

# The Health Care LEADER



Minnesota Hospital Association

## A GOVERNANCE NEWSLETTER FOR MINNESOTA HEALTH CARE TRUSTEES

May 21, 2007

### **McCrea and Maun to speak at MHA Summer Trustee Conference**

#### ***July 13-15 event to take place in Alexandria***

The Minnesota Hospital Association (MHA's) annual Summer Trustee Conference will feature educational sessions on issues important to trustees today, including presentations by Andrew McCrea and Clint Maun.

The conference will take place July 13-15 at Arrowwood Resort and Conference Center in Alexandria.

McCrea is an Oscar-winning syndicated radio broadcaster, author, farmer and rancher. He will challenge listeners to take action in his opening keynote "Traveling the Countryside: Lessons in Life and Leadership."

For 10 years, McCrea has traveled the nation, producing the "American Countryside" features heard each day on more than 100 radio stations. His "down-to-earth and humorous style" will provide attendees ideas on how to live life with purpose and how to turn the "ordinary" into the "extraordinary," McCrea's materials say.

And returning to the trustee conference, by popular demand, is Clint Maun. Maun is nationally recognized for his leadership in health-care consulting, speaking and research, his materials say. As co-founder of Maun-Lemke, he has more than 38 years' experience in health-care management, leadership, quality enhancement and self-development programs.

Other trustee conference sessions will cover: reimbursement, community benefits, corporate compliance, hospital-physician relations and health disparities.

Arrowwood's registration deadline is June 18, and due to the water park, hotel rooms are expected to fill quickly — register now. For more information, call MHA's education department at (651) 641-1121 or visit [www.mnhospitals.org](http://www.mnhospitals.org) and click on "Events."

- Perkins named MHA Trustee of the Year — 2
- Reimbursement concerns to be covered at conference — 2
- Minnesota's quality, patient safety initiatives touted in Washington — 3
- Healthy Minnesota wraps up year — 3
- Fall trustee meetings planned — 4

*The Health Care Leader* is published by the Minnesota Hospital Association. Please submit materials and comments to Peggy Westby, [pwestby@mnhospitals.org](mailto:pwestby@mnhospitals.org).

MHA  
2550 University Ave. W.  
Suite 350-S  
St. Paul, MN 55114-1900  
(651) 641-1121  
(800) 462-5393  
[www.mnhospitals.org](http://www.mnhospitals.org)

## **Perkins named MHA Trustee of the Year**

### ***Sanford hospital winner plays key role***

Each year, the Minnesota Hospital Association (MHA) honors a hospital or system board member who has dedicated countless hours and skills to the preservation of health care via its Trustee of the Year Award. This year's deserving winner is Steve Perkins, board chair of the Sanford Hospital Luverne Community Advisory Board.

Perkins' contributions to the hospital are impressive. First off, he led a two-year negotiation effort to bring the hospital into Sioux Valley Regional Health Services as a wholly-owned entity within Sioux Valley Health System. That new partnership led to the construction of a new \$20 million medical campus and the installation of a new electronic medical record information system.

In addition, during the past several years Perkins has played a key role in several other programs significant to the health and welfare of his community. For example, he helped form a hospital, city and county partnership for wellness and physical fitness at the Luverne Community Pool and Recreation Center. He also led a community effort to help finance a veteran's home. The Luverne community raised more than \$3 million for the project.

Perkins has also been a dedicated leader in American Hospital Association and Minnesota Hospital Association governance efforts.

## **Reimbursement concerns to be covered at conference**

### ***Consumer-driven issues at forefront***

As hospitals navigate through 2007, a number of evolving issues are adding uncertainty to reimbursement for health-care facilities.

Consumer-driven health-care issues — including high-deductible plans, health-savings accounts (HSAs) and pricing transparency — are only part of this new era. For example, there are now 25 different Medicare Advantage

plans that cover more than 200,000 Minnesota residents. And 80 percent of eligible Minnesota residents have Medicare Part D coverage.

In addition, health plans are offering myriad plan options and are requesting prior consultations before imaging procedures are approved.

These issues and various other reimbursement concerns will be covered at the 21st Annual Minnesota Hospital Association Trustee Conference on July 13-15.

## **Healthy Minnesota wraps up year**

### ***Collaborative reform project considers its future***

For the past year, the Minnesota Hospital Association (MHA) has participated in the "Healthy Minnesota: A Partnership for Reform."

That collaborative effort to explore statewide health-care reform developed proposals for the Legislature's consideration this session. Now, Healthy Minnesota leaders are deciding whether the group's work should continue.

Healthy Minnesota's roots lie in the Minnesota Medical Association's 2005 report "Physicians' Plan for a Healthy Minnesota." That report suggested parameters for health-care reform, including the following:

- affordable insurance for essential health-care services;
- improving the quality of care; and
- holding down rising health-care costs.

Last year, Healthy Minnesota's objective was to refine the report's recommendations and to create a set of reform strategies for consideration by the Legislature.

The project has been led by a 26-member steering committee composed of hospital representatives, physicians, nurses, consumers, employers, politicians, regulators, educators and health-plan representatives. Work groups were chartered to focus on four areas: insurance reform, the delivery market, quality of care and public health.

MHA's representatives participated on the Healthy Minnesota steering committee, as well as on each of the four work groups.

The ideas generated by the work groups were discussed and refined by the steering committee. As might be predicted, unanimous consensus proved elusive. Ultimately, however, a two-thirds majority of the steering committee adopted a proposal for legislation that would have mandated that every individual obtain health insurance; created pilot projects to establish "medical homes" for children; increased the state's financial support of health-information technology adoption; authorized a study of the state's public-health infrastructure; and improved reporting of schools' efforts to implement their plans for physical education.

At press time, it appeared that few, if any, of the proposals would be enacted by the Legislature this year. Nevertheless, the Healthy Minnesota project generated significant discussion at the Capitol and among the media about what role an individual mandate might play in moving Minnesota toward universal coverage. It also led to public debate about the cost of universal coverage and other policy initiatives that could help improve residents' health.

The Healthy Minnesota steering committee was to meet again in late May to review the progress of its legislative proposals and to decide issues regarding its future. For more information about the project or MHA's role in the collaboration, contact Matt Anderson, MHA vice president of regulatory and strategic affairs, at [manderson@mnhospitals.org](mailto:manderson@mnhospitals.org) or (651) 659-1421.

## **Minnesota's quality, patient safety initiatives touted in Washington**

### ***Other MHA priority issues also discussed in May visit***

Every hospital's top priority is the quality and safety of the care it provides, and Minnesota hospitals are among the nation's leaders on that critical front. That message was among many that Minnesota hospital leaders delivered to the state's congressional delegation during a recent visit to Washington. For many, the May trip also

included participation in the American Hospital Association's annual meeting.

Following are more details about patient safety and quality issues in Minnesota, which were first published in a fact sheet used during the Washington visit (to read the Minnesota Hospital Association's other six position papers distributed during the Washington meetings, visit [www.mnhospitals.org](http://www.mnhospitals.org) and click on "Government Affairs," "Federal" and "Fact Sheets"):

### **Accolades**

In December, Minnesota patient safety efforts were recognized by the prestigious John M. Eisenberg Award. And this past April, HealthGrades ranked Minnesota No. 1 in patient safety.

### **Minnesota's AHE Reporting Law**

Minnesota hospitals are in the fourth year of reporting under the Minnesota Adverse Health Events (AHE) Reporting Law, which was championed by the Minnesota Hospital Association (MHA). Minnesota was the first state to fully adopt the National Quality Forum's (NQF) standards on 27 serious reportable events. The key to the Minnesota system is that hospitals can share valuable root-cause analysis and corrective action plans.

Minnesota's third annual public AHE report was released in January 2007. In addition to providing transparency to the public, findings from the report spurred new patient safety improvement efforts. The new efforts focus on the top-four reported categories: pressure ulcers, retained foreign objects, falls and wrong body-part surgeries.

For example, after findings revealed that pressure ulcers were among the most commonly occurring AHEs, MHA developed a "Safe Skin" initiative. The initiative provides hospitals with best-practice pressure-ulcer prevention information. The "Safe Skin" initiative was launched at a February conference attended by approximately 130 nurses, wound-care specialists, physical therapists and other hospital professionals.

### **MHA's Ventilator-Associated Pneumonia Initiative**

In Minnesota, hospitals are proactive in their approach to addressing infections. Minnesota hospitals saved an estimated 53 lives and cut more than \$7 million in

Patient safety, continued on page 4

Patient safety, from page 3

health-care costs during a 15-month period ending in 2006 as a result of MHA's Ventilator-Associated Pneumonia Initiative. The program employs a five-step "bundle" of best practices to help prevent patients on ventilators from developing pneumonia. For example, caregivers are required to raise an at-risk patient's head of the bed at least 30 degrees. A total of 84 Minnesota hospitals serving ventilator patients embarked on the collaboration that addresses this leading cause of hospital morbidity and mortality. The results translate into an impressive 175 fewer cases of pneumonia statewide — a 57 percent reduction.

### **The Minnesota Hospital Quality Partnership**

MHA and Stratis Health, Minnesota's quality improvement organization, created the Minnesota Hospital Quality Partnership in 2005. The partnership released its first report in April 2006 ([www.mnhospitalquality.org](http://www.mnhospitalquality.org)) listing hospital-specific performance measurements for patients with three common conditions: heart attack, heart failure and pneumonia. The report provides consumers with statistics, such as whether a heart-attack patient was

given aspirin upon arrival at the hospital, or whether a blood test was taken for a patient with pneumonia. In December 2006, the partnership added a new overall care measurement, unavailable anywhere else. The "appropriate care measure" indicates the percentage of patients who received optimal care for their condition.

### **Fall trustee meetings planned**

Fall trustee regional meetings are being planned Oct. 30 near Brainerd, Nov. 1 near Marshall and Nov. 7 near Red Wing. Each spring and fall, Minnesota Hospital Association (MHA) hosts a series of regional dinner meetings on timely topics expected to be of interest to trustees.

These meetings provide trustees with not only an educational opportunity but also an occasion for networking with other board members from their area. If your facility is interested in hosting one of these regional meetings, or if you would like to suggest a topic for a future meeting, contact Peggy Westby, MHA vice president of education, at (651) 641-1121 or [pwestby@mnhospitals.org](mailto:pwestby@mnhospitals.org).