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Smoking Cessation: A Report of the Surgeon General

The U.S. Surgeon General, Jerome M. Adams, MD, MPH, released the first Surgeon General Report on cessation since 1990. Explore the new guidance from the nation's doctor including summaries and reference materials for providers and payers, among infographics and a consumer guide.
Link: https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html

Full Report - PDF	2020
Executive Summary - PDF	2020
Consumer Guide - PDF	2020
Factsheet - Key Findings - PDF	2020
Factsheet - Summary for Health Care Professionals	2020
Factsheet - Summary for Payers	2020
Factsheet - E-Cigarette and Adult Cessation	2020
Infographic - By the Numbers - PDF	2020
CDC Resources	2020
Press Release	2020

Upcoming Tobacco Treatment Specialist Training

Rethinking Rural Health: Maternal and Infant Health RFI

Via *cms.gov*
12 February 2020
By Seema Verma, CMS Administrator

Today I had the privilege of speaking at the National Rural Health Association's policy institute. We had a great conversation about rural health, discussing how the unique challenges of rural areas, including geographic isolation and a shrinking healthcare workforce, require unique solutions.

As part of our discussion, we focused on maternal health, an issue that is especially personal to me. Early in my career, I worked on an infant mortality prevention program. Yet decades later we're dealing with the same challenges, and in some cases they've gotten worse. According to the CDC, in 2018, 658 women died in the U.S. due to pregnancy or delivery complications, and the overall maternal mortality rate was 17.4 deaths per 100,000 live births. Around 50,000 women per year experience unexpected outcomes due to pregnancy or delivery complications that have significant consequences. Much of this is preventable.

Since 2010, more than 120 rural hospitals have closed, and others have stopped providing obstetric services, indicating these challenges are increasingly acute in rural communities. The closures also affect the availability of pediatric inpatient services and pediatric specialties, including neonatal intensive care. Those living in rural areas are less likely to access prenatal services during their first trimester than urban and suburban patients, which may contribute to higher rates of complications. Additionally, racial and ethnic minority women in rural areas, including those living in tribal communities, face even greater challenges accessing health care services.

Under the Trump Administration, CMS is making rural health a top priority. We are using new and creative ideas to ensure that individuals who live in rural America have access to high quality, affordable healthcare through. We're working to remove barriers to care – including maternal care – in rural areas and avoiding unintended consequences of program implementation that focus on urban and suburban areas.

The Rethinking Rural Health Initiative is a vital part of our goal to advance the health of Americans living in rural areas, and we've already delivered results our CMS Rural Health Strategy has already delivered results. For example, CMS now pays for virtual check-ins that allow a patient to speak with their clinician by phone or other telecommunication system. This helps the clinician decide whether the patient needs to make a trip to be seen in-person and can help reduce barriers posed by distance or lack of transportation.

We also made changes to the hospital wage index for inpatient and outpatient settings that help address Medicare wage index disparities between high and low wage index hospitals. This change helps hospitals better serve people living in rural areas with improved access to quality, affordable healthcare.

And beginning in 2020, we lowered the minimum required level of physician supervision for hospital outpatient therapeutic services furnished by all hospitals – including Critical Access Hospitals in rural areas – from direct supervision to general supervision. General supervision means that the procedure is furnished under the physician's overall direction and control, but that the physician's presence is not required during the performance of the procedure. This gives rural hospitals, in particular, greater flexibility in their staffing.

As part of the Rural Health Initiative, we also sought to improve access to maternal healthcare for those living in rural communities. In June 2019, CMS and partners hosted an interactive "Conversation on Maternal Healthcare in Rural Communities: Charting a Path to Improved Access, Quality, and Outcomes," which included participation of nearly 1,000 individuals. In addition, CMS released an issue brief to advance the understanding of issues facing mothers in rural communities.

CMS, as the payer for more than 40% of the nation's births, has an essential role in ensuring that mothers and infants in rural America have access to quality care. That's why today we're posting a **Request for Information** seeking public comments on opportunities to improve health care access, quality, and outcomes for women and infants before, during, and after pregnancy in rural communities.

Responses to this RFI will be used to inform future work by CMS toward the development and refinement of programs and policies that allow rural families' access to high quality health care that result in improved health outcomes. We look forward to receiving your responses and to partnering with you as we work to improve the health of Americans – especially mothers and infants – living in rural areas.

What's Happening at Greene County General Hospital

GCGH CEO Brenda Reetz Wins IRHA Leadership Award
https://www.gcdailyworld.com/story/2630137.html

Greene County General Hospital opened a new orthopedics and sports medicine service line and clinic (August 2019), named TeamOrtho
https://www.gcdailyworld.com/story/2636190.html

ON AIR Segment: Vaccinations Can Help Prevent Hepatitis A
https://www.wthitv.com/content/news/Health-Officials-say-vaccination-can-prevent-Hepatitis-A-562561561.html

GCGH, GCSD Partner for Prescription Drug Take-Back Day (10/23/19)
https://www.gcdailyworld.com/story/2643394.html

GCGH Hosted Car Seat Clinic
https://www.gcdailyworld.com/story/2635471.html

Greene County's first Perinatal Navigator, Nikki Page, becomes an Internationally Board Certified Lactation Consultant (IBCLC)

Greene County General Hospital Shows Off New Mobile Hospital
https://www.youtube.com/watch?v=GpCu3HwiI7w&feature=youtu.be

Area Hospitals Place Restrictions on Visitations Due to Influenza
https://www.mywabashvalley.com/news/area-hospitals-place-restrictions-on-visitations-due-to-influenza/

Waylon Dunn is GCGH's First Baby of 2020
https://www.gcdailyworld.com/story/2659481.html

SPECIAL REPORT: The effort to end drug dependency in Indiana babies
https://www.mywabashvalley.com/news/special-report/local-hospitals-join-effort-to-help-families-of-drug-dependent-babies/

Greene County General Hospital Adds Chief of Clinical Quality

To better serve our community and patients, Greene County General Hospital (GCGH) has promoted Jill Raines, MBA, MSN, RN, former Director of Quality, to serve as Chief of Clinical Quality. Jill's role will include providing strategic leadership in a senior executive position, responsible for all clinical functions and quality in the organization.

Jill is a life-long resident of Greene County and graduated from Shakamak High School. Jill began her career at Greene County General Hospital in 2003 where she served as an obstetrical and emergency department nurse and house supervisor. Jill received an Associate of Science in Nursing (ASN) from Vincennes University in 1996. She continued her education at Indiana Wesleyan University obtaining her BSN in 2013, and her MSN and MBA in 2017. Jill is a member of the Indiana Organization for Nursing Leadership and serves as the district's Treasurer. Additionally, she serves on the State Program Committee. Jill is a Board Member at Large for the Indiana Association for Healthcare Quality and has served on the Bethel Youth Camp Board of Directors for the past 10 years.

GCGH is committed to continuously improving our patients' experiences. Not only are we expanding services to provide better care close to home, we are working to improve outcomes by providing a safe and comfortable environment with excellent patient care. The Chief of Clinical Quality supports the development and implementation of quality assurance measurements. Jill will audit and assist in improving clinical management processes by coordinating and engaging in activities. This proactively promotes the implementation of evidence based best practices and resolve deficiencies. This role will also enhance communication across clinical departments.

Adams Health Network Achieves 95% Flu Vaccination Rate for Employees

Adams Health Network employees recently achieved a remarkable flu vaccination rate of 95%, a percentage almost unheard of without making the flu shot mandatory. Dr. Scott Smith, CEO stated, "The underlying key to our flu shot initiative's success was focused, results-driven goals accomplished by a cohesive team with the support of our Managers and Providers. Protecting our patients, co-workers, and their families are at the core of the project."

To put the results of the Adams Health Network campaign in perspective, the CDC (Center for Disease Control) reported that for the 2018/2019 flu season, coverage was approximately 80% for healthcare workers. Not only were Adams Health Network's results significantly higher than the national average, but a marked improvement over previous years for the network (previously the average was 85%).

Liz Fisher, Co-Chair of the project, stated, "Our improvements didn't just happen on their own, as our original goal, based on Dr. Smith's guidance was a 90% vaccination coverage rate without mandating employee participation. Despite the limited timeframe, our team was able to surpass that initial 90% goal and reach the final 95% result by maintaining a clear focus." The network started by forming a multi-disciplinary team that set out to examine and improve workflows used in the past, and then looked at processes from a more global perspective. The team approach proved to be very effective, drawing on the strengths of many individuals and departments, including Dr. Matthew Sutter who was the team's physician champion. In fact, 41 departments across the network reached 100% compliance.

The team focused on convenience by offering convenient times and places to reach all departments and all shifts as well as clever incentives and rewards for receiving the flu shot. Departments with 100% compliance were

recognized with special certificates and ice cream treats, marketing posters and letters were distributed across the network, and contests between departments added an element of fun. The team also focused on the declination process, which developed the slogan, “Easy To Say Yes, Hard To Say No." The goal of the declination process was to guide employees to make the choice to receive the vaccine in order to protect AHN patients and their families. The declination process included stages of talking to the Network's Infection Preventionist, Managers, and Senior Leaders. Conversations centered around patient safety in that healthcare workers are frequently the source of flu in the healthcare setting, and getting vaccinated is an essential step that reduces the likelihood of the healthcare worker contracting the virus or spreading the virus to others.

Above left to right are Janice Muhlenkamp, Infection Preventionist, Dr. Scott Smith, CEO, and Elizabeth Fisher, Manager Employee Health, Corporate Services, and Statcare.

All in all, the program was extremely effective, and Adams Health Network will be ahead of the curve in future years when compliance guidelines may become standards mandated by government agencies. The results helped to change the perception of flu shots at Adams Health Network and most importantly improved the safety and wellness of our community.

Flu Facts

Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at the greatest risk of flu complications. Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse. Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions off illnesses and flu-related visits to the doctor each year.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection. The influenza vaccine does not cause flu.

2020 Critical Access Hospital National Patient Safety Goals

Via *jointcommission.org*

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them. The exact language of the goals can be found here.

Identify Patients Correctly

- Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve Staff Communication

- Get important test results to the right staff person on time.

Use Medicines Safely

- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use Alarms Safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent Infection

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.
- Use the goals to improve hand cleaning. Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Prevent Mistakes in Surgery

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.

The Rural Hospital Closure Crisis: 10 Things to Know

Via *beckershospitalreview.com*
7 February 2020
By Ayla Ellison

10 Things to Know About Rural Hospital Closures:

1) Across the U.S., more than 120 rural hospitals have closed since 2010, according to the Cecil G. Sheps Center for Health Services Research.
2) Thirty-one states have seen at least one rural hospital shut down since 2010, and the closures are heavily clustered in states that have not expanded Medicaid under the ACA.
3) Twenty rural hospitals in Texas have closed since 2010, the most of any state. Tennessee has seen the second-most closures, with 13 rural hospitals shutting down in the past decade.
4) The Sheps Center began tracking rural hospital closures in 2005. Since then, 163 hospitals in rural communities have shut down.
5) The number of closures has steadily increased over the past three years. Rural hospital closures hit a record high in 2019, with 19 shutting down.
6) A variety of issues have put rural hospitals in a fragile position, including low patient volume, heavy reliance on government payers, increased regulatory burden, rising pharmaceutical drug costs and the shift from inpatient to outpatient care, according to a report by the American Hospital Association.
7) Although for-profit hospitals accounted for just 11 percent of rural hospitals in 2013, nearly 40 percent of the hospitals that closed between 2013 and 2017 were for-profit, according to a report by the U.S. Government Accountability Office.
8) Across the U.S., more than 600 rural hospitals are vulnerable to closure, according to an estimate from iVantage Health Analytics, a firm that compiles a hospital strength index based on data about financial stability, patients and quality indicators.
9) Sixty-eight percent of the hospitals vulnerable to closure are critical access hospitals — a designation that requires certain conditions be met, including being located at least 35 miles from another hospital.
10) Patient access to care suffers when a rural hospital shuts down, and consequently, patient outcomes can worsen. A working paper published by the National Bureau of Economic Research found rural hospital closures increased inpatient mortality by 5.9 percent.

Rush Memorial EVS Acquires Cutting Edge "Tru D" Disinfection Device

Rush Memorial Hospital has an excellent track record when it comes to hospital borne infections. In anticipation of the upcoming implementation of more invasive surgeries, however, EVS Director Debbie Showalter spearheaded efforts to acquire a stronger arsenal for combating hospital borne infections. Her efforts culminated in the recent purchase of a UVC light "Tru D" device, now affectionately dubbed "Trudy."

After traditional cleaning is done, Trudy is used to disinfect patient and surgical rooms here at RMH. The device emits UVC light that destroys the DNA, or genetic material, that bacteria, viruses and protozoa need to reproduce. Healthcare UVC devices are used to kill "super bugs", or hospital borne infections can be extremely difficult to treat.

The use of UVC light energy to control potentially harmful micro-organisms is effective, environmentally-friendly and chemical free, which makes it perfect for the hospital environment.

One of the best things about the RMH purchase of Trudy is the fact that this was not done to fix a problem we already have. It was done to prevent having the problem in the first place. This is exactly the type of care our employees and patients deserve.

Rush Memorial Hospital welcomes to our staff, Franciscan Health Oncologist, Dr. Nabin Khanal.

Rush Memorial is pleased to announce the addition of Orthopedic Surgeon, Dr. Jeffrey Ginther, fellowship trained in joint replacement specializing in knee and hip. His specialties include Orthopedic Surgery, Hip & Knee Orthopedics, and Reconstructive Orthopedic Surgery.