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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

**INFORMATION
TECHNOLOGY**



Terri Jacobsen

It's About the Patient

BY TERRI JACOBSEN

As a nurse and an informaticist, I believe that within our health care delivery system, the ultimate source of information must emanate from the core belief that information should follow the patient.

Much rests on our ability to exchange person-centered information across the gamut of health care. In order for our families to achieve positive health outcomes such as quality, safe and efficient care, coordination of care and the population health information needs to flow across the health care community. Potential barriers, such as technical, political, and organizational,
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REAL ESTATE, DESIGN & FACILITY PLANNING

Now is the Time for Planning

BY DEBORAH J. HODGES

There will be a lot of pent up demand once the economy returns to a more positive level. Are you thinking about facility planning and how you will manage it? It's coming. You can use this time wisely by planning your facilities now to better position yourself to capitalize on the healthier economy when it arrives and to seize a strategic advantage.

The purpose of facilities planning is to programmatically confirm what is working, what to keep, and it is a good time to define areas that are not working well. It is easy to complain or state what is not working. The successful teams ask why it is not working and find a solution to correct it. There are no quick fixes. By taking the time to plan your facility and develop a good hospital planning roadmap now, you are avoiding failures. It will also move you closer to a more robust, affordable facility.

"Taking the time now to address hospital facilities planning is important for at least three reasons, they are: 1) capturing a strategic advantage 2) identifying the right
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Deborah J. Hodges

Nursing's Role in the Changing Face of Health Care

BY NANCY T. SEMERDJIAN, RN, BSN, MBA, FACHE

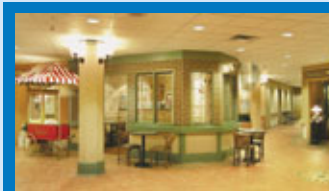
Our world in health care is constantly evolving and with changes come opportunities for all of us. As the health care debate continues even after the health care reform acts, Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 were signed into law in March, the emphasis on quality and cost containment will be at the forefront of all the initiatives.

With this in mind, nursing plays a significant part in both of these areas. The health care system will come to depend on nurses even more as we work collaboratively with our interdisciplinary colleagues to coordinate effective care with an emphasis on quality. We, as nurses, will need to demonstrate leadership and competence as we take on the role of champion. Studies show that early collaboration and teamwork result in quality. In other words, getting the job
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Nancy T. Semerdjian

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In the **FIRST** Place...

Creating Your Career Legacy

“The Legacy of heroes is the memory of a great name and the inheritance of a great example.”

Benjamin Disraeli (British Prime Minister and Novelist: 1804 – 1881)



BY MARY SPEISER

be your joy and mission in life and career. Create your satisfaction with living each day building upon your legacy. Think about what you want to leave behind. Sounds easy right? Okay, maybe not so easy to articulate the value your work brings to employers, to clients, to customers.

HERE ARE SOME QUESTIONS TO GET YOU THINKING ABOUT YOUR CAREER BRAND.

1. What are your strengths?
2. What would your supervisor say about you? Your co-workers? Your customers? Your clients?
3. What are you known for?
4. What special recognition or special awards have you received?
5. What are you the “go-to-person” for?
6. What challenge did you face in each new position? How did you overcome the barriers?

Life is about more than today, and more than you. Life and legacy go hand in hand. It's what others will remember about you and the impact you made, the relationships you have built, what you've given back to your family, friends, the community, your employer and those in need.

Mary Speiser is a Senior Consultant at First Transitions, Inc., a corporate-sponsored career transition and executive coaching firm specializing in the healthcare field. She can be reached at (630) 571-3311, (312) 541-0294 or at mspeiser@firsttransitions.com. You can also visit the website at www.firsttransitions.com.

A legacy or legacies is what someone or something is remembered for or what they have left behind that is remembered, revered or has impacted current events and the present day.

Last year, we witnessed the passing of many great icons in entertainment, journalism, and politics. Walter Cronkite, Ted Kennedy, Patrick Swayze, Michael Jackson, Farrah Fawcett ... each conjure up certain images in our minds. With their passing comes an opportunity to reflect on their unique career brand and the legacy they left. Strong career brands are not just for the rich and famous.

Few people take time to reflect upon their career brand until they are in a job search. Even then, most are so overwhelmed by the job search that they fail to think introspectively about the value that they bring to their work.

Each of us has our own career brand and unique value proposition. Whatever your profession, you have a brand that is defined by the way you relate to and care for people, the way you solve business problems, the way you work smarter and more efficiently, or the way you do whatever it takes to get the job done.

Think now what will your legacy be, if you are pleased with your direction, stay the course. If you are not, think about making a change – readjust. Creating a legacy doesn't have to be a burden. It can

Rockford Health System Signs Letter of Intent to Join OSF Healthcare System

(A non-binding Letter of Intent has been signed that could result in Rockford Health System joining the OSF Healthcare System. Over the next several months, the two organizations will complete due diligence and decide if OSF Healthcare System will acquire Rockford Health System. The move could result in Rockford's two oldest hospitals, Rockford Memorial Hospital and OSF Saint Anthony Medical Center, becoming OSF Healthcare System's Northern Illinois and Southern Wisconsin Region. A decision on whether to move forward with the acquisition is expected this fall.

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FERA 2009 - Traps for the Unwary

The Federal Enforcement and Recovery Act of 2009 (FERA) has been law for almost a year and several issues of concern for health care providers are emerging.

President Obama signed the Federal Enforcement and Recovery Act ("FERA") into law on May 21, 2009. Ostensibly designed to enable the federal government to better pursue mortgage and securities

fraud and those who might misuse TARP funds, the FERA also contains provisions that have gone largely unnoticed that expand the ability of private plaintiffs to bring whistleblower and other suits under the federal False Claims Act ("FCA").

All companies doing business with the federal government directly, or on federally funded projects or arguably with entities that just receive federal funds, now face a seriously increased risk of False Claims Act (FCA) liability, with its attendant risk of treble damages and severe penalties. Hospitals and long term care facilities which receive Medicare and Medicaid funds are at increased risk.

FERA amended the FCA to make it easier for: (1) private plaintiffs to bring suits



BY JUDITH S. SHERWIN

on behalf of the federal government to recover monies allegedly wrongly paid to individuals and entities; and (2) government attorneys to obtain the authority they need to investigate and prosecute these claims.

Under the FCA, private persons may bring suit in an attempt to prove that monies were wrongly paid to companies by the government and to recover that money on behalf of the government.

Often, these whistleblowers are ex-employees of the companies that allegedly violated the FCA.

Once the person files suit, the government has 60 days (which can be extended on motion of the government) to decide whether to intervene in the case and prosecute the matter. During this time, which is often extended well beyond the 60 day statutory period, the government conducts an investigation into the allegations, which can be very burdensome and costly for the accused company. The private plaintiff shares in any recovery by the government.

Prior to the FERA amendments, the FCA imposed liability on any person who knowingly used a "false record or state-

ment to get a false or fraudulent claim paid or approved by the Government." A plaintiff had to prove that a defendant had the specific intent to make the federal government pay a false claim directly. Without that specific intent to defraud the government, no FCA liability could attach.

Under the new FCA language from FERA, however, plaintiffs no longer will have to prove that a company submitted a false claim or invoice with the specific intent "to get" the federal government to pay a fraudulent claim directly. Rather, a plaintiff will only have to prove that a defendant "knowingly presents, or causes to be presented a false or fraudulent claim for approval" or "knowingly makes, uses or causes to be made a false record or statement material to a false or fraudulent claim." This is a much lower standard of proof and comes close to imposing strict liability in connection with claims made which were false or fraudulent at the time or which the government for some reason decides later on was false or fraudulent at the time submitted. This position by the government finding a claim to have been fraudulent or false at the time submitted can result from a failure to self-disclose overpayments to something called a "failure of care."

In addition, under the new, expanded

definition of an FCA "claim" in FERA, the false invoice or statement no longer must be presented to the federal government to establish liability. An FCA claim will lie if the false statement is presented to the government or to a "contractor, grantee or recipient" if "the money or property is to be spent or used on the Government's behalf or to advance a government program or interest."

This new language specifically overrules the 2008 Supreme Court decision in the Allison Engine case, in which a unanimous Court held that to prove FCA liability, a plaintiff must show that a defendant intended specifically "to get" the government "itself" to pay that claim. In fact, Congress was so intent on overruling Allison Engine that it made the amended FCA language effective retroactive to the date of the Allison Engine decision. The retroactivity provision will most certainly come under attack.

There are additional concerns for hospitals and health care providers which you should discuss with your legal counsel and I hope to address in a future column.

Judith S. Sherwin is partner at the law firm of Shefsky & Froelich Ltd. in Chicago. She can be reached at jsherwin@shefskylaw.com.

Health Care Insurance Reform and Illinois' Provena Decision: What's Next for Hospitals' Charity Property Tax Exemption?

Does the passage of the new federal health care insurance reform legislation make it almost impossible for hospitals to keep their charitable property tax exemption after the Illinois Supreme Court's Provena decision?

For decades, not for profit charitable hospitals have flourished in Illinois, and based on their charitable policies and activities (i.e. being open to all and providing health care to the needy) have routinely received real property tax exemptions for their hospital property. In the recent Illinois Supreme Court case Provena Covenant Medical Center v. The Department of Revenue, Docket No. 107328, decided March 18, 2010, this tax exemption is now in limbo for Illinois hospitals. The Illinois Supreme Court has held in a plurality decision (3 to 2, out of 7 justices) that in determining the charitable use of the property, the acceptance of Medicare and Medicaid patients cannot be considered in determining if a hospital is providing charity care, even if the hospital payment received for services rendered is substantially less than the charges that a private insurance company or non-



BY PATRICIA HOFSTRA AND STANLEY KAMINSKI

insured paying patient would incur. Now, if we add to the mix the new Patient Protection and Affordable Care Act (Pub. L. No. 111-148), (the "Act") that purports to assure coverage for everyone under Medicare, Medicaid or private insurance, it raises the obvious question of whether any charitable hospital can now ever qualify for a charitable property tax exemption in Illinois.

The Act expands Medicaid to millions of additional individuals, and requires

that all persons not covered by Medicaid or Medicare have private medical insurance. By doing this, charitable hospitals generally should never have to worry about receiving some payment for their services. While these payments may be substantially less than needed to cover the hospital's costs, especially the Medicaid payments, this factor is irrelevant to whether it is providing charity care, per the Provena decision. But what does this mean? Will charitable hospitals ever be entitled to a property tax exemption in the future? This is an open question.

Surely, other factors will now become more important. For example, in rural areas where there may be a shortage of hospitals, the availability of the hospital itself may lessen the burden on government and thus be a charitable basis to give a tax exemption. See *People ex rel. Cannon v. Southern Illinois Hospital Corp.*, 404 Ill. 66 (1949) Other charitable hospitals may have to offer charity care not normally covered by Medicare,

Medicaid or private insurance to qualify for the tax exemption.

Undoubtedly, the impact of the Provena decision along with the passage of the Act has put Illinois' property tax exemption for charitable hospitals on life support. Whether the Illinois legislature can help cure the problem or hospitals can modify their practices to keep their exemption is questionable. However, unless something is done, with higher taxes and less revenues, many hospitals necessary to the health of Illinois will have a more difficult time surviving while providing the same quality of care that patients are used to in Illinois.

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Stanley Kaminski is a partner in the Corporate Practice Group of law firm Duane Morris in Chicago. He can be reached at (312) 499-0105 or SRKaminski@duanemorris.com.



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The Hospital Value-Based Purchasing Program: An Effort to Link Payment to Quality Outcomes Under Medicare

The Hospital Value-Based Purchasing (“VBP”) Program described in the recently enacted Patient Protection and Affordable Care Act (PPACA) is one of the multiple ways the new law seeks to “transform” the health care system by, among other things, linking payment to quality in the Medicare program. The Hospital VBP program, which will apply to payments for discharges occurring on or after October 1, 2012, will give hospitals financial incentives for better performance by making payments to hospitals that meet performance standards with respect to certain “measures.”

In the first year of the program the measures are to cover at least the following five conditions or procedures: i) acute myocardial infarction, ii) heart failure, iii) pneumonia, iv) surgeries, as measured by the Surgical Care Improvement Project; and v) healthcare-associated infections, as measured by the prevention metrics and targets established in the HHS Action Plan to Prevent Healthcare-Associated Infections (or any successor plan).

The Secretary of Health & Human Services will have considerable discretion as to other measures to be selected, although PPACA requires that by 2014 efficiency measures including measures of Medicare spending per beneficiary, must be included. The measures may be adjusted for age, sex, race, severity of illness and other factors deemed to be appropriate. From the beginning, there is also to be appropriate risk adjustment to maintain incentives for hospitals to treat patients with severe illness or conditions. Standards will be established to evaluate performance of the measures selected for a determined period of time.



BY JULIA KREBS-MARKRICH, ESQ.

The VBP program contemplates that hospitals will be given a score, assessing the total performance of the hospital based on standards with regard to the measures that apply to the hospital for the performance period. If a hospital meets or exceeds the performance standards for the performance period for a fiscal year, the Secretary will increase the base operating DRG payment for the hospital for each discharge occurring in such fiscal year by the value-based incentive payment amount. Hospitals that achieve the highest hospital performance scores will receive the largest value-based incentive payments.

Significantly, the value-based incentive payments will be funded by reducing the base operating DRG payment amount for all hospitals in the fiscal year involved for each discharge by the applicable percentage, beginning with fiscal year 2013. The applicable percentage will be 1.0 percent in fiscal year 2013 and rise slowly to 2 percent by fiscal year 2017. The total amount available for value-based incentive payments for all hospitals for a fiscal year will be equal to the total amount of reduced payments for all hospitals for such fiscal year. Importantly, the value-based incentive payment and the payment reduction apply only with regard to the fiscal year involved.

Information relating to the performance of each hospital under the VBP program, including the performance of the hospital with respect to each measure that applies to the hospital, and the hospital's performance score will be made publicly available on the HHS Hospital Compare website now at www.hospitalcompare.HHS.gov. Like other parts of the PPACA, the Secretary will promulgate regulations to carry out the VBP program and clearly the regulatory details will be key. The impact of the program and its consequences may well be immense.

Julia Krebs-Markrich is a partner in the law firm of Reed Smith LLP. She can be reached at jkrebs-markrich@reedsmith.com.



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ADVOCATE CHRIST MEDICAL CENTER

Robert A. Harrison, formerly Vice President of Professional Services for Saints Mary and Elizabeth Medical Center in Chicago, has been named Vice President, Professional Services, for the integrated market of Advocate Christ Medical Center and Hope Children's Hospital, and Advocate Trinity Hospital, Chicago. Prior to joining Christ Medical Center and Trinity Hospital as market vice president, Harrison served as vice president for professional services at Resurrection Healthcare system.



■ Robert A. Harrison

ADVOCATE GOOD SAMARITAN HOSPITAL

Dr. Charles Derus has joined Advocate Good Samaritan Hospital as Vice President of Medical Management, succeeding Dr. Michael McKenna. Previously, Dr. Derus had served as the Medical Director at Advocate Dreyer Medical Clinic, where he focused on improving quality, utilization management, and patient safety. He also led Dreyer Medical Clinic's highly successful physician engagement initiatives.



■ Dr. Charles Derus

Advocate Good Samaritan Hospital is proud to welcome Clarence Brown, M.D.; Vassilios Dimitropoulos, M.D.; Audrey Geannopoulos, M.D.; Alan Glassman, M.D.; Eugenia Hahn, M.D.; Surya Menta, M.D.; and Waqar Mian, M.D., to their medical staff.

ALDEN ESTATES

Dorothy Walker, R.N., W.C.C., was appointed the Community Nurse Liaison at Alden Estates of Naperville Rehabilitation and Health Care Center in Naperville. With more than 18 years of nursing experience, Walker brings a wealth of experience and nursing talent to Alden Estates of Naperville.



■ Dorothy Walker

HOSPICE & PALLIATIVE CARE OF NORTHEASTERN ILLINOIS

Apurva A. Desai, M.D., has been named Associate Medical Director for Hospice & Palliative Care of Northeastern Illinois' Inpatient Unit in Woodstock. Board certified in medical oncology and internal medicine, Dr. Desai was an assistant professor in hematology/oncology at the University of Chicago School of Medicine. He completed fellowships in hematology/oncology and clinical pharmacology at the University of Chicago Hospitals and served as chief resident of the department of internal medicine at Rush-Presbyterian-St. Luke's Medical Center. He currently practices at Fox Valley Hematology and Oncology, Ltd. in Elgin and McHenry.

LOYOLA UNIVERSITY HEALTH SYSTEM

Linda Brubaker, M.D., has been named senior associate dean for clinical and translational research at Loyola University Chicago Stritch School of Medicine (SSOM). Dr. Brubaker is an internationally recognized leader in female pelvic medicine and reconstructive pelvic surgery. She also serves as a professor in the Departments of Obstetrics & Gynecology and Urology and as director of the Division of Female Pelvic Medicine and Reconstructive Surgery at Loyola University Health System (LUHS).



■ Dr. Linda Brubaker

Sleep expert Dr. Mari Viola-Saltzman joins Loyola University Health System and is an assistant professor in the Loyola University Chicago Stritch School of Medicine Department of Neurology. She earned her doctor of osteopathic medicine degree from Nova Southeastern University. She received her residency training in neurology at Loyola University Medical Center and completed a fellowship in sleep medicine at University of Washington Medical Center.



■ Dr. Mari Viola Saltzman

Dr. Richard Gamelli, distinguished surgeon and dean of the Loyola University Chicago Stritch School of Medicine, has been reappointed editor-in-chief of the Journal of Burn Care & Research. Gamelli will serve a second, five-year term as editor of the journal, which is the official, bi-monthly publication of the American Burn Association (ABA).



■ Dr. Richard Gamelli

MORRIS HOSPITAL & HEALTHCARE CENTERS



■ Dr. Aristides de la Hera



■ Dr. Douglas Toussaint



■ Dr. Dana Howd



■ Dr. Sherwin Ritz

Aristides de la Hera, M.D., is the new medical staff president at Morris Hospital & Healthcare Centers. Additional medical staff officers for the 2010-2011 term are Douglas Toussaint, D.O., vice president; Dana Howd, M.D., secretary/treasurer; and Dr. Sherwin Ritz, immediate past president. Medical staff officers are elected by physicians and serve a two-year term.

NORTHSHORE UNIVERSITY HEALTHSYSTEM

Acclaimed NorthShore University HealthSystem (NorthShore) neurosurgeon Gail Rosseau, M.D., became the first woman elected to the board of the American Association of Neurological Surgeons (AANS) in the organization's nearly 80-year history. Dr. Rosseau is internationally recognized as an expert in cranial base surgeries.



■ Gail Rosseau

NORTHWESTERN UNIVERSITY

Northwestern University scientist Chad A. Mirkin, Ph.D., a world-renowned leader in nanotechnology research and its application has been elected a member of the prestigious U.S. National Academy of Sciences (NAS).



■ Dr. Chad A. Mirkin

OUR LADY OF THE RESURRECTION MEDICAL CENTER



■ John J. Short



■ Maryanne Bajgrowicz

John J. Short, FACHE, has been named interim executive vice president and chief executive officer and Maryanne Bajgrowicz, R.N., has been named interim vice president of patient care services and chief nursing officer at Our Lady of the Resurrection Medical Center. Most recently, Short was the senior vice president of operations and chief operating officer at Resurrection Medical Center, Chicago. Most recently, Bajgrowicz served as director of nursing of the emergency department and intensive care units at Our Lady of the Resurrection Medical Center.

RESURRECTION HEALTH CARE

Amy Day has assumed the role of Vice President for Development, Resurrection Health Care. She had been serving as the interim leader of the foundation since early April. Day has served Resurrection Health Care for more than three years, most recently as the Senior Director of Development. Prior to joining Resurrection Health Care, Day worked at the Children's Memorial Hospital Foundation.



■ Amy Day

SILVER CROSS HOSPITAL

The Silver Cross Foundation recently appointed Michele Vana as a new member to its Board of Directors. Michele has extensive healthcare and fundraising experience. Currently Michele and her husband own and operate Kurtz Ambulance Company and Kurtz Funeral Homes. Vana previously was employed by Silver Cross Hospital for 20 years where most of her employment was a case manager in the Emergency Department.



■ Michele Vana

Kevin Lane has joined Silver Cross Hospital as the Vice President, Chief Information Officer where he will manage Information Technology (inclusive of plans for the Silver Cross Replacement Hospital), Biomedical Technology, Guest Services (welcoming, admitting, registration, and appointment scheduling), and Health Information Management (medical records). Lane most recently served as Chief Information Officer at Mercy Hospital and Medical Center (MHMC) since 2004. Prior to joining MHMC, Lane was a partner in The Foster Group.



■ Kevin Lane

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Profiles IN LEADERSHIP

JEFFREY L. BRICKMAN, FACHE

System Senior Vice President and President/CEO
Provena Saint Joseph Medical Center



Proudest accomplishment: That I am currently building a regional referral center at PSJMC.

First job in health care: Working in the kitchen at Malden Hospital, MA.

Education: MBA, Health Care Administration from Temple University.

What or who inspired you to pursue a health care career: My grandfather was a general practitioner, and I would go on house calls with him. My father was an orthopedic surgeon, but it wasn't until second semester in my organic chemistry class that I knew that I would be involved in health care. I always held leadership roles in academics and sports and the interest in health care in some way.

What skills do you need to succeed: Political, interpersonal, strategic planning, critical thinking; strong business and financial understanding; and conflict resolution skills.

Work habit you possess that you are most proud of: My work ethic is to always start and end meetings with what we will/did cover, how we will know we are successful, the timeline, goals and key deliverables.

Most valuable lesson you learned in your career: That there is no easy solution and that there is more than one way to solve any problem. It is important to understand other perspectives; listen more than speak, carefully understand other person's position before making a decision.

The toughest part of your job: Letting people go – and closing services

Your philosophy of success: Intensity is the price of excellence. You must keep a sharp focus on the most important things and relentlessly pursue them. That's from me and Warren Buffet.

One of your goals: My goal in any organization I work is to always create value that is recognized by the communities we serve.

Person you most admire: My mentor, former Chief Executive for Bay State Health System, Michel Daly.

Favorite book: No favorites really, I read one or two books a week, and my taste constantly changes.

Biggest challenge confronting healthcare: Finding the most collaborative way to align physicians' and hospitals' interests to create better healthcare for communities while both groups fight for ability to sustain themselves financially.

Your thoughts on healthcare reform: Healthcare reform is long overdue. We are the richest country in the world with the highest level of uninsured compared to any industrial nation. If anything, healthcare reform will improve access to deal with this major societal issue.

What do you think is going to be the most surprising health care development that is on the horizon: The very rapid consolidation within the medical community of hospital and health systems

Best thing about healthcare in Chicago: It always changes. We have large number of quality medical centers and talented physicians.

Worst thing about healthcare in Chicago: The number of hospitals that are struggling financially that may not have the means to continue to provide mission-related services to those who need it most.

What advice would you offer young people considering a career in health care: If you're looking for change and innovation and long-term growth, healthcare is an interesting profession to pursue as well as offering the benefit to give back to one's community.

What are your hobbies and interests: I actively compete in road races — 5K, 10K and half marathons; I travel for University of Connecticut sports events and Boston Red Sox games and travel to visit our three grown sons.

If you were not involved in healthcare, what would you be doing: I'd be a front office executive for the Boston Red Sox.

ANTHONY A. ARMADA, FACHE

President, Advocate Lutheran General Hospital
and Advocate Lutheran General
Children's Hospital



Proudest accomplishment: Cultural transformation, growth and financial turnaround at Henry Ford Hospital and Health Network, Detroit, MI from 2004-2009. From a personal stand point, finishing the San Diego Suzuki Rock and Roll Marathon in 2002.

First job: Midnight shift medical technologist at St. Lawrence Hospital, Lansing, MI. Very first job other than a paper route is a dishwasher for a local bakery for \$1.00/hour.

Education: MBA & MHA, Xavier University, Cincinnati, OH
BS, Medical Technology, Michigan State University, East Lansing, MI

What or who inspired you to pursue a health care career: My parents were both health care professionals (mom was a pharmacist and dad was a physician) have an influence in introducing me to healthcare. Sister Mary Janice Belen, CEO at St. Lawrence Hospital,(1985) shared with me the opportunities ahead in the healthcare field and tapped on my passions as a servant leader and the mindset to make a difference in everything that we do.

Work habit you possess that you are most proud of: Most valuable lesson you learned in your career: People in the organization is the most valuable resource an organization can engage to deliver key outcomes, especially when it comes to safety and quality, service and satisfaction.

The toughest part of your job: Work-life balance – the ability to make sure that you create the proper context to perform in your job and continue to preserve the relationships you have and take of yourself in mind, body and soul.

Your philosophy of success: Attitude is everything. Some people make things happen, some people watch things happen and some people wonder what has just happened

One of your goals: Be "simply the best" in everything I do – as a husband, a father, a professional and as a servant leader.

Person you most admire: St. Francis of Assisi

Favorite book: *The Last Lecture*

Biggest challenge confronting healthcare: Expectations to provide more while we get paid less for services rendered.

Your thoughts on healthcare reform: Health care reform is a must given the trajectory of cost we are spending in this country.

Suggestions on how you would solve a particular problem in health-care: Information technology and electronic medical record is so key to facilitating and sharing information, impact the tracking of outcomes, ease the knowledge transfer from clinician to clinician or clinician to patient. It would be ideal to have the information exchange accelerated so that information technology platforms can talk to each other readily.

What do you think is going to be the most surprising health care development that is on the horizon: The level of discussion that you never thought would be possible 5-10 years ago, is not so unusual in today's changing landscape.

Best thing about healthcare in Chicago: Excellent organizations that span the levels of services: academic to community hospitals

Worst thing about healthcare in Chicago: Healthcare is still very much fragmented, especially when you extend out from Chicago-land.

What advice would you offer young people considering a career in health care: Healthcare is the most exciting and vibrant field full of opportunities because of the fast changing landscape.

What are your hobbies and interests? Sailing, golf, being outdoors and watching my daughter play volleyball

If you were not involved in healthcare, what would you be doing: Probably have my own restaurant by now – enjoy making people feel welcome, great food and a fun atmosphere. "Every hour is happy hour"!!

Midwest Alliance for Patient Safety Announces Executive Director

The Midwest Alliance for Patient Safety (The Alliance), a joint venture of the Metropolitan Chicago Healthcare Council and the Illinois Hospital Association announced the appointment of Monica C. Berry, BSN, JD, to serve as the Executive Director of the Alliance.



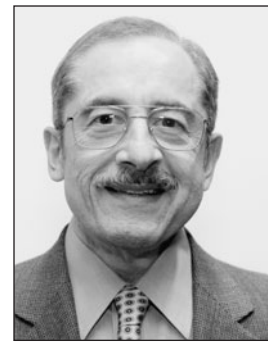
Monica C. Berry

Berry will lead the Alliance, a certified Patient Safety Organization by the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality, in promoting the adoption of best practices to hospitals across Illinois to measurably improve the delivery of safe and quality care to all patients. The Alliance will also respond to several important needs and requirements of Illinois health care providers including the Illinois Health Care Adverse Event Reporting Law scheduled for implementation in 2010.

Berry has a distinguished record in the health care patient safety and risk management field, including positions as Director of Risk Management for the Illinois Hospital Association, Vice President of Risk Management & Loss Control for the Rockford Health System, Regional Director Risk Management for SSM Health Care of Wisconsin and, most recently, Director for Patient Safety and Risk Management at Chicago-based Loyola University Medical Center. She also has held positions in the liability insurance sector with two of the early patient safety innovators among insurers, MMI Companies, Inc. and St. Paul Healthcare.

Developing a 'Patient Safety Culture'

Healthcare Facilities Accreditation Program (HFAP) developed new patient safety standards in January 2010. The National Quality Forum (NQF) endorsed these standards and included a focus on healthcare organizations developing what's called a patient safety culture.



BY GEORGE REUTHER

According to the NQF, the four elements needed to create and sustain a patient safety culture are:

- Leadership must ensure structures are in place for organization-wide awareness and compliance with safety measures including adequate resources and direct accountability.
- Measurement, analysis, and feedback must track safety and allow for interventions.
- Team-based patient care with adequate training and performance improvement activities must be organization-wide.
- Safety risks must be identified continuously and interventions taken to reduce patient risk.

The best place for a hospital to embark on the implementation of a patient safety culture is to start with an assessment of the organization with a patient safety survey. The Agency for Healthcare Research and Quality (AHRQ) offers surveys for assessing patient safety. Free downloads are available at <http://www.ahrq.gov>. These surveys are suitable for all levels of staff within the organization.

The patient safety culture is evolving constantly in response to information and technology from internal and external forces. An example of an internal force may be a patient safety initiative chosen from the Institute of Healthcare Improvement such as developing a program to eliminate all hospital acquired bed sores. An external force could be a hospital accreditation agency, such as HFAP, mandating standards for hospital organizations in

order to reduce risk and improve patient safety.

Hospitals that have already instituted a program of quality management are in a good position to integrate patient safety concepts within their organizations. The goal of quality management is to look at processes at all levels of the organization, identify opportunities for improvement, and institute change. Patient safety must be identified as a high priority goal for quality management then patient safety concepts are automatically integrated throughout the performance improvement activities.

Placing organizational value on patient safety and quality care is fundamental to the success of any patient safety project. Leaders from all levels, from the governing board to the unit department head, must work together to create a climate in which patient safety is a top priority.

George Reuther is COO of Healthcare Facilities Accreditation Program. He can be reached at (312) 202-8060 or info@hfap.org or visit www.hfap.org.



Got Game ?

Chicago White Sox vs. Minnesota Twins

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Date: Wednesday, August 11, 2010
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CDH Setting a Standard

On Monday, April 26, national agencies including the CDC (Centers for Disease Control) DHS (Department of Homeland Security), USDA (United States Department of Agriculture and the EPA (Environmental Protection Agency) sent representatives to Central DuPage Hospital (CDH). Joining these prestigious agencies were representatives from the Illinois Emergency Management Association and the Illinois Department of Public Health. DuPage County sent Homeland Security Officers and representatives from the Office of Emergency Management. So what was all the chaos about?

There was no chaos.

This was an opportunity for CDH's Incident Command Staff (ICS) to pilot test tabletop exercise training materials to support the Emergency Water Supply Planning Guide for Hospitals and Health Care Facilities. Once completed, these training materials will be rolled out to hospitals and healthcare facilities across the nation.

This particular scenario involved the CDH ICS simulating a hypothetical main water supply line break. As the CDH ICS talked through the scenario as if it were real time and provided detailed explanation of how they would respond, the agency representatives took notes and asked questions.

The pilot test was deemed a success. "Central DuPage Hospital should be very proud of the hard work the ICS team has done to achieve this level of cohesiveness. It's clear everyone knows his or her responsibilities and in this case by testing this training material they are setting standards for hospitals across the U.S.," says David Adler, emergency management coordinator, DuPage County Office of Homeland Security and Emergency Management.

Lead by David Esterquest, manager of EMS, Trauma, Emergency Management, CDH has been actively following the HICS (Hospital Incident Command System) procedures for nearly three years. Aside from monthly emergency management team meetings with representatives from departments throughout the hospital, the hospital holds regular drills to prepare for any type of emergency. The Hospital Command Staff includes three teams to cover for vacation or sick days, but the primary team is on call 24-7.

**Coming in July...
Pediatric Healthcare**

Nurses Needed: U.S. Facing a Severe Shortage of Nurses

With all eyes on the recently signed health insurance reform legislation, the health care debate continues to overlook those on the front lines – nurses.

Registered nursing is one of the fastest growing careers in the U.S. Between 2008 and 2018, the U.S. Bureau of Labor Statistics (BLS) estimates that 580,000 more nursing positions will be needed, a growth rate of 22 percent over the 10-year period.

Nursing is also thought to be highly recession-proof, actually adding positions during economic downturns. In July 2009, when the U.S. saw job losses of more than 450,000, more than 20,000 new nursing positions were added to the economy. In fact, in a report on employment trends, the BLS reported that in 2009 the U.S. added 631,000 positions in the healthcare industry, many of which were in nursing.

These huge increases mean that many hospitals and clinics are struggling to meet their need for nurses. In a June 2009 Health Affairs article by Peter I. Buerhaus, it is estimated that by 2025 the U.S. is expected to have a shortage of more than 250,000 registered nurses.

“Simply put, there is a huge need for nurses throughout the country,” said Cheryl Heintz, R.N., B.S.N., nursing instructor at Everest College in Merrillville, Ind. Demand for nurses continues to be high in all types of medical facilities, including hospitals, medical centers, physicians’ offices, nursing homes and assisted living centers.

To help meet the demand for nurses, Everest College is launching a new part-time Practical Nursing Program at the college’s Merrillville, IN, campus. Specifically designed for students looking to complete a certification in nursing, the program is designed with flexible scheduling options to fit the individual needs of students.

Offered three days per week for five hours a day, students can complete the program in two years by receiving hands-on training and testing in a clinical setting to earn a practical nursing certification.

“Great for people looking to change careers, this program offers scheduling flexibility so they can continue working in their current jobs while completing the courses,” said Heintz. “Our instructors strive to accommodate students’ schedules



BY PATRICIA JONES, R.N., PH.D.

in an effort to help them reach their certification goals.”

While the number of new nurses entering the profession is growing, it’s not growing quickly enough to meet demand. The American Association of Certified Nurses reported a 2.2 percent increase in enrollments at entry-level baccalaureate nursing programs in 2008 over 2007; however, that increase will not be nearly sufficient to meet the projected number of openings.

A number of demographic factors are contributing to this shortage of nurses, said Heintz. First, demographic changes are increasing the demand for healthcare of all kinds, and nurses and other health professionals are in high demand.

“With an aging baby-boomer population, the need for more qualified health professionals is increasing dramatically.” Other demographic trends, such as longer life spans, are creating a need for nurses with specialized training in long-term care and elder care.

Second, the rising age of nurses is expected to spur demand for new entrants to the profession. “Another reason for a shortage of nurses is retirements, which are expected to leave many vacancies,” said Heintz.

Many argue that a shortage of nurses negatively affects the quality of care patients receive.

A 2007 comprehensive study, by the Agency for Healthcare Research and Quality, studied data from hospital records and suggests a lack of nurses may be related to declines in patient care. The study found that an increase in nurses was associated with lower hospital-related mortality and shorter hospital stays.

Heintz explains that Everest College’s targeted nursing program is aimed at helping students from a wide variety of backgrounds and work experiences get the knowledge and hands-on skills they need to enter the nursing profession in a timely manner.

“Nursing truly is a rewarding career. We need to spread the word about all the important work nurses do,” said Heintz.

Patricia Jones, Regional Nursing Director, Corinthian Colleges, Inc., can be reached at (708) 367-0675 or pajones@cci.edu. For more information about Everest College, visit www.everest.edu.

“In July 2009, when the U.S. saw job losses of more than 450,000, more than 20,000 new nursing positions were added to the economy.”

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Health Informatics and Information Management: A Profession of the Future

Never before has the health informatics and information management (HIIM) profession been more important than it is today. Advancing technology has created an environment that demands health information managers to demonstrate skills in electronic information management. Where clinicians use technology to create health records, health information managers maintain and protect that electronically created information. Moreover, HIIM professionals are called upon as members of the healthcare team to create and analyze electronic information that can lead to better patient care (at both the individual and public health levels) and improved business operations. HIIM professionals contribute to the success of their healthcare organizations by establishing systems to ensure the legality of health information. Health information management professionals are also known for their key role in assuring appropriate coding of health information to support proper reimbursement.



BY DESLA
MANCILLA, MPA,
RHIA

appropriate documentation and reimbursement. HIIM professionals are ideally suited to verify the documentation and supporting information systems accurately reflect proper code assignment for reimbursement. Not only do HIIM professionals perform coding functions within the healthcare organization, but they also serve as auditors for outside contractors who work on behalf of state or federal government and other third party payors. The coding skills of

HIIM professionals are in increasing demand as healthcare providers and payors struggle to balance appropriate documentation, coding, and payment for services.

The American Recovery and Reinvestment Act (ARRA), more commonly known as the Economic Stimulus Package, commits billions of dollars to the development of a nationally interoperable health information system. New and exciting methods of electronic information exchange are now being developed. The skills and knowledge of health information management professionals are needed to manage and protect patient data in these new formats. In the coming years the face of health information will contin-

ue to change with the introduction of new and better technology. Be part of this ever changing world by getting a Bachelor of Science degree in Health Informatics and Information Management from West Suburban College.

West Suburban College offers students the ability to learn in a hybrid format combining face to face instruction with online learning methods. Face to face classes are held one night a week. Graduates of this program will be prepared to work in a healthcare setting where there is a growing demand. According to the bureau of labor statistics, the job outlook is expected to increase 16% between 2008 – 2018. The American Health Information Management Association's (AHIMA) most recent salary survey results indicate the average salary for all Health Information Management professionals is \$57,370 per year. AHIMA also suggests that new HIIM graduates with bachelor's degrees start with salaries in the \$30,000 - \$50,000 range.

Contact West Suburban College at (708) 763-3560 or visit our website at www.wscn.edu to learn more about the changing field of HIIM that blends the careers of healthcare, business, and information technology. Desla Mancilla, HIIM Program Director, West Suburban College, can be reached at (708) 763-3564.

Norwegian American Hospital Launches Chicago's First Wireless High-Definition Video Technology for their Operating Rooms

Surgeons at Norwegian American Hospital now are using Stryker Corporation's new state-of-the-art WiSe™ HD Wireless Video Technology in their operating rooms.

The WiSe™ HD Wireless Technology features the latest in operating room technologies for enhancing the quality and efficiency of surgical procedures. Specifically, the WiSe™ HDTV Flat Panel Monitor, the first wireless 1080p flat panel monitor in the medical field, delivers optimal surgical images with unsurpassed resolution, brightness and optical clarity.

The WiSe™ HD Wireless Technology improves efficiency in the operating room. It cuts operative times and shortens the time patients must remain under anesthesia, all the while focusing on providing the highest quality and most compassionate level of health care services possible to our patients and the communities we serve. Stryker's expertise in operating room design and integration enables Norwegian American Hospital in reaching optimal operating efficiency and effectiveness.

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Rosalind Franklin University of Medicine and Science Equips Students with Computerized Diagnosis System

Rosalind Franklin University of Medicine and Science (RFUMS) is the first medical school in Illinois and one of the first in the nation to provide its students with an advanced computer system that helps diagnose patients and recommend treatments. The new system enables medical educators to present students with individual cases and then check their diagnoses against the computer system, which has a proven accuracy rate of over 90 percent.

The new computer system, from Isabel Healthcare Inc. of Falls Church, VA, is used by physicians at 18 medical centers around the country to improve diagnoses and reduce medical error.

According to John Tomkowiak, M.D., M.O.L., Associate Dean for Curriculum and Director of Interprofessional Clinical Education and Simulation at RFUMS, one of the hardest skills to teach medical students is the ability to reason in a clinically oriented context – it is this skill that differentiates the average clinician from the excellent one.

“Educators have consistently looked for approaches to not only teach this essential skill, but to assess it. With the new Isabel system, we can do both,” he said.

Dr. Tomkowiak noted that computer technology is rapidly gaining momentum in hospitals and medical practices around the country. Having students learn and understand its benefits and limitations will allow them to be better prepared to practice when they are on their own, he said.

At RFUMS, Isabel is a mandatory component of training for the University’s Chicago Medical School students and the Dr. William M. Scholl College of Podiatric Medicine students. In addition, all RFUMS students and faculty, including the College of Health Professions, have access to it for the purpose of educational instruction and learning.



First-year Chicago Medical School student Kiel Melkus working with the Isabel diagnostic system in one of Rosalind Franklin University’s standardized patient examination rooms.

Several major federal and private sector initiatives currently underway are focused on reducing medical errors, including misdiagnosis.

According to research conducted by Mark Graber, Chief of Medical Service at the VA Medical Center of Northport, New York, diagnostic error is twice as common as prescription error. Most medical error studies find 10-30 per-

cent of mistakes are in diagnosis as revealed by a study by Gordon Schiff and others at Cook County, Illinois John H. Stroger Hospital. Additionally, another review by Stroger Hospital researchers of 53 autopsy studies found an average rate of 24 percent missed diagnoses.

Diagnostic errors are often the result of a physician not considering all possible options, particularly in what is known as premature closure – when a doctor considers a patient’s symptoms to be evidence of one specific diagnosis and then stops considering others.

Isabel is a decision support tool and knowledge system that starts at the same point that a patient’s journey frequently begins—with symptoms, signs and results of tests. Isabel’s interface enables physicians to quickly input a patient’s key signs and symptoms, and then a list of differential diagnoses, including bioterrorism diagnoses, are instantly provided, determined by the context and meaning of the clinical terms entered, rather than by keywords alone.

Isabel includes information on more than 10,000 diseases and 4,500 drugs and is updated almost daily, with major updates every three to six months.

“Isabel searches through medical texts and journals and provides the clinician – the expert – with diagnoses to consider. It actually reminds the doctors of other diagnoses that he may not have remembered,” said Joseph Britto, M.D., one of the cofounders of Isabel. The other cofounder of Isabel Healthcare Systems is Jason Maude.

The company is named after Maude’s young daughter, who almost died after a potentially fatal illness was not recognized by a physician.

A Better Way to EHR Adoption

Electronic Health Records (EHRs) have been available for more than 30 years. Despite promises of improving outcomes and lowering costs, still only 38% of the nation’s 800,000 physicians use an EHR. The reasons for this low adoption rate are simple: most traditional EHRs fail to help doctors work smarter, see more patients, make more money, or deliver better care.

Now Washington has stepped in to spur adoption rates. The HITECH Act—part of the stimulus package—is intended to encourage adoption by providing \$44,000 in incentives from Medicare for “meaningful use” of an EHR.

These incentives won’t compensate for underlying EHR shortcomings. Physicians could become saddled with expensive software-based EHRs that drain revenue with maintenance and upgrade costs.

There is a better way.

athenaClinicals(sm), our web-based EHR service, transcends the failures of the past with a bold, yet simple solution. It’s rooted in a careful analysis of how EHRs can add value to patient workflow. It’s designed with an understanding of fundamental practice economics. Rather than drain revenue, the right EHR can provide a gain in revenue.

athenaClinicals allows doctors to achieve 100% of the benefits of a paperless EHR while documenting patient encounters as desired. It optimizes the patient workflow and helps reduce costs, including those associated with document management, patient orders, and results follow-up.

Ultimately, a fine-tuned workflow can drive higher EHR adoption, higher physician revenue, and better patient care.

The March 2010 KLAS report on EHRs found high doctor confidence that athenaClinicals is the “closest to achieving the meaningful use standards” among EHR vendors. We are so confident that we can help you get Medicare payments for “meaningful use of an EHR” through the HITECH Act incentive program that we guarantee that you will get your payment in the first year.*

That’s meaningful change that can truly benefit physicians and their patients.

To learn more about how athenahealth can provide a better way to EHR adoption, visit athenahealth.com/chicagonews or call (888) 254-9618.

* As a service-based EHR, our monthly fee is the only payment we receive from our clients for our EHR. If you don’t receive the Federal Stimulus reimbursement dollars when they’re available, we will credit you 100% of your EHR service fees for up to six months until you do. This offer applies to HITECH Act reimbursement payments only. Additional terms, conditions, and limitations apply.

Centegra Health System Launches New Physician Network

Centegra Health System and Dell Services have launched Centegra Physician Network, a health information technology sharing program that creates the region’s first-ever Health Information Exchange (HIE). The program also provides local physicians with access to cutting-edge Electronic Health Records (EHR) and Electronic Practice Management (EPM) systems that will improve quality and healthcare delivery.

Centegra Physician Network will enable participating physicians and hospitals to better share and exchange life-saving medical information and patient histories seamlessly through a highly secure electronic network.

Centegra Physician Network offers physicians an opportunity to install an affordable EHR to advance and digitize their office records and enable patients to better maintain their medical histories, test results and other critical information. Additionally, Centegra Physician Network will enable participating physicians to implement EPM software in their practices, which streamlines certain key administrative functions.

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Northwestern College Health Information Technology Students Well-positioned for Electronic Medical Records in 2014

In May 2004, then-President George W. Bush stated that by 2014, all patient medical records should be kept electronically. While that date is only 4 years away, Northwestern College, with campus locations in Bridgeview and Chicago, instituted an electronic record keeping software as part of its curriculum effective Fall 2010. Northwestern College will be utilizing the AHIMA (American Health Information Management Association) Virtual Lab.

"These multiple healthcare information applications prepare our students for the use of the electronic record in a variety of healthcare settings," said Cathy Banks, MS, RHIA. Banks is the Health Information Technology Program Coordinator for the School of Health Sciences at the College. The Virtual Lab is just one of the many advances the school has prepared for, in addition to training students on ICD-9 codes and the planned progression to ICD-10 in Fall 2010, which the U.S. will officially implement in 2013.

Northwestern College offers a two-year Associate in Applied Science (A.A.S.) degree in Health Information Technology at its Bridgeview and Chicago campus locations only. Students learn how to organize and evaluate medical records, as

well as consult with physicians to clarify diagnoses and treatment. The A.A.S. degree allows students to work in hospitals, clinics, doctor's offices, nursing homes, insurance companies, and long-term care facilities, among many other settings.

In addition to General Education hours, students will complete a curriculum that qualifies them to organize and evaluate medical records, code patient records according to standard classifications, consult with physicians to clarify diagnoses and treatment, and use software to tabulate and analyze data. Classes include: coding and classifications systems, anatomy and physiology, pharmacology, medical terminology, supervision, statistics, and quality management. The College offers a flexible program with classes available full or part-time during the day or evening. Candidates must be a high school graduate or have a General Education Development (GED) certificate. Entering students are also required to interview with an admissions representative and complete the NC placement exam as part of the admissions process. Each student will complete a hands-on practicum at Chicago-area healthcare facilities.

The Bureau of Labor Statistics Occupational Outlook Handbook 2010-11 Edition states that job prospects for medical records and health information technicians are expected to grow "faster than average" through 2018 with a 20% increase in employment. Nearly 40% of those jobs will be held in hospitals (1).

Because Northwestern College's Health Information Technology program is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM), HIT graduates are eligible to sit for the Registered Health Information Technology (RHIT) exam. Upon successfully passing the exam, students may use the RHIT (Registered Health Information Technician) designation. The A.A.S. degree and RHIT designation can also serve as a stepping stone for students who wish to pursue a Bachelor's degree in Health Information Administration, or a Master's in Health Services Administration or Healthcare Informatics.

For more information, call (888) 205-2283 or visit www.northwesterncollege.edu/contact-us/.

(1) <http://www.bls.gov/oco/ocos103.htm#related>

COVER STORY: It's About the Patient

(Continued from page 1)

should not impede the seamless exchange of information.

This is a very exciting time in the health care information technology world. We have seen a fundamental shift from the business perspective of "is this really important to our core business?" to "technology enables us to communicate, coordinate and provide care."

Core to the fundamental shift are four key initiatives in the ARRA HITECH Act (Stimulus funds): Meaningful Use, Health Information Exchange (HIE), Regional Extension Centers (REC) and Workforce Development. There exists a high degree of interdependency between each, and their cumulative enables the transformation of our current health care system.

In Illinois, the Office of Health Information Technology (OHIT) awarded \$18.9 million to the Department of Health and Human Services for planning and establishing HIE services for Illinois. The Metropolitan Chicago Healthcare Council (MCHC) is working closely with OHIT through a planning grant to make HIE a reality this region. In order for the ultimate value of health outcomes to be achieved, it will take the proverbial village to engage all levels of our society. MCHC's HIE department worked in 2009 and 2010 to get the movement underway in this region by creating the MetroChicago Health Information Exchange (the Exchange).

The Exchange's vision is to achieve a sustainable value-driven HIE that exchanges secure health information of each person, facilitates patient-centered meaningful use among providers and supports the management of population health. Beyond improving the delivery of care for patients in the region, there is also tremendous value and ROI in exchanging information. The Exchange will focus on services that are aligned with Meaningful Use incentives. The preference is to focus on use cases that the Exchange can get up and running quickly and have the most value and benefits the largest number of stakeholders. The Exchange completed the first phase of work in May which included a business and financial plan, and now looks ahead toward the implementation phase in 2011.

Implementation of HIEs will involve current electronic health records (EHRs) use, interoperability standards, privacy and security, end-user engagement and multiple stakeholders. The EHRs may also be populated by data kept within the HIE or likewise the EHRs could be the source of the data for the HIE.

Critical mass of health care organizations participating is key for consumers/patients and their families to manage their health and information with their providers. Stakeholders expand beyond traditional health care providers and include payers (government, private and self-insured), employers, consumers

and the broadest reaches of public health. In order to accomplish this wave of HIE among these stakeholders, a growing workforce of clinical informaticists along with other HIE roles will be needed to support the implementation, adoption and meaningful use of technology.

MCHC is also proud to recognize and collaborate with Northern Illinois University (NIU) and Northwestern University (NU) for receiving granted awards this spring by the HHS to create Regional Extension Centers (REC) - centers that will assist doctors to adopt new technology that will allow electronic health records. The RECs will primarily work with priority care providers - family practitioners, doctors of internal medicine, pediatricians and obstetricians who serve Medicare/Medicaid patients and other underserved populations. Those physicians provide about 80 percent of the nation's health care, but only about 20 percent of them currently utilize EHR systems.

We hope you will join us in the conversation and movement to improving healthcare. Remember, it's about the patients and their health outcomes, not just technology!

Terri Jacobsen, Director, Metropolitan Chicago Healthcare Council HIE Department, can be reached at (312) 906-6037 or tjacobsen@mchc.com.

Professional Dynamic Network Takes HIM to the Next Level with Centralized Remote Coding Labs

BY JANET GOEKING

Coding is a crucial component of all health care systems because it drives the revenue cycle. Without it, health care providers do not get paid. While this may sound simple, the coding challenges that health care providers face are greater than ever. Retaining a well-trained coding staff has always been a struggle given the steep learning curve for new coders and the persistent shortage of trained coders. This is becoming even more difficult under widespread budget cutbacks and new coding guidelines and technologies.

Complying with the constantly changing rules and regulations is another ongoing challenge, especially as it is critical to receiving third-party reimbursements and avoiding hefty fines. Compliance requires ongoing auditing with feedback, education and training of all coding staff, which many health care facilities are increasingly unable to provide. Add to this the increasing workload that health care providers face as baby boomers age and require more medical services, and you have providers all over the country scrambling to keep up. Even facilities with full-time coding staff frequently face backlogs and end-of-month crunches due to employee turnover, absences, or decreased productivity (all of which are



often caused by a lack of adequate resources or training).

Professional Dynamic Network (PDN), a local company specializing in Health Information Management services, is now providing an innovative alternative to help health care providers meet these growing challenges. Using the latest industry-best technologies, PDN has recently opened two centralized remote coding labs and is providing coding services to health care providers both locally and nationwide. The labs connect remotely to client sites via Virtual Private Networks (VPNs) and other internet servers to provide inpatient and outpatient coding, medical coding audits, and RAC DRG validation audits.

The labs receive medical record information in several formats, including electronic health records, document imaging, CD or

high speed fax. VPNs are used to ensure compliance with HIPAA standards and client expectations regarding proprietary communications and patient information. PDN has implemented highly restrictive policies to protect the confidentiality of all medical information, proprietary data, and email communications.

"We're always striving to provide our clients with high-quality, cost-effective solutions to meet their coding and HIM needs," says Gerri Smothers, President and CEO of PDN. "We saw the centralized remote coding lab concept as an innovative next-level enhancement to the traditional onsite staffing services we provide in Health Information Management. Coding is our passion, and we already have the resources in place to take the burden off health care providers. While our national database of credentialed coders is growing, our local pool of coders remains one of the largest in metropolitan Chicago. Our centralized remote coding lab has built-in features of ongoing auditing, education and training. In addition, we follow rigorous provider service requirements as well as compliance with client turnaround time and productivity standards."

Responses to service requests for the coding labs have been strong, and

Smothers has seen significant decreases in coding backlogs for our clients. By housing their coders in a centralized location, Smothers sees many benefits, such as: providing a strong system of management for support; ongoing communication with coders; timely response to coding questions; auditing; education/training; and creating a coding team culture. Given that some of PDN's coders have more than twenty-five years of experience, there is a wealth of knowledge that is shared at the labs and questions are answered easily and quickly. Coders also have access to numerous educational materials and other resources.

"Our remote coding labs leverage the latest technologies to better serve each and every client," says Smothers. "This allows health care providers to utilize the best industry practices and technologies that they may not be able to provide on their own. PDN was founded on a commitment to provide exceptional service to all of our customers. These labs allow us to continue that commitment in an industry that is rapidly changing."

PDN currently has labs in Chicago and Olympia Fields, and plans for additional locations are already underway. Coding services are available 24 hours per day, 365 days per year. For more information, visit www.pdnseek.com or call (708) 747-4361.



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A beautiful, sprawling 38-acre gated community, complete with a waterfall, walking paths and picturesque ponds with swans can be found at the Alden of Waterford Continuing Care Retirement Community in Aurora.



Residents at the soon-to-be renovated Alden Estates of Skokie Rehabilitation and Health Care Center in Skokie will be surrounded by a garden theme in the rehabilitation center's elegant new dining room.

The Alden Network: The Evolution of a Chicago Health Care Innovator

BY LISA BIANCO

Over the last 50 years, the Alden network has established an ever-expanding presence in Chicago's health care landscape. During this half-century, much has changed in what Americans have come to expect in rehabilitation care, skilled nursing and senior living facilities. Across all these segments of health care, Alden has been a source of fresh thinking and innovation, helping to spur trends in the industry and change how Chicagoans define quality health care.

It all began in 1961 when Floyd A. Schlossberg, a young Chicago engineer

founded Alden Bennett Construction Co. Years later, when his wife's grandparents required 24-hour nursing care and there were no quality facilities, Schlossberg's creative solution became the first in a series of innovations that would mark his professional life. A forward-thinking attitude would eventually transform Schlossberg from a builder into an entrepreneur.

So in 1971, to address the problem of seniors like his wife's grandparents who needed quality health care, Schlossberg opened Alden's first skilled nursing facility – Alden Lakeland in Chicago's Uptown community. Now with over 40 sites across Chicago, Rockford and southern Wisconsin, the Alden network today includes 22 rehabilitation and health care centers, 8 independent senior living facilities, 6 facilities for the developmentally disabled, 3 assisted living communities, 2 Alzheimer's/dementia residential centers and 1 supportive living facility.

Today the Alden network also includes Alden Management Services, Alden Realty Services, Alden Design Group and Alden Bennett Construction Co.

Says Randi Schlossberg-Schullo, President of Alden Realty Services and Floyd's daughter, "Because the company is vertically integrated with operations, design, realty and construction, we are able to work well together as a team to guarantee high-level facilities and services from the front-end to the back-end. Plus, we have more than 40 years of experience designing skilled nursing facilities."

When developing a new facility, Alden Realty searches for a location that will meet the exact needs of a particular neighborhood. A market analysis is done to determine, for instance, how much senior housing is available, where the skilled rehabilitation facilities and hospitals are located, as well as other Alden properties.

Another one of Alden's core strengths, having developed facilities over the last four decades, is successfully responding to trends in the health care industry. Ray Schultz, President of Alden Design Group, weighs in on how he's seen health care evolve, and Alden along with it. "Forty years ago the idea was to build nursing homes in the country. Back then there wasn't the focus of care we have today. From the beginning, Floyd's idea was high-level care in a residential facility. Now health care facilities are much more specialized – with rehabilitation, memory care

(Alzheimer's and dementia) and facilities for the developmentally disabled. We've also gone from an institutional approach to more of a hotel setting, where residents receive medical care in a very inviting, luxurious space."

In that vein, Alden has trademarked an idea for its facilities called Hospi*tel®. This concept means that high-quality medical and rehabilitation care are delivered in a hotel setting. Warm and welcoming accommodations and five-star meals are the norm, along with complimentary home-baked cookies, popcorn and daily recreational activities. A 'Main Street Promenade' is another creation developed by Ray Schultz, and it's part of many Alden facilities. He describes it as looking like an indoor streetscape. "You'll see an ice cream parlor, beauty shop and state-of-the-art therapy rooms. One facility even has an indoor gazebo with a player piano. It's an atmosphere we feel is conducive to recovery."

Schultz's design team is constantly working to update and renovate existing Alden properties. The team analyzes existing buildings and decides whether a total rehab or cosmetic renovation is necessary, while bathing and dining facilities are being upgraded. Sometimes in the process they'll decide to eliminate a number of beds in order to provide more amenities for the residents.

Randi Schlossberg-Schullo likes to stress that a lot of effort is put into the exteriors of the properties as well. "Our interiors are great, but we really pride ourselves on the exteriors too. Our Alden of Waterford community has walking paths, several ponds with swans and a waterfall, and gazebos in a really beautiful setting." Today Alden is undertaking a complete top-to-bottom renovation of its Alden Estates of Skokie Rehabilitation and Health Care Center and is breaking ground on a nine-acre property in Shorewood. The Shorewood project will be a mini-version of the Alden of Waterford community. It will provide a continuum of care with independent senior living, a 100-bed rehabilitation/skilled nursing facility and memory care assisted living facility.

To learn more about Alden, visit the website at www.thealdennetwork.com or contact Molly Gaus, Marketing Communications and Public Relations Manager, at mgaus@aldengroup.org.



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HEALTHCARE REAL ESTATE



Bloomingtondale Village President Robert Iden performs the ceremonial ribbon cutting at the new Alden Gardens of Bloomingtondale Supportive Living Facility. From left, Wayne Smallwood, executive director, Affordable Assisted Living Coalition and the first administrator of the Supportive Living Facility program in Illinois, Debbie Burkart, vice president, National Equity Fund, Inc., Joan Carl, president, Alden Foundation, Beth Demes, executive director, Alden Foundation, Katherine Mazzacco, vice president, Harris, N.A., and Randi Schlossberg-Schullo, president, Alden Realty Services, look on.

Alden Gardens Holds Ribbon Cutting

Alden Gardens of Bloomingtondale Supportive Living Community welcomed nearly 200 local politicians, community leaders and representatives from businesses who helped finance, build and open the new facility during a recent Open House.

Alden Gardens of Bloomingtondale provides affordable yet high quality housing and services to seniors wanting to live independently, but needing a little assistance. Alden Garden's residents enjoy beautifully designed accommodations – the hallmark of Alden – along with dining and other services such as housekeeping, laundry, medication reminders and personal assistance with activities of daily living.

Alden Gardens of Bloomingtondale offers a warm, friendly and secure home-like setting for residents. The community offers 86 spacious studio, one-bedroom and two-bedroom apartments with kitchenettes.

Project Management Advisors, Inc. Completes Hospital Renovation for La Rabida Children's Hospital

Project Management Advisors, Inc. (PMA) has recently completed, as owner's representative, an 8,000 square foot renovation project in the Black Building at La Rabida Children's Hospital.

The renovation entailed the conversion of existing double and quadruple inpatient occupancy rooms into single and double occupancy inpatient rooms. As a result of PMA's disciplined pre-construction and budget management process, and the implementation of an accelerated five month double-shift construction schedule, the hospital realized significant savings in total construction costs. Additionally, the compressed construction schedule allowed La Rabida to re-open the wing in time for its traditional high census period. Other team members included architects Loebel Schlossman & Hackl and general contractors Berglund Construction.

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Illinois Certificate of Need: It's Time to Count to Five

The nation's sputtering economy led to a dramatic slowdown in hospital development. However, many hospitals have rebounded since the dramatic economic downturn in 2008. The current trend in hospital design and construction appears to be build, renovate and acquire. In the past eighteen months, hospitals and health systems across Illinois started construction projects and larger systems increased efforts to acquire distressed facilities across the state. Many of these projects required the approval of the Illinois Health Facilities and Services Review Board ("Board").

The Board issues certificate of need ("CON") permits or exemptions under the authority of the Health Facilities Planning Act ("Act"), which provides that no person shall construct, modify or establish a health care facility or acquire major medical equipment without first obtaining a CON or exemption from the Board. As hospitals consider further development or acquisition projects, decision-makers must be aware of the Illinois



BY JOSEPH J. HYLAK-REINHOLTZ

legislature's most recent amendments to the Act (see S.B. 1905, Public Act 93-41).

One amendatory change, however, could create new opportunities or lead to unforeseen challenges for future applicants. The change is the legislature's decision to alter, yet again, the number of Board members. Effective March 1, 2010, the Board increased from 5 to 9 members (i.e., the third time since 2003 that the legislature changed the Board's size). Historically, Board members review every CON application and frequently vote to approve a project despite the applicant's failure to fully satisfy the review criteria. The member's subjective analysis can be pivotal. Therefore, how new Board members come to view certain projects is important because it could create new opportunities for applicants. The addition of Board members, however, could also create new challenges for applicants. For example, even though prior Boards were not directed to police charity care policies of non-profit providers, members routinely questioned applicants about the amount of free care provided. Charity care was

important to some members and eventually became an unofficial review criterion. We cannot predict what might become the Board's next issue de jure.

Nevertheless, a nine member Board appears to help CON applicants. A nine member Board enhances an applicant's chance for project approval. In the past, Board vacancies led to significant problems with meeting quorums and project approval often required a unanimous vote. Nine members should make it easier to achieve a meeting quorum. Moreover, additional members increases the ability to obtain project approval because a handful of "no" votes will no longer defeat a project. New Board members also have certain experiences in health care that should enhance the CON review process. John Hayes, appointed on December 12, 2009, specializes in the valuation of hospitals, nursing homes, and medical practices. Dale Galassie, appointed on December 16, 2009, recently retired from his position as Executive Director of the Lake County Health Department, has experience operating and constructing health care facilities. Justice Alan Greiman, appointed on March 1, 2010, is a former member of the Illinois legislature and a retired Appellate Court Justice. He brings extensive government experience

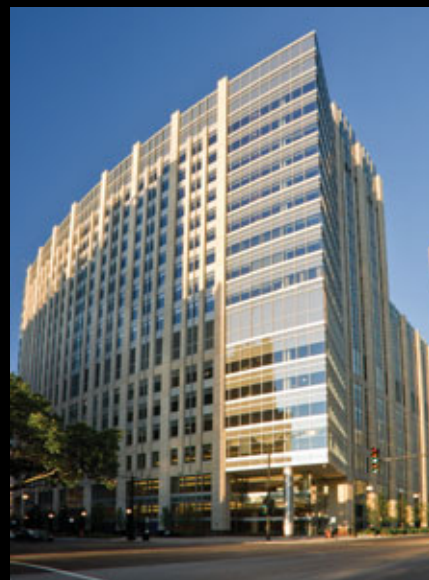
to the Board.

Although it is too early to determine whether an expanded Board will provide opportunities or create challenges for future applicants, one fact remains – many hospital construction and acquisition projects will require a CON permit. A hospital should always consult with a person who has CON experience before starting a project and obtain an analysis of project and the likelihood of its approval. Accordingly, every CON approval strategy must be able to count to five; that is, potential applicants should analyze each Board member's background and voting history, identify facts that could influence support for the project, and develop a strategy that reasonably concludes how and why at least five Board members would vote to approve the project. CON applicants who are well informed about the Board's rules and procedures, but also consider the views of each Board member, will enhance their ability to gain project approval.

Joseph J. Hylak-Reinholtz, attorney with McGuireWoods LLP, can be reached at (312) 641-2088 or jhreinoltz@mcguirewoods.com.



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COVER STORY: Now is the Time for Planning

(Continued from page 1)

people to be involved in making the decisions before you begin the planning process, and 3) being prepared with a plan. So often, this is rushed because there is an urgency to proceed. Why not take the time now to build a strong position for yourself?" said William W. Heun, AIA, partner at Matthei & Colin Associates.

Facility planning begins with a strategic plan and it is closely followed with a master plan. The strategic plan identifies opportunities and threats. The master plan identifies and catalogs the changes that are needed and/or desired. It is the map of the tactical response with which to support or realize the strategic plan over a period of time. It is essential to evaluate costs, risks, and conduct a statistical analysis with key executives and clinicians to gain the fullest advantages.

"St. Joseph's Regional Medical Center took the time to create a plan early and it helped us achieve what we were looking for in new design and construction. You know earlier facility planning is part of the secret to a better facility and often it is delayed." said Lori Price, executive vice president of the Plymouth campus at St. Joseph's Regional Medical Center, Plymouth, Indiana. "It was better for us to take the time to plan and avoid risks, complaints, and failures. We wanted to have 20/20 vision." she added.

The development process of the facility master plan must include if/then analyses and diagrammatic responses. The team or committee makes decisions-not one group of stakeholders. It is vital to take the time to do this step well. After the decisions are made, they are master-priced, present-valued on assumptions or mapped out. Finally, it is phased with options of how to proceed with the facility.

Then, the team determines how they want to proceed at this point. This next step involves discussing more options, developing a hypothetical project timeline, and determining if it can be actualized. The decision to proceed with programming is a cultural one. Some hospitals want to use this time to conduct detailed programming since it gives them more time to work with everyone and other hospitals may want to wait. William Heun shared some critical questions for planning that are useful and an important part of a customized approach to project planning.

10 CRITICAL QUESTIONS THAT EXECUTIVES SHOULD ASK

1. Who are the authoritative decision makers in the final decision?
2. Who needs to be involved-right people?
3. How far do you want to go in the planning process?
4. What are the priorities in nursing models-centralized vs. pods?
5. What are the supporting staff models-silos or multi-specialty team-assigned units?
6. What is the level (degree) of digital information management?
7. What is the desired image for family and patient environments?
8. What is the preferred medication delivery-physical system and documentation?
9. What is the flow of materials from entering the hospital to exiting at the soiled dock area?
10. How do you see modeling the culture in built space?

In the end, facility planning avoids unnecessary "undoing" later. Take the time now to clearly define goals when there is less pressure to do it. The result is fewer errors. Mistakes can be avoided that often have a tragic lasting effect in cost and time. Use this down time in the economy to create an advantage for your hospital with strategic planning and master planning. We don't know if there will be a slow or quick recovery; however, you can gain several months or years advantage now-a strategic advantage-and be prepared for what's coming.

Deborah J. Hodges, Principal, Golden Square, can be reached at djhgoldensquare@aol.com or (312) 310-7353.

Krusinski Announces Pronger Smith MedicalCare Project

Krusinski Construction Company recently completed foundations and site work for the Pronger Smith MedicalCare expansion in Tinley Park. The addition includes MRI, CT, physical therapy and treatment rooms, pediatric exam rooms, sleep lab and an OB suite. Project partners include Irgens Health Care Facilities Group and Brubaker Architects.



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Construction of Ann & Robert H. Lurie Children's Hospital of Chicago Major Economic Engine for Illinois Businesses



While the construction industry grapples with the economic downturn, Children's Memorial's new hospital project is helping 40 Illinois-based construction subcontractor companies remain strong. The new hospital, called Ann & Robert H. Lurie Children's Hospital of Chicago, opens in 2012 and to date, 75 percent of its construction contracts and subcontracts have been awarded to Illinois companies. With the construction project just over 50 percent complete, this translates to \$373 million in economic impact to Illinois.

In addition, more than 600 workers are on-site each day, from sheet metal workers and pipefitters to electricians and painters. In total, the new hospital will directly generate approximately 3,000 new construction-related jobs.

The construction of Lurie Children's is being managed by a joint venture between Mortenson Construction and Power Construction.



(l-r) Mayor Richard Daley, Maggie Daley (seated) Ann Lurie, Dr. Steven Rosen at the debut of the Maggie Daley Center for Women's Cancer Care

Maggie Daley Center for Women's Cancer Care Debuts at Northwestern

The Maggie Daley Center for Women's Cancer Care was recently unveiled at a ceremony that marked the debut of the novel center for treating breast and gynecologic cancers and honored the First Lady of Chicago. The Center for Women's Cancer Care is part of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University and is located within Northwestern Memorial Prentice Women's Hospital.

Mrs. Daley, who receives treatment for breast cancer at the Lurie Cancer Center, attended the ceremony accompanied by Mayor Richard M. Daley.

The new two-floor center offers a unique "one-stop shopping" integrative, holistic approach that addresses and centralizes all of a woman's needs – emotional, aesthetic and physical – during treatment. A patient can easily access services to improve her quality of life in the same place she is seeing internationally renowned medical oncologists, gynecological and surgical oncologists and receiving cutting-edge therapy for breast and gynecological cancers.

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Advocate's Armada Named a Top Minority Executive in Healthcare



Anthony A. Armada

Anthony A. Armada, president of Advocate Lutheran General Hospital and Advocate Lutheran General Children's Hospital, has been named one of Modern Healthcare's "2010 Top 25 Minority Executives in Healthcare." This is Armada's second consecutive inclusion on the magazine's biennial list recognizing minority health care executives who are making a positive difference in the industry.

Armada came to Lutheran General Hospital after five successful years as president and chief executive officer of Henry Ford Hospital and Health Network in Detroit. Armada currently is the chairman of the Institute for Diversity in Healthcare Management Board of Directors.

Riverside's Marilyn Ramsey Named 2010 Volunteer of the Year



(l-r) Becky Hinrichs, Riverside Vice President of Human Resources; Sherri Guertin, Director of Volunteer Services; Marilyn Ramsey and Phil Kambic, Riverside President and CEO.

Recently at the 2010 Riverside Medical Center Volunteer Appreciation Dinner, Marilyn Ramsey of Buckingham was named Riverside's Volunteer of the Year. Marilyn has been active in the Riverside Auxiliary for over 40 years-accumulating over 8,000 volunteer hours. She serves on the Auxiliary Board, volunteers in the gift shop and helps with various special events to name a few.

Dr. Friedman, Saints Mary and Elizabeth Medical Center Receive Awards for Community Work

Saints Mary and Elizabeth Medical Center (SMEMC) recently received a 2009 Mutual of America Community Partnership Award (merit finalist) for its work at the Roberto Clemente Wildcats Student Health Center in Chicago.

The award recognizes non-profit organizations that "show exemplary leadership in the facilitation of partnerships between public, private and social sector organizations to build better communities for the future," according to Mutual of America Life Insurance Company, which presents the annual awards.

Michael Friedman, M.D., director of the family medicine residency program, SMEMC, also received a Silver Minted Liberty Dollar for his dedication and commitment to the health center. From 2002 to 2009, Dr. Friedman served as medical director of the health center.



Dr. Michael Friedman

Teresa Woodruff, Ph.D., Named Winner of 2010 Tripartite Legacy Faculty Prize in Translational Science and Education



Dr. Teresa Woodruff

Teresa Woodruff, Ph.D., Thomas J. Watkins Professor, Obstetrics and Gynecology, Chief of the Division of Fertility Preservation, Director and Founder of the Institute for Women's Health Research, and member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, has been named the winner of the Tripartite Legacy Prize, presented annually to the faculty member who has demonstrated excellence in research that emphasizes translational approaches, teaching and mentoring, and leadership.

Dr. Woodruff not only mentors Feinberg students at the University, she also encourages young women to pursue careers in the sciences, and has developed the Oncofertility Saturday Academy in conjunction with the Young Women's Leadership Charter School as a venue to involve high school girls in college level science.

Advocate Trinity Hospital Receives National Recognition for Environmental Leadership



Febelon Medina, Andrea Pocius and LaMar Davis, members of Trinity's Green Team, celebrated Earth Day in the hospital's cafeteria. They handed out educational materials and encouraged associates to become more eco-friendly.

In observance of Earth Day, Advocate Trinity Hospital was recognized by the American Society for Healthcare Engineering (ASHE) of the American Hospital Association as one of ten hospitals nationwide for its reduction of energy consumption. ASHE's Energy Efficiency Commitment (E2C) encourages hospitals across the country to reduce their energy consumption by 10 percent or more in support of the goals of EPA's Energy Star Challenge.

As part of the Advocate Health Care system, Trinity Hospital is taking part of an overall initiative to adopt environmentally sustainable practices. As part of this, Trinity Hospital formed a Green Committee in 2009. The committee regularly works with the Advocate Green Council, which has representatives from all Advocate sites, to encourage and enhance eco-friendly practices at all sites of care.

SwedishAmerican Earns Six National Marketing Awards

SwedishAmerican Health System's marketing team recently earned six national awards in the 27th Annual Healthcare Advertising Awards competition sponsored by Healthcare Marketing Report.

SwedishAmerican was recognized for its professional recruitment campaign, Cardiology Millennium Conference brochure and television advertising in the health system category.

David A. Loiterman, M.D., Installed as President of the Chicago Medical Society



David A. Loiterman, M.D., was recently inaugurated as the Chicago Medical Society's 162nd president.

Dr. Loiterman is a vascular surgeon in solo practice, with staff appointments at LaGrange Memorial and Hinsdale Hospitals. He previously served on LaGrange Hospital's Executive Committee and as Vice Chairman of its Department of Surgery.

Dr. Loiterman is a former Clinical Assistant Professor of Surgery at the University of Illinois at Chicago. He earned his medical degree at Mount Sinai School of Medicine, in New York City, and completed a thoracic surgery fellowship at St. Luke's/Roosevelt Hospital, also in New York City. He completed his fellowship in vascular surgery at Rush-Presbyterian-St. Luke's Medical Center in Chicago.

Dr. Loiterman joined the CMS Board of Trustees in 2005, representing District 5. A CMS member since 1986, Dr. Loiterman served as Councilor and President of the Douglas Park Branch before becoming a Trustee and Chairman of the Council.

Dr. Loiterman served as Chairman of the CMS Board of Trustees and the Editorial Advisory Staff and previously served on the following committees: Budget; Building; Continuing Medical Education, Bylaws/Policy Review, Service Bureau Board, Communications/Technology, Physician Advocacy, Healthcare Economics, and Resolutions Reference. He is a Past Chairman of the Committee on Committees and Midwest Clinical Conference Committee. He continues to serve on the Long-Range Planning Committee. A Delegate to ISMS, he has served on the ISMS Council on Medical Service, Governmental Affairs Council, Medical Legal Council, and Council on Economics. He currently serves on its CME Accreditation Appeals Panel and is Board Consultant to the Council on Communications.



Evelyn Jones (front row, center) is flanked by members of the St. Bernard Hospital staff.

Evelyn Jones Named "Women of Excellence" by Chicago Defender

Evelyn Jones, Chief Nurse Officer at St. Bernard Hospital, was recently named a "Women of Excellence" by Chicago Defender newspaper. Jones has been with St. Bernard since 1981, where she began her career as a registered nurse. In 2003 she joined the hospital's management team, and has played a vital role in building St. Bernard's Department of Patient Care Services.

Among her accomplishments is the development of St. Bernard's B.I.T.S. program – Baby Immunization Tracking System, a component of the hospital's CHANCE concept for pediatric outreach. This service is provided to parents of newborns, enabling them to maintain a proper schedule of vaccinations for their child.

Loyola Names Nurse of the Year

Brian Claypool, R.N., was named Loyola University Health System's 2010 Nurse of the Year during its annual Nursing Excellence Award Ceremony. Claypool, who is a surgical intensive care unit nurse, is the first male to receive this top honor at Loyola. He was chosen for his skills as a clinical expert, educator, mentor and role model.



Brian Claypool

Day Surgery Nurse is 2010 RN of the Year

Kathy Puffer, RN, BSN, ACLS, a nurse in day surgery unit at Adventist La Grange Memorial Hospital, was named the hospital's Nurse of the Year. The Chicago resident has been a nurse for 30 years and worked at Adventist La Grange Memorial Hospital since 1993.



Kathy Puffer

Perinatal Clinical Consultant is RN of the Year

Becky Cervenka, BSN, MSN, RN, APN, FNP, BC, perinatal clinical consultant at Adventist Hinsdale Hospital, was named the hospital's Nurse of the Year. The Willow Springs resident has been a nurse for more than 30 years and has worked at Adventist Hinsdale Hospital since 1983.



Becky Cervenka

Cervenka coordinates care of high-risk moms, conducts education sessions for clinicians and develops policies. She also served as the hospital's nurse "champion" charged with implementing the statewide Obstetric Hemorrhage Education Project at Adventist Hinsdale Hospital.

Retired Nurse Named Ottawa Regional Hospice Volunteer of the Year

Ottawa Regional Hospital & Healthcare Center (Ottawa Regional) is pleased to announce Vertie Carlson has been selected as Hospice Volunteer of the Year. Carlson began her career as a Registered Nurse at Ottawa Regional in 1956. For the next 30 years, she provided compassionate care to patients and families in the pediatric unit of the hospital, now incorporated with the medical/surgical unit. Following her retirement in 1986, Carlson decided to continue to use her talents and became a volunteer with Ottawa Regional's Hospice program, where she has faithfully served the community for 24 years and counting.



Vertie Carlson

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Salute to Certification

Over the past four years, Northwestern Lake Forest Hospital has seen its nurses take on a growing responsibility for their professional development. The number of nurses with special nursing certification has nearly doubled over the past year in particular. Almost one-third of the hospital's nurses now have these advanced qualifications.

At a recent recognition event, the hospital honored the more than 100 direct care nurses who have brought their patient care to a new level. These nurses are certified in a range of vital areas including Oncology, Critical Care, Surgery, Emergency, and Obstetrical nursing.

Kimberly A. Nagy MSN, RN, NEA-BC, Chief Nursing Officer at Northwestern Lake Forest Hospital, presided over the recognition event and talked about the importance of certification, as well as what it brings to the hospital. "Thank you for your focus, time and personal commitment," she said. "Patients, their families, our physicians and the hospital in general all benefit from your enhanced knowledge and the skill you bring to the bedside."

Northwestern Lake Forest Hospital congratulates and celebrates these professional accomplishments, particularly during National Nursing Month. "The certifications are great because they're happening across departments. This isn't just one nurse or one concentration. This is across the board," Nagy said. "We've created an environment where nurses' knowledge and skill is valued and appreciated. We could not be more proud of these nurses who truly took this upon themselves. They took the initiative and garnered the tools needed to provide our patients with the best possible care."

COVER STORY: Nursing's Role in the Changing Face of Health Care

(Continued from page 1)

right the first time and reducing costs along the way.

In addition, information technology now provides us with clinical data on our patients across the continuum. We are no longer dependent on the flow of paper for information on our patients. The electronic medical record or EMR has replaced the clutter of the paper world and the endless pile of charts. This access to real time information will improve outcomes and certainly improve care. Coordination of care from the outpatient world to the inpatient world and back out will prove to be most beneficial if we work to remove unnecessary steps from the process and assure better transfer of the patient and identification of their needs.

Certainly, as we engage our patients and give them access to their medical records, timely intervention will be the result. For example, patients with chronic diseases can communicate as needed with their providers of care so that there are timely interventions. Management of chronic diseases using the electronic medical record can be beneficial not only to the patient but to the health system as we evaluate emergency visits, wait times and length of stay.

So, as nurse leaders, what do we need to do?

It is very important that we embrace the technology that is available to us. The advances in the processing of information and real-time reporting will prove to be helpful. Nurses need to be comfortable and skilled in the use of this technology. Providing opportunities, whether through simulation technology or ongoing access to professional education, will be important. Quality outcomes and the management of care will be improved due to the access of clinical data. Access to concurrent information will become part of what we do everyday. This transmission of data will become routine as we strive to improve outcomes and the management of patients.

Nursing will continue to play a dominant role in the delivery of health care. Our challenge is to prepare our nurses by providing access to technology and strengthening critical thinking skills.

The public continues to have trust in nursing as a profession, and by our actions, we will maintain this trust and high-level confidence.

Nancy T. Semerdjian is Chief Nursing Officer, NorthShore University HealthSystem. For more information, visit northshore.org.

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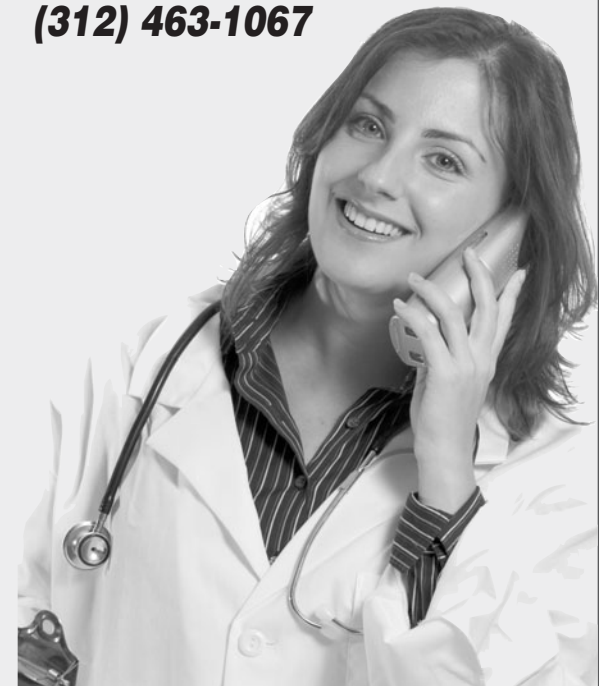
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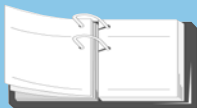


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DATEBOOK

AHIMA's National Calendar of Events

May 5-6 Data Analyst Institute - Chicago, IL
 May 17-18 ARRA Workshop: Demonstrating Organizational Success
 June 7-8 Long-Term & Post Acute Care HIT Summit - Baltimore, MD
 June 17-19 AHIMA Academy for ICD-10: Building Expert Trainers in Diagnosis and Procedure Coding - Boston, MA
 July 24-28 Assembly on Education and Faculty Development Institute - New Orleans, LA
 July 29-31 AHIMA Academy for ICD-10: Building Expert Trainers in Diagnosis and Procedure Coding - New Orleans, LA
 August 14 ARRA Workshop: Demonstrating Organizational Success
 August 16-17 2010 Legal EHR Summit I Chicago
 August 18-20 AHIMA Academy for ICD-10: Building Expert Trainers in Diagnosis and Procedure Coding - Chicago, IL
 September 25 Privacy and Security Institute - Orlando, FL
 September 25-26 Annual Clinical Coding Meeting - Orlando, FL
 September 25-30 AHIMA Convention and Exhibit - Orlando, FL
 September 26 ARRA Workshop: Demonstrating Organizational Success - Orlando, FL
 September 30- October 1 Data Analyst Institute - Orlando, FL
 September 30- October 2 AHIMA Academy for ICD-10: Building Expert Trainers in Diagnosis and Procedure Coding - Orlando, FL
 For more information, contact Elizabeth Cherian, AHIMA, at elizabeth.cherian@ahima.org or (312) 233-1964.

June 22-24

IHA Small & Rural Hospitals Annual Meeting

The Illinois Hospital Association Small & Rural Hospitals Constituency Section 31st Annual Meeting will be held June 22-24 at the Crowne Plaza Hotel in Springfield. Senior hospital leaders and board trustees are invited to join their counterparts to hear from sports reporter and former NBA and Illini star Stephen Bardo; Arizona State University scholar Dr. Tim Porter-O'Grady; future technology guru Rick Richardson; and inspirational speaker Faith Roberts, R.N., among others. For more information, contact Anne Stilwell at (217) 541-1163 or astilwell@ihastaff.org.

July 11

La Rabida Cruise Fundraiser

The Women in Support of La Rabida (WIS) will hold its annual fundraiser to benefit the children of La Rabida Children's Hospital on Sunday, July 11. Join WIS aboard the Mystic Blue at Navy Pier for an afternoon of unparalleled cruising fun on Lake Michigan. The cruise will take place from 1:30 to 5 p.m. For more information, contact Kristin Lynch at (773) 753-9602.

July 21

6 Secrets to Being a Show Stopper

WHEN presents Encore! 6 Secrets to Being a Show Stopper on July 21 at 5:00 p.m. at Scoozi!, 410 W. Huron St., Chicago. Marcie Stern, President of Vocal Consulting, will teach you how to shine every day by leveraging your talents and overcoming the obstacles that keep you from taking center stage. For more information, visit www.whenchicago.com.

July 22

Lace & Pearls Lawn Fête

Notes of classical music wafting through the summer air will create an enchanted background as supporters gather at La Rabida Children's Hospital on Thursday, July 22 for the 6th Annual Lace and Pearls Lawn Fête fundraiser. An evening of outdoor elegance to include dining, dancing and performances sure to delight is set to unfold on La Rabida's scenic lakeside playground from 6 to 9 p.m. For online registration and/or more information about the event, visit www.larabida.org or call Kristin Lynch at (773) 753-9602. Proceeds will benefit the hospital.

July 31

A Midsummer Cirque

The Bolingbrook Hospital Foundation proudly presents "A Midsummer Cirque" at 7 p.m. July 31 at the Promenade Bolingbrook. The event will benefit Adventist Bolingbrook Hospital and will feature aerial artistry, top-class entertainment, and mesmerizing costumes. To purchase a ticket or for more information, call (630) 312-6006 or visit www.bolingbrookhospital-foundation.org.

August 19

Chicago Architecture River Cruise

WHEN will host a Chicago Architecture River Cruise on August 19 at 5:30 p.m. Enjoy Chicago's most popular River Cruise with WHEN! Chicago Architecture Foundation (CAF)-certified expert docents interpret the world-class architecture along the Chicago River. Cruise departs from the dock of the Chicago's First Lady Cruise line. For more information, visit www.whenchicago.com.

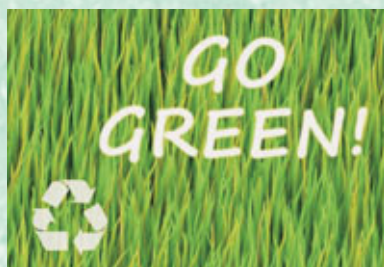
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