Baystate Health, a leading, highly integrated healthcare network with nearly 10,000 medical employees among four facilities in Springfield, Mass., was looking for a better method to manage its internal and external contracts. The contract management system they sought would allow for a speedier internal contract review and approval process, an overall cost-savings in the management of contracts and a way for administrators to be alerted when a contract needed attention.

TractManager Inc.’s MediTract division, the nation’s leader in providing contract management services to hospitals and healthcare-related facilities, was selected by Baystate Health as the solution to its contract management problem.

“We selected the MediTract solution to serve as the central repository for Baystate Health’s contracts because of the intuitive nature of the system and the opportunity it presented to enhance our contract execution and overall contract management process,” said Dennis Chalke, vice president of finance and healthcare operations at Baystate Health. “The system provided an obvious benefit to our contract proponents or responsible parties by sending alerts prior to critical contract dates, but the system provided us with more subtle benefits as well. MediTract is as much an analytical tool as it is a management tool, and that provides us with an opportunity to become more price competitive in the market for equipment and services.”

MediTract simplifies the implementation process for new clients by having its company’s representatives visit the client’s site and transform all of the hospital’s paper documents to a customized, online database. Once Baystate Health’s database was created, there were few, but obvious examples of multiple internal departments using the same vendor, but receiving different pricing.

“Following the scanning of all of the health system’s contracts, a master report revealed that we had greater opportunities for consolidation and renegotiations with existing vendors,” Chalke said. “We had the opportunity to create new master agreements on behalf of the health system and receive more competitive pricing based on the bundling of services.”

MediTract allows users to modify the system to fit the different needs of various end-users and Baystate Health was able to provide its department managers with the opportunity to curtail the duplication of efforts while creating greater transparency. The administrators in each department carefully selected and added custom fields to better track the status, cost and overall impact of their departments’ contracts. “By adding custom fields such as ‘cost center,’ ‘annual contract value’ and ‘total contract value,’ departments can more inclusively identify the financial impact that a contract or acquisition can have on their immediate budget,” Chalke said.

Upon customizing their database, Baystate Health utilized the opportunity to centralize all of its business associate agreements, giving management better oversight of the vendors that are exposed to protected patient healthcare information through various services and agreements. MediTract’s software enables clients to better monitor contract compliance and provided Baystate Health with a tool for highlighting contracts that are compliance sensitive, ensuring that its patients and the health system are well protected.

“We have found countless cost-savings benefits to MediTract and utilize the soft-
Economic Solutions Introduced

With economic stability a continuing challenge, Amerinet, a leading healthcare group purchasing organization, announces Amerinet Economic Solutions, an initiative focused on keeping members proactively engaged with the important issues of the day and offering information, tools and resources that will quickly and efficiently help reduce costs and improve quality in an environment that is changing every day.

“[Amerinet] remains focused on providing maximum value to our members,” said Todd Ebert, Amerinet president and CEO. “This initiative provides members with an ongoing series of communications, highlighting the issues, offering upcoming educational and informational tools from Amerinet and linking them with existing resources and industry experts who can provide support and guidance.”

Amerinet’s Economic Solutions highlight topics including workforce initiatives, the Recovery Audit Contractor (RAC) program, “pay for performance,” challenges of accessing capital and fundraising, containing price increases and physician preference.

The first component of this ongoing initiative featured Healthcare Information Technology Resources. $2 billion was appropriated in the stimulus package for the promotion of health information technology to improve healthcare quality, safety and efficiency.

“Amerinet has been a market leader in working with electronic medical records vendors and is well positioned to help members take advantage of President Obama’s Healthcare Information Technology Stimulus Package,” said Ebert.

Among Amerinet’s IT resources are contracted suppliers who can provide guidance in relation to implementing electronic health records (EHR) and Health Information Exchange (HIE) services to connect disparate systems for information sharing. Amerinet also works with IT consultants who can help members determine whether they may qualify for stimulus funds.

Amerinet also presented a free webinar for members, The EMR Value Assessment™ Preparing for the HIT Stimulus Package by national IT strategist Pam Arlotto

The solutions will focus on supply chain efficiencies, with a free webinar for members, Leveraging the Efficiencies of your Supply Chain in a Tough Economy, by noted expert Vicki Smith Daniels. Amerinet has also

Baystate Health implemented MediTract in stages and, by doing so, provided the different department’s MediTract system administrators with the opportunity to work closely with the MediTract professionals, ensuring complete understanding of the system. This approach allowed the users in each department to be comfortable with the new system and understand how each department’s contracts fit into the overall organization’s contract database and where they may take advantage of corporately negotiated contracts.

“With some departments having hundreds of contracts, the willingness to adopt the system among the staff was impressive,” Chalke said. “Departments were put at ease with the simplicity of the system and MediTract’s professionals walked the staff through the entire process so that, once completed, our staff would be entirely self-sufficient with the MediTract system.”

Baystate Health has also found benefits in utilizing MediTract throughout its different entities for the oversight of direct billing for patient care and service delivery. The health system’s managed care department operates with a single MediTract point of contact, which allows for the centralizing and streamlining of the record maintenance effort.

MediTract, Inc.
MediTract is the leading healthcare contract and document management provider, serving over 20 percent of the nation’s hospitals. MediTract is a division of TractManager Inc., a national Internet-based technology firm specializing in secure, real-time access to customized and centralized contract and document management databases. MediTract was founded by healthcare executives and the company has an in-depth knowledge of how both providers and payers prioritize their physician, operating and supplier contracts and monitor contract compliance. The company’s solutions help healthcare professionals gain control of their contracts and reduce the cost of doing business by providing the tools necessary to improve management’s visibility of contractual obligations, enhance compliance and streamline the new contract and contract renewal workflow processes. TractManager has offices in Saddle Brook, NJ and Chattanooga, TN.

For more information on TractManager and MediTract, please call 877.492.8490 or visit www.meditract.com

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Facts & Features
**A Cavity to Fill** 🦷

**How many unemployed bankers can we train as dentists?**

Bearing bad news during a time when we already are facing a financial crisis along with so many other critical problems probably won’t win any popularity contests, but here goes.

America, in addition to all our other challenges, is running low on dentists. Most people probably know about the nurse shortage, which has been reported in the news for years. The fact that we are in the midst of an emerging physician shortage also is becoming better known. What is less recognized is that we are producing fewer dentists at a time when demand for dental services is increasing. This may not be the most critical issue facing the nation, but it is significant from a healthcare delivery standpoint.

There are about 163,563 general dental practitioners in the U.S. serving a population of over 300 million people -- a ratio of about 1,850 people per dentist. Looked at another way, each of those 300 million people has about 28 teeth (no Arkansas jokes, please). That’s a total of almost eight and a half billion teeth or one dentist per every 51,356 teeth in America, if the math is correct.

This in itself wouldn’t be a bad thing assuming we could maintain the status quo, but several trends suggest we can’t. The first is population growth. According to the U.S. Census Bureau, in the U.S. the population will grow by almost 50 million people between 2000 and 2020, a number roughly equivalent to the population of England. While we add people through new births and immigration, the population will at the same time be aging. The first of over 75 million Baby Boomers will begin turning 65 in 2011.

The great majority of these seniors, unlike older people of generations past, will be in possession of their teeth. Edentulism, or living without teeth, used to be more or less the rule for people in their sunset years. Now it is the exception. The fact that dental care has become more pervasive and effective, allowing people to keep their teeth into old age, is good news – but it does increase the need for dentists.

Coupled with rising demand for dentists is a falling supply of these essential professionals. They are essential because good dental health has been tied to good overall health. As former Surgeon General David Satcher said in a 2000 report on oral health, “Oral health is integral to general health. You cannot be healthy without oral health.” Despite water fluoridation, (which still is not available to one-third of the population) Americans suffer from a high rate of dental problems. Dental caries (tooth decay) is the single most common chronic childhood disease and the majority of adults show signs of periodontal or gingival disease. Given these trends, this would seem like a good time to be training...
Need for Temporary Lab Techs Takes Off

Given all that is going on in the world today, most people probably are not losing sleep over the growing shortage of laboratory technologists.

Well, maybe it’s time to start tossing and turning a little. While clinical laboratory technologists – including medical technologists (MTs) and medical laboratory technicians (MLTs) – are among the least visible of medical professionals, they also are among the most important. MTs, MLTs and other lab personnel play a crucial role in the detection, diagnosis and treatment of disease. Their job is to examine and analyze body fluids and cells, looking for bacteria, parasites and other microorganisms, matching blood for transfusions and looking for abnormal cells in the blood, among other vital tasks.

Just as physicians often must wait for x-rays or other imaging tests before proceeding with treatment, they also must often wait for lab test results. Obtaining these results in a timely manner can be crucial to the patient’s well being. When lab results are delayed or compromised due to a lack of laboratory personnel (or for any other reason) bad things can happen.

That is why it is disturbing that a survey published in the March, 2009 issue of LabMedicine notes that half of all laboratories nationwide struggle to hire laboratory personnel. 63% of clinical laboratories surveyed reported increased competition for MTs and MLTs as an impediment to hiring new personnel, with low compensation another frequently mentioned obstacle. Another reason for the shortage is the relatively low profile of the laboratory technologist profession. A recent survey by a clinical laboratory workforce group showed that 75% of students working to become lab technologists had not even heard of the profession until after high school. It’s hard to keep a profession well stocked when few people even know it exists.

While the shortage is serious today, the future looks even more ominous, as the Department of Health and Human Services reports that by 2012, 138,000 additional lab professionals will be needed but fewer than 50,000 will be trained.

The good news is that even in today’s troubled economy, laboratory technology remains a growth field with plenty of jobs available. A sure sign of this is the emergence of temporary lab technologist recruiting. Just as personnel shortages led to the growth of the temporary (“traveling”) nurse staffing market and the temporary (“locum tenens”) physician staffing market, they also have led to the growth of temporary lab technologist staffing.

Med Travelers, a company affiliated with Merritt Hawkins & Associates, saw orders for temporary lab technologists increase by 33% over the last 12 months. While temporary lab techs are used to fill in for sick, vacationing or otherwise absent members of the permanent staff, the main reason they are used is to maintain services while permanent techs are being sought. In the absence of enough personnel to fill permanent slots, temporary professionals fill the gaps and maintain services.

Due to the increasingly technical nature of medical diagnosis, which in many cases relies on lab test results, hospitals and other medical facilities cannot afford work slowdowns in the lab. Quality of care is the paramount issue, but revenue also is at stake. Without lab results, the treatment process, which may include revenue producing procedures, is delayed or halted.

Like travel nurses, traveling laboratory technologists usually are employed by staffing firms such as Med Travelers and typically work on 13 week assignments. They are paid a per diem rate by the staffing agency, which also pays for travel to and from the assignment, for accommodations and for malpractice insurance. Lab technologists are attracted to temporary work by the competitive incomes they can earn, by the travel and by the novelty of working in a variety of different medical settings. Since laboratory work does not entail direct patient interaction, but does require intense concentration, some lab technologists are subject to job burn-out. Traveling can help address career malaise since traveling lab techs continually encounter new faces, new places and varying methodologies and procedures at each assignment. Traveling tends to be a particularly good option for those technologists who enjoy change and are flexible and adaptable to new situations.

Of course, from the patient’s perspective, who does what in the lab usually is a not a primary concern. Patients simply want their tests back quickly and they want the results to be analyzed accurately. Increasingly, this essential service will be provided by laboratory technologists who are getting their act together and taking it on the road.

For more information contact Lydia Fort, Divisional VP of Territory Sales, 800.788.4815 or 972.983.0267, lydia.fort@medtravelers.com.
Save Primary Care, But Don’t Rob Peter to Pay Paul

A recent front page story in the *New York Times* finally made official what hospitals and the physician recruiters who work for them have known for years: America is running out of primary care physicians.

Why is the well of primary care doctors running dry? Because a growing number of medical school graduates are taking the R.O.A.D. to success—they are selecting Radiology, Ophthalmology, Anesthesiology, Dermatology and other “ologies” over family practice, internal medicine and pediatrics. The income and the lifestyle offered by surgical and diagnostic specialties simply trump anything that primary care affords.

In a recent survey Merritt Hawkins & Associates conducted on behalf of The Physicians Foundation, some 9,000 primary care physicians were asked what they would do if they could start their careers over. 41% said they would choose a surgical or diagnostic specialty, 27% said they would choose not to be a physician and 5% said they would choose a non-clinical role in medicine. Only 27% said they would choose primary care.

That we need to renew interest in primary care among medical students is only made more apparent by current healthcare reform plans, which emphasize prevention, EMR implementation and standardized care. It will take a robust and willing supply of primary care doctors to achieve these measures, as the Obama administration has acknowledged.

It would be a mistake, however, to grow the supply of primary care doctors at the expense of surgical and diagnostic specialists. The medical home and other concepts to enhance the pay and prestige of primary care physicians, will create as many problems as they solve if they are imposed on the backs of medical specialists. Paying primary care doctors more by cutting reimbursement to specialists is not the answer.

The reason is simple. Just as there is a growing shortage of primary care doctors, there is a shortage of specialists in many areas. Fifteen medical specialty organizations have published reports projecting national shortages in their disciplines, including specialties such as gastroenterology, general surgery, cardiology, medical genetics, neurosurgery, dermatology, child psychiatry and various other pediatric subspecialties.

The number of specialists trained in the last two decades has increased only marginally, even though many medical school graduates are choosing specialty medicine over primary care. The overall number of physicians coming out of residency each year has remained virtually flat since the mid 1980s. During that time the population has grown by millions, with the highest growth rate among the elderly who drive the need for specialty care. Demographic trends and the increasing technical sophistication of medicine will accelerate the need for specialist physicians for years to come.

Cutting the income of specialists and limiting their clinical autonomy through standardized treatment protocols will significantly raise the bar of entry into fields where the bar already is set extremely high. Those with the ability to excel through four years of college, four years of medical school and four or more years of training—and who then can go on to perform life saving procedures—should be highly rewarded.

In the effort to promote primary care we should acknowledge that there are no bad guys. We need more primary care doctors. We also need more specialists. Whatever the healthcare system looks like after reform, it should create an environment where both types of physicians can thrive.

For more information contact Harold Livingston, 800.876.0500, harold.livingston@merritthawkins.com.

Arkansas careLearning Users Group Meeting August 5-6

On August 5-6, 2009, the Arkansas Hospital Association and AHA Services, Inc., will host the Arkansas careLearning Users Group Meeting. This meeting is open to hospitals in Arkansas who are using or considering using careLearning in their facilities.

The objective of the meeting is to provide a forum for local users to exchange information about careLearning and share experiences. careLearning seeks to address the needs and concerns of all levels of careLearning users.

In addition to sharing resources among hospitals, a careLearning developer, Laura Register, will also be on-site for the meeting to provide information and gain user feedback.

All hospital careLearning administrators including those responsible for education in their facility are encouraged to take advantage of the wealth of information provided.

If your facility has not implemented careLearning but is considering it as your online education solution, or for a presentation at your facility, please contact Liz Carder, (501) 224-7878 or lcarder@ahaservicesinc.com.
Are You at Risk?

Fiduciary responsibility has been a growing concern among sponsors of qualified retirement plans over the past several years. Government agencies such as the Internal Revenue Service and Department of Labor issue rules and regulations that must be followed in order for plans to operate in a non-discriminatory manner and to ensure that employee’s rights are protected. As a retirement plan sponsor, you need to be aware of your responsibilities relating to the day-to-day administration of your Plan and to understand what steps you can take to comply with the rules and regulations that govern qualified retirement plans.

Common examples of fiduciaries include:

- Plan Trustee – an individual or entity that holds title to assets in trust for the benefit of plan participants and their beneficiaries. A trustee is always a fiduciary.
- Plan Administrator – a person or entity responsible for the day-to-day administration of the plan and generally designated in the plan document. The Plan Administrator should not be confused with a Third Party Administrator (TPA). A TPA is typically not a fiduciary.
- The sponsoring employer
- The employer’s board of directors
- Officers of the employer who are responsible for decisions that affect the plan

Hagan Newkirk Financial Services offers AHA members a free retirement plan audit. Through this process, you will discover any areas of potential exposure and find answers regarding what to do about them. In addition, you will also be able to see how your current plan vendor compares with other vendors in other crucial areas, such as: overall plan cost, mutual fund fees, advisor/education fees and investment diversification.

Take advantage of this important and timely service – free of charge – by contacting Rob Thorpe, ChFC, 501.823.4637, rthorpe@hagan-newkirk.com.

A Cavity to Fill Continued from Page 3

more dentists, but we are doing the opposite. Dental training hit a peak in 1993 when U.S. dental schools produced about 6,000 graduates annually. That number dipped to about 4,000 in 1997. It has since increased somewhat but is flattening out. In fact, dating from the 1980s, the U.S. has closed more dental schools than it has opened. And, as with doctors, certain areas of the country have fewer dentists than others. Rural and inner city areas typically are the ones with the fewest dental practitioners per capita.

One effect of the dental shortage can be seen in recruiting patterns. Staff Care, which is a temporary (i.e., “locum tenens”) physician staffing company affiliated with Merritt Hawkins & Associates, received virtually no requests to place dentists on a temporary basis prior to about 2004. Requests for temporary, locum tenens dentists then began to increase steadily to the point that in 2006 Staff Care opened a separate division dedicated to staffing dentists. The primary reason that dental offices need temporary dentists is to fill in while they seek permanent practitioners. Staff Care’s dental staffing business increased 65 percent per year over year from 2007 to 2008, illustrating the rapidly growing need for dentists.

Most people are not eager to visit the dentist, and these days it seems fewer people want to be dentists. A shortage of nurses, doctors and dentists means that in healthcare staffing, there are still plenty of cavities to fill.

For more information contact Chris Schleiss, VP of National Sales, 800.685.2272 or 972.983.0758, chris.schleiss@staffcare.com.
Looking to Improve Financial Reports? Start by Listening to Patients

Improving patient satisfaction can have a direct impact on your hospital's reputation and financial results.

The rising costs of providing healthcare and the changes in payment systems are having an obvious impact on hospitals' bottom line. The Centers for Medicare & Medicaid Services (CMS), for instance, no longer reimburses the additional costs associated with certain hospital-acquired conditions and is transitioning from the current Reporting of Hospital Quality Data for Annual Payment Update system to a pay-for-performance or value-based purchasing program.

The value of patient surveys has taken center stage with the public reporting of patient satisfaction data. CMS’s emerging value-based purchasing bases reimbursement in part on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)® survey. Portions of payments will begin to be directed to those hospitals that provide the best care and have the highest patient satisfaction.

Healthcare financial leaders are realizing the importance of listening to patients. Greater flexibility in treatment options and new quality and transparency initiatives will place more power in consumers' hands. However, patients need more information than is available in HCAHPS, according to Redge Hanna, director of service performance for Emory Healthcare, Atlanta. “We try to measure everything we do, by looking at what we do and how we do it at the same time. That essence does not always come through in the HCAHPS survey” (Larkin, M., “Quality-Is HCAHPS Enough?" HealthLeaders, March 12, 2008).

In a 2008 national survey of hospital executives, the three major reasons respondents gave for organizations’ focus on patient satisfaction were to improve quality of care (47 percent of respondents), measure loyalty (26 percent) and increase market share (13 percent), (2008 Press Ganey Client Survey). Indeed, there are multiple returns from improving patient satisfaction: enhanced community reputation (and future volumes), increased patient loyalty, reduced malpractice claims, improved efficiency and greater employee and physician satisfaction.

Enhanced Reputation

There is no doubt that increased transparency will increase competition among hospitals and draw the attention of board members. But what differentiates two hospitals is not only their scores on quality measures; it is also their reputations in the community and the loyalty of their patients. These factors influence not only consumer choice but also where physicians send their patients and whether current employees recommend their hospital for employment.

“The one lesson I have learned is that there is no substitute for paying attention.” -Diane Sawyer, ABC television anchor

The fact that hospitals with consistently high levels of patient satisfaction are also consistently among the most fiscally successful is not a coincidence. As the graph below shows, the most profitable hospitals generally have the highest levels of patient satisfaction, while the least profitable hospitals often have the lowest.

In research conducted by Press Ganey, hospitals were divided into four groups (quartiles) based on their profitability. The least profitable hospitals had the lowest patient satisfaction scores (out of 100 points); the most profitable had the highest patient satisfaction. As patient satisfaction increased, average hospital profitability increased.

Reputations are built over time as word of mouth spreads through a community. A major study analyzed patient satisfaction in 1999 and then the subsequent changes in patient volume experienced between 2000 and 2004. The results were stunning. Hospitals with patient satisfaction in the 90th percentile experienced nearly a one-third increase in patient volume-or, on average, an additional 1,382 patients per year. For hospitals with patient satisfaction in the bottom 10th percentile, the average volume loss was 17 percent (Press Ganey, “Increased Patient Satisfaction = Increased Volumes,” 2005).

Increased Patient Loyalty


The traditional measure of patient loyalty is to ask patients how likely they are to recommend the facility to others. However, loyalty metrics

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LISTENING A WINNING QUALITY

The Malcolm Baldrige National Quality Award is the premier recognition of an organization’s achievements in quality and performance. Following are several qualities that healthcare recipients of the Baldrige award have in common:

- They recognize the impact of employee and patient satisfaction on all aspects of the care they provide.
- They incorporate the needs of employees and patients into their mission, vision and values.
- They regularly report patient satisfaction scores and other quality measures to keep the entire organization apprised of its performance.
- They actively seek out the needs, expectations and opinions of employees and patients to improve the quality of care.

Reduced Malpractice Claims

Improving patient satisfaction also can have a direct impact on financial results through a reduction in the number of malpractice claims.

With an average of nearly $4 billion in paid malpractice claims each year and average payments of more than $300,000, the impact of malpractice on the fiscal health of healthcare organizations is clear (Kaiser Family Foundation, “Payments on Medical Malpractice Claims, 2007”). The bottom line is the satisfied patients are less likely to sue. Period. All studies of malpractice claims show the same result. Communication is the key to the vast majority of suits. Anger, not injury, is the trigger for most claims. “...Empathy and good interpersonal skills prevent malpractice claims” (Press, I, Patient Satisfaction: Defining, Measuring, and Improving the Experience of Care, Chicago: Health Administration Press, 2002, p. 21).

Greater Efficiency

Efficiency and productivity are closely linked with patient satisfaction as well. Improving patient satisfaction involves removing bottlenecks that are frustrating to patients as well as staff. Increasing patient flow also can have a drastic impact on functional bed capacity and help manage overcrowding.

Stony Brook University Medical Center, Stony Brook, N.Y., found significant reductions in length of stay and fewer errors with increased patient and employee satisfaction. ED patient satisfaction increased from the bottom percentile to the 80th percentile after implementing a full-capacity protocol whereby patients awaiting admission are transferred to beds in acute care hallways when the ED is at full capacity (“Tackling the Capacity Crisis: Successful Bed Management Strategies,” hfm, March 2006).

Lourdes Hospital in Binghamton, N.Y., experienced a 16 percent increase in ED volume. At the same time, the average number of patients who left before being seen decreased from 3.2 percent of the total volume per month to 0.3 percent and length of stay for less acute patients decreased by an average of 67 percent. In addition to setting increased expectations for customer service and staff accountability, Lourdes Hospital improved processes for tracking patients and instituted training to improve staff interactions with patients (Press Ganey Success Story Finalist).


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becoming not only a competitive advantage but also a business imperative.

However, patient-centered care requires the use of accurate, systematic approaches to measuring and improving patient experiences. To obtain buy-in, healthcare organizations need evidence of real returns. Success can be achieved by learning from other hospitals that have already tackled these challenges—those that set the industry standard for quality and fiscal success.

Potential returns from improving patient satisfaction can be demonstrated with ROI calculators. Program evaluation, the systematic assessment of costs and benefits of implementing improvements, can be used to measure a hospital’s return. Improving the experience of a single patient can affect a hospital’s bottom line and pay for service initiatives many times over.

As hospitals strive to be more accountable to their boards of directors, communities and other stakeholders, measuring ROI will become more important. Hospital leaders, concerned with the short-and long-term viability of their organizations, may not always realize the ROI to be gained from improving customer satisfaction and loyalty. But in today’s healthcare landscape—where dollars are harder to come by and the stakes are higher—healthcare leaders cannot afford not to improve patient satisfaction.

For more information contact Holly Horncastle, 318.349.8812, hhorncastle@pressganey.com.

“"The greatest compliment that was ever paid me was when one asked me what I thought, and attended to my answer.”
-Henry David Thoreau, American philosopher

“"It's a rare person who wants to hear what he doesn’t want to hear.”
-Dick Cavett, American talk show host

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