAVANIS AIA, LEED AP

In the world of healthcare architecture, design must accommodate technology – not just today, but also in the future. That may be easier said than done, but necessary to serve clients’ best interests.

On some projects, we are fortunate enough to know what equipment a hospital has selected. But frequently, to meet scheduling demands, planning must proceed before final equipment.

So, why do we find ourselves designing spaces without knowing equipment and systems requirements? Hospital clients may be comparing competing equipment performance and pricing. Other times, all-important hospital/physician partnerships aren’t yet clearly defined. And sometimes, hospitals/physicians are still investigating emerging technology – waiting for the most advanced equipment to be unveiled.

Whatever the reason, it happens. And it’s our job to create spaces that anticipate decisions that are yet to come.

How do we anticipate and accommodate those decisions? Most importantly, process driven decision-making is an absolute requirement to meet expectations, and the needs of project stakeholders. Developing a detailed decision matrix/schedule should be a collaborative effort of the A/E team, specialty consultants (physicist, shielding), equipment supplier, and contractor. And, if equipment isn’t selected, we also incorporate

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By Robert Bliese

Gearing Up for a Proficient Eldercare Workforce

Ready or not, here they come.

Beginning this year, the baby boomer generation is starting to turn 65.

The numbers are staggering. According to the Administration on Aging in the U.S. Department of Health and Human Services, individuals age 65 and older numbered 39.6 million in 2009. This figure represents 12.9 percent of the U.S. population, or about one in every eight Americans.

By the year 2030, there is estimated to be about 72.1 million older persons — more than twice the number in 2000, and representing almost 20 percent of the population (up from 12.4 percent in the year 2000).

Challenging the Nation’s Resources

The growing number of older adults will place challenges and demands on our nation’s health care system the likes of which we have never seen before. Many older adults suffer from at least one chronic condition (including such debilitating conditions as dementia and Alzheimer’s disease), and seek health care services far more than other segments of the population.

This generation of older adults is also more diverse than anything we’ve ever seen; they’re more educated, they’re more racially and ethnically diverse, and therefore have needs far different from previous older generations. And they continue to live longer — the average life span is expected to extend another 10 years by 2050, according to the Centers for Disease Control.

Are we ready? Is our healthcare workforce prepared to care for these older adults, and in such large numbers?

In the first report of its kind, in 1978 the Institute of Medicine (IOM) called for an expansion of geriatric training across the nation’s healthcare workforce. More than 30 years later, we’ve still got a lot of work to do. Today’s health care workers require education and training in best care practices for older adults.

Developing a Skilled Eldercare Workforce

Here in the College of Health and Human Services (CHHS) at Governors State University (30 miles south of Chicago), the Healthcare Jobs for Chicago Southland Program is addressing this concern in several ways.

Created in February of 2010, the Healthcare Jobs for Chicago Southland Program stems from a $4.9 million dollar grant our College received from the U.S. Department of Labor to help provide training and placement services to unemployed, underemployed, dislocated, and low-wage incumbent workers, enabling them to pursue healthcare careers. The competitive grant was one of only 55 awarded nationwide, and is part of the American Recovery and Reinvestment Act of 2009.

Through this grant, we’re currently working with nine partner agencies to help provide highly skilled and clinically proficient workers for healthcare employers across the Southland.

Several of our partner agencies now offer specialized training for the older patient population.

One partner in particular, Southland Health Care Forum, has devoted an entire chapter in their curriculum to this training. Many of the program participants that they train are hired by long-term care facilities, home health agencies, and extended care facilities. Incorporated in 2003, the Forum was launched to help area hospitals, clinics, laboratories, physician offices, nursing homes, and other healthcare providers address the many-faceted medical issues facing the Southland region.

Healthcare training continues to be the organization’s primary concern.

More than Jobs

Though still in its infancy, the Healthcare Jobs for Chicago Southland Program has succeeded in placing a number of program participants into new positions at nursing homes and home health care agencies.

But we’re not just filling positions. We’re working closely with our agency partners to ensure that these new workers receive the best and most appropriate education and training possible for the aging population they now serve.

According to the Dean of our College of Health and Human Services, Linda Samson, Ph.D., “GSU and its partners aim to design and implement a regional strategy for developing an able and agile workforce for the healthcare industry. We’re looking to implement a strategy which reaches far beyond entry-level positions. Our goal is to provide project participants with clear career pathways that allow them to enter or re-enter the workforce and also complete their bachelor’s and advanced degrees.”

Appropriate education will lead to better salaries, job opportunities, and greater investment back into the surrounding communities.”

By Robert Bliese, Program Director, at (708) 534-6982.

For more information about the Healthcare Jobs for Chicago Southland program, contact Judy @ hospitalnews.org

June 2011 www.chicagohospitalnews.com Chicago Hospital News
Physicians Need to be Cautious in their Referral Relationships with Home Health Agencies

There is substantial competition in the home health market for the same patient referrals. As a result, home health agencies are always looking for a way to establish relationships with physicians in a position to refer patients for home health services. Because the types of patients that use home health care services are generally chronically ill or elderly, the majority are covered by Medicare and/or Medicaid. This means that federal law is implicated by the marketing efforts used by home health agencies to induce physicians and others to refer such patients for federally covered services. There are two main federal laws implicated by physician referrals to home health agencies: The Anti-Kickback Statute and the "Stark" Law.

The Anti-Kickback Statute is a criminal statute that generally prohibits the payment of anything of value in order to induce the referral of federal patients. Both the payor and the recipient are considered to be in violation of the law when paying or receiving a kickback. This means that both the physician who accepts cash or gifts (or anything else of value) in exchange for referring patients to a home health agency, as well as the agency paying such remuneration, are likely in violation of the law.

Another federal law implicated by patient referrals is known as the "Stark" law, which prohibits physicians from referring federal patients for certain items or services (including home health care services) to an entity with which the physician has a compensation or ownership relationship, unless an exception applies. Stark applies to physicians who own home health agencies as well as to physicians who maintain a compensation relationship with a home health agency, such as acting as a medical director.

Generally, there is no Stark exception available for physicians who maintain an ownership interest in a home health agency unless the referring physician also personally provides services to the referred patient through the agency. A physician serving as a medical director may, however, be able to refer to the agency if the medical director relationship is properly established. The requirements for such medical director relationship include entering into a written agreement, determining a fixed, fair market value hourly rate for the medical director's duties and determining a method to document the performance of duties. In addition, there can be no modification in compensation based, in whole or in part, on the value or volume of referrals by the physician to the agency. Physicians should be suspect of serving as a medical director for any agency that has multiple other medical directors who also refer to the agency. This type of arrangement may be a "red flag" to regulators that compensation paid by the home health agency to the medical directors is not based on legitimate and necessary services, but as a pretext for physician referrals.

Given recent law enforcement attention on the relationship between home health agencies and referring physicians, and the promise of increased scrutiny to come, physicians should consider the following advice:

(a) Talk to legal counsel about ownership, compensation and referral relationships;
(b) Make patient referrals to the best home health agency for the patient without any other consideration;
(c) Never enter into any arrangement to accept payment for patient referrals, whether written or verbal; and
(d) If offered a medical director position, consult with legal counsel to assure full compliance.

The laws summarized above apply to all physician relationships, not just those with home health agencies. For more specific guidance, consult an experienced legal advisor.

Ericka L. Adler is a Health Law Partner at Kaminsky Rubinstein Hochman & Delott, LLP. She can be reached at (847) 982-1776 or ed@heplerbroom.com.
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Cover Story: Will You Be Sorry
You Said “I’m Sorry?”

(Continued from page 1)

required to prove medical malpractice. But it may be easier for a patient to prevail if an “admission against interest” is made by physician, inclusive of some apologies. But wait, you say aren’t there laws in place to protect physician who offers patient an apology after a mistake as an offer of good will? The answer is . . . maybe.

There are over 30 states with laws giving immunity to physicians when statements of apology are made to the patient. However, it is important to realize that not all states have these laws, and even more importantly, legislation is not uniform among states. Colorado’s apology statute specifically excludes any words of fault or admission from being inadmissible during trial. Illinois enacted a statute that prescribed a limited window of 72 hours, from when the doctor “knew or should have known” about the error, for statements or admissions of regret to be deemed inadmissible. But Illinois’ “I’m Sorry” statute was voided when caps on juries consistently awarded damages in the six to seven figure range.

While courtesy and good manners are valued character traits, given risk of litigation, doctors should be careful when considering saying “I’m sorry.” At best, physician may be covered by state law deeming apologies inadmissible; at worst, he may end up on the wrong side of a malpractice suit. The report also found men are twice as likely to be sued as women. Average defense costs if suit is dropped or dismissed run about $22,000, and for cases that go to trial, juries consistently award damages in the six to seven figure range.

During the past decade, the number of physicians sued has dropped significantly — from a peak of over 50,000 suits per year in 1995 to around 30,000 suits in 2010, according to the American Medical Association. Still, high-quality care is sometimes delivered poorly, and physicians and hospitals must be prepared to deal with the consequences of a bad outcome.

Patients are always in the dark about medical errors. Physicians do not have access to risk managers, the people who advise hospitals on how to handle lawsuits and other situations that might result in a federal or state investigation. In the wake of a medical error, hospitals are required by JCAHO to inform patients of unexpected outcomes, both positive and negative, and to offer an apology and to discuss how to proceed.

This special section is designed to be used by healthcare administrators as a resource guide for legal services.

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Psychologists, sociologists and marketing gurus have repeatedly found that “consumers” are much more motivated to avoid (or reduce) pain than they are to seek pleasure. Business organizations (employers and prospective employers) are also “consumers”, and are frequently motivated more by their “pain” (or the avoidance of pain) than they are by achieving lofty goals and/or acquiring the best talent, despite what they may say in the board room or in public. For these employers, “pain” often comes in four flavors: problems, fears, uncertainty and doubt.

Those who understand these pain points and can offer viable solutions have a significant advantage in the marketplace over those who don’t! The “why” is pretty simple, in a pain avoidance society value often lies in helping organizations with their problems and/or alleviating their fears. Understanding these principles may be even more crucial to those job candidates who because of their age, credentials and experience have been labeled as “too strategic” or “over qualified”; for them understanding these principles might be the best way of shrugging off those dreaded labels and making a solid business case for the value they can bring to the organization by virtue of their credentials and experience.

How do we incorporate a “pain management” approach to managing our careers? Here are some steps that may be helpful:

1. First of all, understand and accept that you really are in business for yourself! As such, an employer is really nothing more than a “client” (be it a long-term or short-term relationship) looking for value and solutions.

2. Take a hard look at yourself, what you have accomplished, and what you have to offer. What kinds of “pain” or “problems” are you best equipped to address given your unique set of skills, abilities and experiences?

3. Establish your expertise in addressing that type of “pain” or addressing those types of “problems”. This is information you’ll want to highlight in your resume, correspondence (broadcast letters, cover letters, etc.) and even when networking. If you need to bolster your expertise, consider writing articles or white papers, starting a blog, volunteering to give talks and/or teaching classes as a way of further demonstrating and showcasing your expertise.

4. Do your homework; identify the types of employers who need what it is that you have to offer, and build a business case as to why you are best equipped to bring value to the organization by addressing their pain and/or problems.

5. Take a proactive approach to marketing yourself as opposed to spending long hours responding to job ads for positions that may be only somewhat close to your strike zone! Being proactive includes identifying specific employers who would likely value your serves, and contacting them directly with broadcast letters and/or asking for key introductions through networking, LinkedIn and other social media.

6. Find “where” employers who need what you have to offer typically collect and meet. These places will generally include trade groups, professional societies and business networking groups. You’ll want to attend these meetings as a networking opportunity.

7. Look at networking first and foremost as an information collection exercise, rather than an opportunity to make your pitch, hand out resumes or business cards. When you meet people at networking events, be prepared to ask questions and talk about them first, not yourself! This as an opportunity to meet them and learn more about their company, including the problems, challenges, and frustrations (the “pains”) that organization may be encountering.

8. When you meet someone whose organization has the types of problems that you can solve, you’re now in perfect position to talk about yourself as a person who can bring solutions and “value” to their organization. Doing so may require a second meeting beyond the networking event itself, but don’t feel bashful about asking for the second meeting! After all, if you have something of value to offer them, then meeting with you is worth their time! If the person you are talking with is not a decision-maker, offer your resume or business card and ask them for an introduction to someone who is! Nothing will happen unless you ask!

9. When you get an opportunity to meet, focus on them and their problems, not yourself! When “pains” you can manage and resolve are put on the table is the very best time to promote what you have to offer!

Jim Stodd is the Managing Director of First Transitions, West Coast Operations in Irvine, CA. First Transitions is a corporate-sponsored career transition and executive coaching firm specializing in the healthcare field. Jim can be reached at (949) 551-4377, (800) 358-1112, or jtstodd@firsttransitions.com or visit the website at www.firsttransitions.com.
The GlenOaks Hospital foundation has announced the appointment of local residents Susan Lyons, Paul Bergl and Matt Cunningham to its board of directors. Susan Lyons is well known to the foundation. She and her family have raised nearly $110,000 for the foundation to support the Adventist GlenOaks Therapeutic Day School. The funds were raised in memory of Lyons’ son Christopher Lyons, who was graduated from the school in May 2007, shortly before his death in July of that year.

Paul Bergl will serve as treasurer. He is a certified public accountant and a senior manager at Dam, Snell and Taveine, Ltd. in Libertyville.

Matt Cunningham is a regional sales manager for Superior Ambulance. He has participated in the GlenOaks Hospital Foundation golf outings for about four years. He will serve on the foundation’s golf committee, helping to plan the events.

The Bethany Terrace

Jean Olsen, R.N., B.S.N., has been appointed Director of Nursing for The Bethany Terrace nursing and rehabilitation center in Morton Grove. She brings to this position 27 years of clinical and leadership experience within the healthcare industry. Jean has worked within the home health, private duty, assisted living, skilled and acute care environments. She holds a Bachelor of Science degree in Nursing from the University of Wisconsin – Milwaukee Campus.

Gottlieb Memorial Hospital

Mary Morrow, RN, PhD, ACNS-BC, has been named the chief nursing officer at Gottlieb Memorial Hospital (GMH) of Loyola University Health System (LUHS). Dr. Morrow most recently served as the director of nursing administration for LUHS.

Dr. Morrow has held a number of positions at area hospitals but has been employed at LUHS since 1994. During that time, she managed LUHS’ heart failure, cardiac rehabilitation and preventive cardiology programs among other areas.

INGALLS MEMORIAL HOSPITAL

Ingalls Memorial Hospital welcomes the following new physicians to the medical staff:

- Soujanya Bogaraju, M.D.
- board-certified physician specializing in pediatrics
- Raji George, D.O.
- board-certified physician specializing in pediatrics
- Brian Pugh, M.D.
- board-certified physician specializing in emergency medicine
- Rita P. Saldana, M.D.
- board-certified physician specializing in emergency medicine

Ingalls announces the promotion of Larina Branch, R.N., to the position of assistant patient care manager, East Five. Branch has been with Ingalls for three years and has held the position of staff nurse on the unit.

Stephen Dix has joined Ingalls as director of decision support. Dix came to Ingalls from HCA and Kaiser Permanente where he served as a consultant. He has 25 years of expertise in the area of cost accounting.

Cynthia Jones-Sandifer, M.P.A., was recently promoted to manager of East Five. Kuzy has been with Ingalls for six years and held the position of assistant patient care manager for the past year and a half. Ingalls is pleased to announce the following:

Margaret “Peggy” Marriot, R.N., M.S., O.C.N., C.C.R.P., has been appointed to Ingalls director of Cancer Research Services. Marriot has been with Ingalls a total of 10 years, once working as a research nurse and most recently serving as an operations manager in research.

Karen Nicholson, R.N., M.S.N., is the new Manager for Ingalls OR, PACU, Endoscopy and Preadmission Testing. Nicholson comes to Ingalls from St. James Hospital, Olympia Fields, where she worked in the perioperative setting.

Jose Ruiz joined Ingalls as the supervisor for Labor and Delivery’s second and third shifts. Ruiz comes from Little Company of Mary Hospital, Evergreen Park, where he served as a medical technician.

MORRIS HOSPITAL

Cheryl Wallin is the new manager of Morris Hospital & Healthcare Centers’ South medical/surgical nursing unit. Wallin began her nursing career 23 years ago on the pediatric unit at Silver Cross Hospital in Joliet. During her long career there, she was promoted to manager of a medical/surgical/pediatric unit and also served as director of nursing before becoming a nurse case manager. She accepted a nurse case manager position at Morris Hospital in 2008 and had recently taken on the additional role of relief house officer at Morris Hospital before being selected as manager of 2 South.

Ottawa Regional Hospital

Discussion from the May board meeting for the Ottawa Regional Hospital Auxiliary led to appointments of two new board members. Effective immediately, two members accepted positions on the board, replacing two outgoing board members. Lauren Eberhard was confirmed as the new Treasurer, taking the place of Lisa Burns, while Jan Brunnerschein assumed the new title of Recording Secretary from Jean Reuther.

Silver Cross Hospital

Silver Cross Hospital’s Medical Staff recently elected new officers to serve from October 1, 2011 to September 30, 2013.

Alexander Sosenko, M.D., pulmonary medicine physician, will serve as Chief of Staff. Dr. Sosenko with Midwest Respiratory Critical Care is certified by the American Board of Internal Medicine in Internal Medicine, Pulmonary Medicine and Critical Care. He has held several leadership positions on the Silver Cross Medical Staff. He has served on the Medical Executive Committee, the Credentials Committee, and the Medical Staff Excellence Taskforce and was recently the Chief of Staff - Elect of the Silver Cross Medical Staff. Completing Silver Cross Hospital’s new panel of medical staff officers are Christopher Udvich, M.D., Chief of Staff – Elect and Daniel Co, M.D., sponsored by First Transitions, www.firsttransitions.com
Saints Mary and Elizabeth Physician Leads Staff on Medical Mission Trip to Philippines

For the last 19 years, Christopher Guerrero, M.D., has traveled annually to his homeland in the Philippines. It's not a sightseeing trip or visit with relatives – it's a way to help thousands of indigent patients receive much-needed medical and dental care through the Global Medical Foundation, which Dr. Guerrero founded.

In February, the physician led a team of 13 volunteers from Saints Mary and Elizabeth Medical Center (SMEMC) on the foundation's 19th medical mission trip to the Philippines. The team included 10 nurses, two doctors and one pharmacy intern who journeyed to Bambang and DuPax del Sur in the province of Nueva Vizcaya.

Dr. Guerrero, a family medicine physician, joined SMEMC in 1982 and has an office at the Saint Elizabeth Professional Building.

“It’s the most rewarding, gratifying experience,” said Dr. Guerrero, who moved to the United States with his family in 1978. “We provide basic medical care to many patients who live in the mountains and come down for treatment. We have access to a hospital in the province for surgery and exams.”

On the February trip, the SMEMC team linked up with 42 other doctors, nurses and dentists from across the United States. During the six days, the team cared for about 3,600 patients – providing free medical exams, minor surgeries, dental services and patient education. In addition, the team brought donated medical supplies. Volunteers also provided eye exams and new reading glasses for patients. “It was so touching to hear patients tell us they can finally see again,” Dr. Guerrero said.

It all started in 1992, when Dr. Guerrero went alone – a one-man medical mission – to provide basic care to poor individuals who lived in his hometown. He knew the governor of the province, who was a family friend. Several years later, he formed the foundation, which goes annually to the Philippines in winter. Up until the last three years, the foundation also scheduled a second trip during the year such locations as Bolivia, Colombia, Ukraine and Mexico, but scaled back to one medical mission due to the economy.

Cover Story: The Future of Wage Index

(Continued from page 1)

estimate Medicare payments for budgeting purposes. This volatility could increase under Acumen’s concept – its dependence on employee commuting patterns means that employee turnover could substantially affect a hospital’s wage index.

The new key piece of data is commuting data, which is too old to be accurate and relevant. The degree of burden for hospitals to collect their own data is unknown. We do know that wage index reporting is already complex and time-consuming without these additional requirements. This concept also does not speak to whether or how reclassifications and exceptions would be considered. In fact, many of the current exceptions to the wage index appear to be inapplicable. It is difficult to see how these reclassification policies would continue to exist.

It is important for the wage index to be as accurate as possible by ensuring that both hospitals and Medicare are able to use consistent definitions, methodologies, rules and interpretations for acquiring and applying wage data. Instead of overhauling the wage index, CMS should examine more viable alternatives to improve wage index accuracy and consistency nationwide. with hospitals and Medicare audit contractors alike. One of these alternatives could be the Wage Index Navigator.

Created by the Metropolitan Chicago Healthcare Council (MCHC) in partnership with Crowe Horwath LLP, the Navigator helps hospitals compile and report their wage index data with user-friendly software. The Navigator ensures consistency in the wage index review process necessary to obtain rightful reimbursement, identify potential group appeal opportunities and provide meaningful reports. The Navigator was released last summer with 14 hospitals using the software to collect and report their wage index data. All Navigator participants reported that they found new opportunities for adjustments, and 93 percent would recommend the Navigator to a colleague.

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Gina Dibella, Director, Business Resource Services, Metropolitan Chicago Healthcare Council, can be reached at (312) 906-6179 or gdibella@mchc.com.

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June 2011
Cover Story: Healthcare Equipment and Technology Integration

(Continued from page 1) estimated shop/installation drawings and delivery/installation timeframes into the plan by gathering information from potential suppliers. If we must begin the design process without selections - as we recently did on a Franciscan Alliance Cancer Treatment Center – we’ll create a universal floor plate to accommodate a wide range of equipment types and/or configurations. This can be done with any number of diagnostic and treatment modality rooms. Remember, it’s not if - but when - technology will change, so rooms should be flexible. Access for future equipment replacement must also be addressed. Increasing corridor width or integrating a roof hatch in the early stages of design is inexpensive, especially compared to destructive demolition for something such as an MRI equipment change later.

Of course, not all projects are new construction. At the University of Chicago Medical Center, Design Organization recently completed the renovation of the MRI diagnostics Suite with new 3.0 T and 1.5 T rampable to a 3.0 T MRIs. Located within a internal courtyard completely surrounded by buildings, the Q-Building was not easily accessible. The existing multi-ton MRI units and chiller needed to be lifted into the courtyard over an existing three story building and maneuvered into openings created in the building's curtain wall. It was also imperative that areas of the third floor remain accessible to students who utilized two computer rooms daily throughout the construction process. In addition to the difficult site and phasing constraints, we were asked to provide a solution to ensure that the noisy MRI equipment would not disrupt the activities in the spaces below. The units on the second floor which included a lecture room and the radiology staff offices.

Considerations driving renovation and alternate re-use of existing space are efficient use of resources, limited land for expansion and/or accelerated schedules. We worked with IU Health LaPorte Hospital on a master facility plan that called for the renovation of the MRI diagnostics Suite with new 3.0 T and 1.5 T rampable to a 3.0 T MRIs. Located within an internal courtyard completely surrounded by buildings, the Q-Building was not easily accessible. The existing multi-ton MRI units and chiller needed to be lifted into the courtyard over an existing three story building and maneuvered into openings created in the building's curtain wall. It was also imperative that areas of the third floor remain accessible to students who utilized two computer rooms daily throughout the construction process. In addition to the difficult site and phasing constraints, we were asked to provide a solution to ensure that the noisy MRI equipment would not disrupt the activities in the spaces below. The units on the second floor which included a lecture room and the radiology staff offices.

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In the end, it's about working together and keeping all stakeholders involved. Whether it's new construction, renovation, or any other unique challenge that may arise, the key is seeking input, being responsive and remaining available throughout the entire process. By adhering to these principles, we're better able to serve our clients, and ultimately, their patients.

Spero W. Valavanis, President, Design Organization Inc., can be reached at (312) 324-5500.

Hospital and Community Join Together to Celebrate Grand Opening of Grayslake Expansion

Northwestern Lake Forest Hospital (NLFH) has completed its Grayslake campus expansion after three years of planning and construction. The $49 million development boasts 7,500 square-feet of renovation and an additional 70,900 square-feet of new construction, including a state-of-the-art Outpatient Surgery Center, opening this month, and a Cancer Center, which opened in October 2010.

NLFH staff and patients and local officials gathered to mark the completion of the project and celebrate the benefits the new facilities will bring to the community.

The new Surgery Center brings many benefits to Grayslake and its surrounding communities, including added jobs, appealing facilities and increased services.

The Surgery Center's first procedure took place during late April in one of the four new 500 square-foot operating suites. All suites are equipped with the most advanced surgical equipment available, and patients will recover in ten private post-operation rooms equipped with flat-screen televisions and electronic medical record stations.

In addition to outpatient surgery, the expansion brings accessible, comprehensive cancer care to Grayslake. The 8,750 square-foot Cancer Center that opened last fall boasts top-of-the-line radiation equipment as well as offering chemotherapy and infusion treatments, with private and social treatment rooms and convenient adjacent parking.

With access to leading medical care close to where they live and work, patients are able to manage treatments conveniently while continuing their normal routines.
Beyond the Lease Agreement: Supporting the Tenant

As a property manager of medical real estate, providing superior tenant satisfaction is always the number one priority. Getting there goes beyond great service and uncompromising responsiveness. You must go that extra step and support your tenant from the ground up.

Health Care REIT’s Management Services Group (MSG) is committed to being a strategic partner beyond the lease agreement in support of a tenant’s business objectives. This commitment is demonstrated through a series of defined “value add” services provided to contribute to and ensure the tenant’s overall success. These tools and services are introduced to every tenant in each of the companies 143 managed properties. They include:

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For more information on Health Care REIT’s Management Services Group, call 1-800-793-9289 or visit www.hcreit.com.

Vista Health System Unveils New Progressive Care Unit at Vista East

Vista Health System recently unveiled its fully remodeled Progressive Care Unit (PCU) on the 5th floor of Vista Medical Center East in Waukegan. The new PCU, designed primarily for heart patients, features 26 all-private rooms with deluxe amenities.

The new PCU will make it easier for Vista’s doctors and nurses to monitor and care for their patients. Continuous surveillance and monitoring of each patient’s heart is provided from a central location. Also, a new pneumatic tube system will deliver supplies and medical documents directly to the nurses’ station. Construction began during the winter and was recently completed. The refurbished patient rooms include modern furniture, high definition TVs and individual bathrooms with walk-in showers.

Advocate South Suburban Hospital Hosts Ribbon-cutting Ceremony

Advocate South Suburban Hospital in Hazel Crest recently opened an Orthopedic Center of Excellence in response to a growing need within the community for specialized services.

“Enhancing orthopedic services is beneficial to our patients,” said Ram Arribindi, M.D., an orthopedic surgeon on the medical staff at Advocate South Suburban Hospital. Dr. Arribindi, who is also the president-elect of the hospital’s medical staff, spoke at the recent ribbon-cutting ceremony that opened the unit. Pictured at the ribbon-cutting event are (l-r): nurse manager Beverly Mulvihill; Advocate South Suburban Hospital governing council member Ronald Shropshire; orthopedic surgeon Dr. Gregory Primus; hospital president Michael Englehart; orthopedic surgeon Dr. Ram Arribindi; Hazel Crest Mayor Robert Donaldson; and Advocate South Suburban Hospital governing council chair Joyce Washington.
One year following the approval of the Affordable Care Act, the healthcare industry is working to sort out the implications of the new legislation and develop strategies and plans to survive and thrive in a world of increased risk, ACOs and reduced reimbursement. The uncertain economy mandates a conservative approach. One thing is clear: the continuing and increasingly strategic importance of ambulatory care service delivery and the need to link the deployment of these services to a rational plan to optimize the organization's real estate assets.

In the context of real estate management, the term “optimization” is defined fundamentally by the economic return-on-investment (ROI) associated with each property, commensurate with property values and organizational guidelines for capital investment and allocation. From our perspective, the definition of ROI is broadened to incorporate both quantitative and qualitative benefits relating to organizational Mission, Vision and strategic and operating objectives.

The challenges associated with ambulatory care development today are significant: hospital leaders must confront fewer resources, more competition, higher customer expectations, new physician arrangements, and significant time pressure, and must make key decisions within a narrow margin of error. So it’s more important than ever to “get it right.” We believe that there are five critical aspects of ambulatory care planning that hospital leaders must include within the decision-making process to assure that plans align with and support a rigorous real estate management strategy.

**1. Right Market** – Carefully analyze the market and assess demand to identify required scope of services and projected reimbursement, facilitate site selection, determine physician practice synergies and understand competitive forces. These issues require a robust understanding of the market in terms of population demographics, health status and reimbursement dynamics. Additional factors driving location decisions include access, competition and complementary business development.

**2. Right Service Delivery Model** – Operations must be planned to enable upper-quartile levels of efficiency, physician, staff, and customer satisfaction often incorporating advanced clinical and information technology (e.g., EMR and EHR). The service delivery model for clinic and ancillary services must link seamlessly with other elements of the care continuum to facilitate effective care coordination.

**3. Right Use of Capital** – In assessing development options, the hospital must consider the full range of financial and operational implications. For example, third party development options (e.g., build-to-suit, build/own or tenant build-out) will have different implications in terms of cash flow and credit impact, as well as image and branding. These should be modeled as part of the organization’s larger capital allocation strategy.

**4. Right Facilities** – Facility design should support the planned service delivery model, incorporate organizational space efficiency targets, reflect an appropriate mix of services and technology, employ interior standards to facilitate branding and create flexibility in use of space. Deployment of services across the ambulatory care network should be evaluated in light of projected volumes and investments in facilities and equipment (e.g., heavy diagnostics may not be required at each site). An important aspect of “Right Facilities” is “Right Size;” volume forecasts should be utilized directly to determine numbers and types of key rooms in the space program.

**5. Right Project Execution** – In the ambulatory care arena, time-to-market is critical. Given the complexity involved in effectively addressing items 1-4 above, it is imperative that the organization assemble the correct resources to support the process and establish a management process to assure timeliness and coordination among the various components. This includes engaging key stakeholders to the process in a meaningful way.

In light of the turbulent environment in which hospitals are operating, the continuing wave of consolidation and the widespread shortage of capital, various approaches to ambulatory care facility development have emerged. There are merits to each approach. Irrespective of the development approach, we believe that a rigorous planning process, incorporating the five elements presented above, is necessary to optimize real estate assets while facilitating a successful ambulatory strategy. While important in the past, such an approach has now become essential.

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**Alexian Brothers Children’s Hospital Breaks Ground**

After years of planning and fundraising, more than 350 people gathered on May 20 to celebrate the official blessing and groundbreaking of the new Alexian Brothers Children’s Hospital in Hoffman Estates, Illinois.

Alexian Brothers Health System leaders, Foundation Board members, physicians and employees were joined by Hoffman Estates Mayor William McLeod, representatives of the Schaumburg-Hoffman Estates Rotary Club and area families for a ceremony celebrating the beginning of construction on the new $117 million, six-story children’s hospital, which will be located on the campus of St. Alexius Medical Center in Hoffman Estates.

Among others who spoke during the ceremony were Edward Goldberg, CEO of St. Alexius Medical Center, Brother Theodore Loucks, C.F.A. and Mayor William McLeod. “The dream is becoming a reality,” said McLeod, who addressed the importance of having a children’s hospital in the community, including both the economic and healthcare benefits of the new children’s hospital for residents of Hoffman Estates and surrounding communities. Health System leaders also commented on the recent announcement regarding plans for Alexian Brothers Health System to partner with Ascension Health, the nation’s largest Catholic healthcare system, stating that the partnership will fast track the new children’s hospital opening, which is now scheduled for mid-2013.
Shifting Care Delivery Models Brings Medical Interpreting Front & Center

I

n the medical world, language barriers create problems for both patients and providers. For patients, language and communication influence how and if Limited-English Proficient (LEP) patients access and experience health care. Professionals at healthcare facilities are becoming assimilated to their diverse communities, healthcare systems are becoming more proactive about getting educated on the need for medical interpreting by qualified professionals.

With the current administration taking a harder look at institutes whom do not meet Federal Regulations and because of the increase of the Non-English speaking populations being served, healthcare systems are across the board looking at the need to budget for language services and budgeting is just one area of concern. What it entails to comply to Federal Standards concerning patient-provider communication that went into effect in early 2011. One standard specifically addresses qualifications for language interpreters and translators. With new regulations being passed down, hospitals need to be diligent in their staffing and partnering with medical interpreters. Seeking Qualified Medical Interpreters

As a medical interpreting provider to some of the largest healthcare facilities in Chicago, we have seen first-hand how these services comes into play in all facets of the healthcare model including in Patient & Family Center initiatives and Magnet certification.

If a hospital chooses to seek an outside vendor for interpreting services, what types of considerations should be made when seeking a partnership with a language services company? Seek a firm with medical interpreting expertise. While there is no mandatory certification in the medical interpreting field, interpreters should be required to be tested for oral and written proficiency prior to entering a medical interpreting training. Specific medical interpreting training should also include the importance of following the standards of practice, what role they should play in patient care, and the importance of HIPAA and confidentiality. A qualified medical interpreting partner should be able to provide your organization with:

- Assistance in implementing the new Joint Commission standards
- Availability to assess staff or provide training on how to work with interpreters.
- More than one option for interpreter services, i.e. telephone, on-site, video remote interpreting.

Qualifying & Training

Whether a healthcare system has in-house medical interpreters or contracted language professionals, they all should meet a strict list of criteria as a qualified medical interpreter in order to successfully interact with patients and favorably represent your facility, interpreters should clearly understand expectations and standards. Here are a few tips for patient/medical staff interactions with interpreters:

- Interpreters must always obey by the code of confidentiality:
  - Where interpreters position themselves is important. The relationship is always between the patient and service provider. An interpreter who remains on the side of the provider can make the patient feel helpless and alone.
  - Interpreters must be conduits of information only and refrain from taking on the role of a social worker, friend or health professional
  - Just interpreting isn’t enough. An interpreter must always prepare for their assignment. Before going to an assignment, a good interpreter will research the information in advance so that they are fully prepared and aware of the terminology that might be used.

Bottom line, medical interpreting is more than just translating spoken words from one language to another; it involves conveying messages, cultural nuances, and promoting understanding between medical staff and patients from different backgrounds.

Elizabeth Colon is founder of Metaphors Language & Cultural Solutions, LLC. For more information, visit www.metaphorslcs.com

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Several years ago, Morris Hospital & Healthcare Centers had a flood that came close to reaching critical servers because the data center lacked a raised floor. Over the next 24 months, the 86-bed community hospital southwest of Chicago, Ill., suffered a core switch failure and an unplanned system outage. Those three events sparked a reevaluation of the hospital's backup and recovery plan along with its entire data center infrastructure.

Today Morris Hospital has a new 556-square-foot data center on site as well as a 120-square-foot off-site disaster recovery data center, both designed and implemented by Chicago-based data center specialist Ahead. Highlights include the ability to replicate data electronically to the secondary site almost the moment it is entered, restore almost to the exact point of interruption in the event of any kind of failure.

The hospital has already used its new business continuity capabilities several times — once avoiding the loss of two weeks of data, and once to enable critical applications to remain operational during a 12-hour storage system upgrade by switching operations to its disaster recovery site. The new data center architecture is also providing additional layers of protections against data loss, simplifying IT management, and reducing equipment and energy costs as well as long-term space requirements through the use of virtualization technology that enables multiple "virtual" servers to be consolidated on a single physical box. The space issue was critical because the hospital had outgrown its previous data center.

"The catalyst for this project was the need to prevent data disruptions that would compromise hospital operations as well as compliance, but we were also out of room and facing the need to expand our data storage because of imaging from a new 64-slice CT scanner and digital mammography system," said Jonathan Visser, Morris Hospital Systems Administrator. "The best solution was to start from scratch to take advantage of newer technologies."

**Data Defense**

For data protection, those technologies now include EMC RecoverPoint and VMWare's Site Recovery Manager for automated replication and recovery, plus EMC Data Domain storage appliances for duplicated nightly backup. As before, all data is initially written to the hospital's storage area network (SAN). The new system kicks in at that point:

1. First, for near-real-time backup:
   - RecoverPoint immediately replicates all the SAN data to a second SAN at the hospital's off-site disaster recovery data center, providing redundancy in case of a power outage, hardware failure or other service interruption.
   - In the event of a problem, RecoverPoint has the ability to restore data almost to the point of failure (if a failure happens at 3 pm, for example, the data can be rolled back to 2-59), virtually eliminating data loss.
   - If there is a failure at the hospital's primary data center, Site Recovery Manager will automatically switch virtual servers to the disaster recovery site based on rules established by the IT staff.

2. Second, for nightly backup:
   - Data Domain compresses and de-duplicates the SAN data and then backs up electronically, eliminating the cost and overhead of nightly tape backup.
   - If data is stored on a Data Domain system in the hospital and also transferred to a second Data Domain system at the off-site disaster recovery data center for added protection.

3. The compression makes it possible to replicate all key data — including the hospital's MEDITECH health care information system, Agfa PACS radiology and Heartlab PACS cardiology images, and new McKesson HPF electronic medical records system — without requiring more bandwidth than the hospital can afford to make the transfer.

Third, and finally, all Data Domain data is cloned to tape after two weeks and archived for long-term storage.

**More Power, Less Space**

The other major new technology deployed at Morris Hospital is Cisco UCS (Unified Computing System), a next-generation data center platform that reduces server, cabling, power, cool and management needs through a variety of strategies including virtualization.

For the hospital, the benefits include substantial savings on rack space to minimize the data center footprint, replacement of 48 cables with just 4 in part because network and storage functions can run over the same wire, and the ability to manage networking, storage and computing resources from a single administrative console.

Because of the platform's virtualization capabilities, companion software from VMware also makes it possible to automatically switch processing from one host server to another in the event the first gets overloaded.

"Our new infrastructure has strengthened our data security, conserved space so that we have room to grow, and made us far more efficient," Visser said. "All of this contributes to our core goal of supporting patient care and other hospital operations."

**BY ERIC KAPLAN**

Eric Kaplan, VP of Engineering at Ahead, can be reached at (312) 359-7880 or Kaplan@ThinkAheadIT.com.
Marketing to the Future

What we typically refer to as marketing has not been a primary focus of medical groups and their management teams for a number of reasons. First and foremost is the reality that most patients choose their provider or practice based on the references of family and friends that have been a patient or are familiar with the practice or referrals from other providers in the same system or network. Given that fact, excellent customer service and patient care along with effective communication with the patient and referral source are the primary drivers of new business and practice growth and where most practices do and should direct most of their resources and investment.

Where are we going?
The current direction of healthcare, primarily driven by health reform and resulting in the creation of Accountable Care Organizations (ACOs), should be the primary driver of what happens in the competitive landscape and which should shape marketing efforts in the near-term. My guess is that as more and more entities continue to be consolidated into and/or affiliate with the larger systems and entities to create these ACOs, we will see more marketing and advertising activities. As a result of these large systems/ACOs efforts to battle for all the groups and practices that fall under their umbrella.

And what do we do now?
So whether or not you agree with any of the above – what’s really happening and will continue to happen at a tactical level in the marketing and advertising worlds for medical group practices includes:
- The Decline of Print Media (Yellow Pages)
- The Rise of Online Search
- The Use of Social Media to Attract and Retain Customers/Patients

The Decline of Print Media (Yellow Pages)
One vehicle that most practices participated in historically was Yellow Page advertising. Yellow Pages could be an expensive or affordable medium primarily depending on what market you were in and how much competition there was in that market. The decline of the Yellow Page market was rumored for many years but I think in recent years we have started to see the precipitous decline that had been expected since online search first appeared on the scene.

Do you still need to be in the Yellow Pages? I think that’s still a relevant question. I think you can probably make the case that most people 50 and under rarely would go to a print directory for contact information. Certainly those under 30 might not even know what one is. So if you are targeting an older demographic I think it could still make sense to maintain a presence in the Yellow Pages, at least for awhile. If you aren’t looking for an older demographic, those dollars are probably better spent somewhere else.

The Rise of Online Search
There are two types of online search results - natural search and paid search. Natural search are those results that are returned by a search engine and are not sponsored or paid for by anyone. They are the results of the search engine’s natural search for the terms entered and can impacted by the content on your website, the frequency with which your content is changed or updated and links to other data and entities that you have on the web.

Natural search is the most important element of search as it is a natural extension of your own website and the content you have on your website. This requires that you have a good website with a lot of content that is functional for your customers and patients and that you maintain and update on a regular basis. A natural search hit is also not tarnished in the same way that a sponsored search result hit.

Sponsored or paid search results are those that you pay the search engine for when they return your website or URL in response to a certain search term, phrase or word. These appear separately in the results set and are denoted as sponsored search results. Clicking on one of these results in a payment to the search engine by whoever sponsored the result.

Do you need to participate in Sponsored Search? Not really. You can certainly rely on natural search but if you are looking to increase market share and business sponsored search is an effective and efficient vehicle for expanding a practice. With sponsored search you can target just a certain geography that corresponds to your practice’s service area. You can also very precisely control your spending on this by setting up limits that once reached will stop any further activity.

The Use of Social Media to Attract and Retain Patients/Customers
Certainly the biggest trend and probably the biggest change in our society is coming as a result of the Social Media explosion we are going through. Facebook, Twitter and YouTube now seen to be almost everywhere we look. So how are medical groups or any of us going to be able to use and harness the power of these mediums?

I have no idea you need to go ask a teenager! But seriously, the best that I can offer on these fronts is that you need to be out there and using these media to promote your practice. If you don’t have a Facebook page, twitter account and YouTube account for your practice you need to get them. While I don’t have any idea of where these will eventually go, I do know that they will be the primary means by which patients choose their provider at some point in the future.

As the pace of change continues to increase and the way in which we communicate with each other continues to change and evolve, I believe the need to market and promote providers and medical groups will become even more important. Fortunately, I don’t think that changes anything in regard to how things fundamentally work today or twenty years ago. The bulk of our patients will continue to be referrals from our family and friends (everyone’s circle of friends is now just exponentially larger which provides a larger opportunity as well) and the basis for these referrals will still be the quality of the care and customer service that is provided.

Dennis Viellieu  Chief Executive Officer for Midwest Orthopedics at Rush, can be reached at (708) 236-2657 or dviellieu@rushortho.com.

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Holy Cross Hospital’s Dennis Ryan Recognized as 2011 Illinois Grassroots Champion

The American Hospital Association (AHA), in partnership with the Illinois Hospital Association (IHA), has awarded Dennis Ryan, Vice President, Community and External Affairs, Holy Cross Hospital, Chicago, with the American Hospital Association Grassroots Champion Award. As a 2011 Grassroots Champion, Ryan is being recognized for his exceptional leadership in generating grassroots and community activity in support of a hospital’s mission. Ryan is an active member of IHA’s government relations advisory group and is a board member of several local community organizations. He is personally and professionally committed to preserving human dignity, valuing diversity, and the development of each individual’s potential.

Dr. Al B. Benson III Receives the 2011 Rodger Winn Award

Al B. Benson III, M.D., Professor of Medicine at Northwestern University Feinberg School of Medicine and Associate Director for Clinical Investigations at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, received the 2011 Rodger Winn Award. Presented at the National Comprehensive Cancer Network (NCCN) Annual Meeting, the award is given to one NCCN Guidelines panel member each year who exemplifies Dr. Winn’s leadership, drive, and commitment to the development of evidence-based guidelines tempered by expert judgment.

Jamie Von Roenn Honored as Palliative Pioneer

Jamie Von Roenn, M.D., has been named recipient of the 2011 ASCO-American Cancer Society Award and Lecture for her pioneering work in palliative medicine and for her substantial contributions to oncology care and cancer pain management. As a Professor of Medicine at Northwestern University Feinberg School of Medicine and Co-Director of the Cancer Control Program at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Dr. Von Roenn has focused her career on the integration of palliative medicine skills and principles into oncology care and breast oncology. She also has been a leading proponent for developing palliative care training for oncologists.

Loyola Names Nurse of the Year

Marie Shanahan, R.N., has been named Loyola University Health System’s 2011 Nurse of the Year. Shanahan is a hospice nurse who has dedicated the majority of her professional life to caring for terminally ill patients.

Shanahan has worked at Loyola since 1997 and as a nurse for 35 years. She has served in both oncology and hospice care. Originally from France, Shanahan moved to the United States in 1997 when she had to take her boards again in hospice and palliative care to become certified in this country. Today, she brings Loyola’s quality care beyond the hospital walls and into the homes of her patients.

Mortenson’s Carl Kreiter Named Outstanding Project Manager of the Year

Carl Kreiter, project manager with Mortenson Construction, was recently named Outstanding Project Manager of the Year by the Chicago Chapter of the Association of Subcontractors and Affiliates (ASA). Kreiter was nominated by Jade Carpenter and selected based on his fair treatment and consideration of issue resolution on the Ann and Robert H. Lurie Children’s Hospital of Chicago project.

Kreiter is a graduate of Northwestern University with a Bachelor’s degree in Civil Engineering and also holds a Master’s degree in Civil Engineering from the University of California Berkeley. He is a LEED® Accredited Professional and a registered structural engineer.

Ingalls Recognizes Volunteer Harriett Woods

Ingalls Volunteer Services is honored to recognize Harriett Woods, a 30-year volunteer with Ingalls Memorial Hospital. Harriett started volunteering at the hospital’s main Information Desk, but soon found herself lending a hand in other departments, including the Mail Room, Dialysis, Pharmacy and Occupational Therapy. She has also assisted in knitting projects for the Ingalls Auxiliary and helped make tray favors for patients.

With 20,072 hours of volunteer service under her belt, these days you can find this energetic grandmother and great-grandmother busily helping patients and visitors at the Information Desk in the hospital’s Professional Office Building.

Our Lady of the Resurrection Medical Center Names Nursing Award Recipients

Our Lady of the Resurrection Medical Center has announced its 2011 Nursing Excellence Award winners.

Fernanda Braswell, unit clerk, 3-South, was selected for the Mission Effectiveness Award that recognizes superior performance in meeting the mission, core values and strategic goals of Resurrection Health Care.

Yaedmir Caraballo, R.N., team leader, Intensive Care Unit, earned the Nursing Leadership Award that recognizes excellence in mentorship and leadership.

Maryann O’Connor, R.N., Outpatient Surgery Unit, earned the Nursing Clinical Excellence Award that recognizes excellence in clinical nursing care.

Northwestern Lake Forest Hospital Presents Trish Alex with Top Nursing Award for 2011

Northwestern Lake Forest Hospital awarded this year’s Jean Ewing Nursing Excellence Award to Patricia “Trish” Alex, R.N., who works in the hospital’s Cardiac Catheterization Lab.

Alex has been in the nursing profession for 30 years and has worked at Northwestern Lake Forest Hospital for almost 13 years. She worked in the hospital’s ICU for much of that time and moved to the Cardiac Catheterization Lab when it opened nearly three years ago. Alex’s new role includes several aspects of cardiology, including emergency care and recovery.

Sheri Wishnia of Skokie Receives Life Services Network’s Strive and Thrive Award

Sheri Wishnia, program planner with CJE SeniorLife’s Adult Day Services, was recently honored by the Life Services Network (LSN) with their 2011 Honoring Excellence Award in the Strive and Thrive non-management category. Wishnia is in charge of two programs for older adults with early stage memory loss, “CJE at Sinai,” the organization’s downtown adult day services program, and the Culture Bus program.

E-mail your accolades to judy@hospitalnews.org
As your priorities change at each stage of life, you need to change with them, especially when it comes to insurance. Coverage that meets your needs when you are 25 years old is likely to be different when you reach age 55. As you think about your evolution through life, consider these important stages and the insurance needs of each.

Protecting one of your most valuable assets

When you are young and just beginning to accumulate financial assets, your ability to earn income is likely the foundation of your financial future. Protecting that income is critical. Consider this: If you are a 35-year-old earning $50,000 per year, let’s say you have an additional 30 years of earning potential. With estimated annual salary increases of 3 percent, you’ll earn more than $2.3 million dollars over the remainder of your career.

What would happen to those you care about if you could no longer work because of illness, injury or death and your earning power was gone? Chances are there would be financial hardship unless you protected your income with disability income insurance and life insurance.

If your employer offers disability income insurance as a benefit, you may assume you’re adequately protected. However, that coverage may be insufficient if you examine it closely. Also, remember that group disability ends when you leave your job. With today’s unstable job market, that’s something to think about.

Individual disability income insurance policies are available with various features and options, and may be more affordable than you think. Since your coverage stays with you, job changes or periods of unemployment won’t interrupt your protection.

Another way to protect your income is with short-term life insurance that may be able to be converted to permanent insurance later on. Term insurance offers inexpensive life insurance that may be able to be converted to permanent insurance. This move may help you accumulate tax-deferred cash value and still provide income tax-free benefits in the case of your untimely death.

A permanent life insurance policy can help ensure a steady flow of dollars to supplement retirement income for your survivors in case you don’t reach retirement age. If both you and your spouse are fortunate enough to retire and live up to or beyond your life expectancies, it may also give you an optional source of supplemental income to help control the amount of taxes you will pay in retirement.

Growing back and leaving your legacy

In later years, you may wish to leave assets to loved ones or charities that are important to you. Of course, you’ll also want to avoid having to deplete your assets in case you or your spouse becomes ill during this life stage.

Once again, certain types of life insurance provide the flexibility to reach these goals. Tax diversification through life insurance can help you reduce the amount of taxes due, and thus increase the size of your estate. Thanks to a tax-free death benefit, it may be a good way to help offset your taxable investments so your family can make the most of your financial legacy.

Leaving a gift to charity with life insurance is a flexible, cost-effective and, in many cases, tax-advantaged strategy that will benefit your cause after your death.

If you are wondering which life stage you are in and what type of insurance you need, an insurance review with a financial advisor can be helpful. Be sure to ask him or her about the insurance policy’s features, benefits and fees, and whether the insurance is appropriate for you, based upon your financial situation and objectives.

Because each life stage goes by too quickly, it’s important to make the most of every day. Knowing that you and your loved ones are protected will help you do just that.

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INSURANCE: A Lifetime Solution for Financial Security

Growing your assets and saving tax dollars

As you grow more financially successful, achieving your financial goals and accumulating assets requires ongoing attention. It’s true that your income remains the foundation for your future, but hopefully you’ll be beginning to think more seriously about improving your lifestyle, enjoy more discretionary spending and save more money.

Again, insurance can be a valuable tool for reaching your goals in this stage of life. Let’s say you are a family with two wage earners and you depend equally on both salaries to help with financial obligations like college. Chances are you will also be trying to grow your retirement savings. This may be the time to convert your term life insurance to permanent policies. This move may help you accumulate tax-deferred cash value and still provide income tax-free benefits in the case of your untimely death.

A permanent life insurance policy can help ensure a steady flow of dollars to supplement retirement income for your survivors in case you don’t reach retirement age. If both you and your spouse are fortunate enough to retire and live up to or beyond your life expectancies, it may also give you an optional source of supplemental income to help control the amount of taxes you will pay in retirement.

Giving back and leaving your legacy

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Hospice focuses on the person, not the disease.
Hospice is for months, not days.
Hospice is about comfort, not crisis.

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