Where Will You Rank?
Intense competition has resulted in a more pronounced need for providers to differentiate themselves. By actively listening to your patients, you demonstrate your commitment to improving the delivery of care and enhancing the care experience. Retain your current patients and increase word-of-mouth referrals by regularly surveying your patients and implementing improvement initiatives.

Tools for Improvement
- Customized surveys and reports tailored to your agency’s needs.
- Precise analysis reveals your customers’, patients, and their family members’ perceptions and identifies the areas most important for improving satisfaction, performance, and quality.
- Continuous access to your most recent data through eCompass, our award-winning, web-based, analysis tool.
- Solutions Starters™ provide a concise synopsis of the customer’s perceptions, improvement tips, and resource hyperlinks for every standard survey question.

Annual Risk Management Visits
The Risk Management Resources Loss Control staff conducts their annual risk management visits for AHAWCSIT during the months of January and February. These visits include the following activities:
- Review of the claims activity for the prior year/contract loss analysis
- Assist with implementing loss control strategies such as Medcor, Return-to-Work Programs, Drug-Free Workplace Policies, etc.
- Offer their continuing Loss Control Assistance for any In-Service Training
- Update members on any OSHA mandates related to the healthcare industry

To contact your loss control consultant call Risk Management Resources at (501) 664-4173 or (800) 863-5045.
Risk Management Resources—Slip, Trip & Fall Prevention (STF) in Healthcare Workers

A collaborative effort of the National Institute for Occupational Safety and Health, the Finnish Institute of Occupational Health, Liberty Mutual Research Institute for Safety, Johns Hopkins University School of Public Health, BJC Health Care, Corporate Health Services and Washington University School of Medicine states:

Hospitals are diverse work environments with same-level STF incidence rates that are 67% higher than all other U.S. private industry. Falls are the second leading global cause of accidental death after motor vehicle collisions. In developed countries, slips, trips and falls (STFs) on the same level contribute between 20 and 40 percent of disabling workplace injuries. In the United States, STFs on the same level are a leading cause of occupational injury resulting in an annual average of 52 deaths and 220,000 non-fatal injuries. The health services sector is the largest employer in the United States private industry with an estimated 10 million workers. In 2002, more US healthcare workers were injured than workers in construction and mining combined.

SLIPS, TRIPS AND FALLS

SLIPS!! to slide along smoothly resulting in a sudden mishap.

TRIPS!! to catch the foot on something so as to stumble.

FALLS!! to descend freely by the force of gravity.

FOOTWEAR

Use good judgment with regard to footwear while on duty. Be certain footwear is in good condition and appropriate to your job function and outside weather conditions.

OTHER HAZARDS

Prevent a potential injury by cleaning up spills and wet floors. Keep aisles and walkways clear of clutter or obstructions.

Weather conditions may cause walking surfaces to be wet or the ground to be icy.

Watch where you are stepping and use caution on wet floors and ice to avoid slipping.

You take hundreds of steps every day, but how many of those steps do you take seriously? By taking a few minutes to understand how slips, trips and falls happen, you can prevent needless and painful injuries.
• Typical report frequency: 4 per year.
• Three peer groups may be selected at no additional cost.
• Custom questions may be added at no additional cost.
• Unit breakouts available (e.g., therapy/therapists, medical equipment, IV therapy, infusion therapy, mother-baby services).
• Geographic/program units may be separated and reported individually.
• Administered via mail. It is recommended that the patient receive the survey within 3-5 days of service.
• All discharged patients should receive a survey if they have not received one in the last 3 months.
• Depending upon agency volume, sampling is typically used (sampling plan based on unique patients, not patient visits).
• infoEDGE® online data analysis available.
• Access to networking through Press Ganey’s Online Forum, regional workshops and National Client Conference.

Visits Per Month

- 30% less than 1,200
- 20% between 1,200-2,500
- 17% between 2,501-4,500
- 13% between 4,501-9,000
- 8% between 9,001-18,000
- 12% more than 18,000

Agency Type

- 55% freestanding/independent
- 45% hospital or SNF-affiliated/based

Size of Community

- 31% in large cities (over 250,000)
- 18% in suburbs of cities
- 26% in small cities (50,000-250,000)
- 25% in rural areas/small towns (less than 50,000)

Our Commitment

For over 20 years, Press Ganey has been committed to providing insightful information that allows our more than 6,000 client facilities to continuously improve their performance. Their foundation for success is built upon dedication to scientific integrity, relentless responsiveness to their clients’ changing requirements and an overall passion for helping their clients succeed. By pursuing and acting upon input from their clients, Press Ganey is consistently able to develop and deliver the newest innovations. Press Ganey continues to succeed by exchanging knowledge with their clients and facilitating the exchange of knowledge between their clients.

For more information, please contact Patrick Beasley at the Bentonville office of Press Ganey: (800) 457-0169.

If you are interested in more information concerning the advantages and services associated with the AHA Workers’ Compensation Self Insured Fund and Risk Management Resources, please contact Ray Robinson, Risk Management Resources at (501) 614-1139 or ray_robinson@rkfl.com.
What are You Looking For in On-line Education?

Today there are a variety of ways to meet your educational needs. Many are choosing the internet as a convenient way to meet those needs. How do you know which company is right for your facility? Which company will provide not only tracking and reporting capability, but have great technical support?

More than 100,000 hospital employees are taking more than 1 million educational courses through careLearning.com, an online program operated by 42 state hospital associations and supported by the American Hospital Association.

careLearning brings educational solutions and is a cost-effective way for hospitals to gain educational competencies for their employees and to take advantage of administrative monitoring and tracking features that go well beyond a typical Web site course.

What do the careLearning courses have to offer?

- **Customization**: Courses can be customized to meet individual organizational needs. Pre-testing is available for students to test out of taking a course. Customization can occur at the individual student level. Courses speak and have animation. The instructor-led training can be tracked and a roster generated for each class. Administrators can register groups of students for courses/instructor-led courses. The product will allow custom information to be communicated to learners for individual classes and students can register themselves for classes. Courses can be accessed from home and Closed Captioned is available for the hearing impaired. The courses are automatically bookmarked so a student can return to where they left off in an unfinished course. Courses can be set to have other courses as prerequisites so that a specific sequence can be set.

- **Testing**: Built-in assessment tool, the ability to create surveys and evaluations. Both an assessment and a survey can be linked simultaneously to a single course. Test questions can be randomized and pulled from a larger pool of questions. Multiple questions types are used such as, Multiple Choice, T/F, Matching, Fill-in the Blank, Rank Order, Select All that Apply and Essay.

- **Authoring**: The Learner Management System (LMS) provides an authoring tool at no cost. You can produce your own private courses at no cost. The LMS allows HTML documents that are not AICC/SCORM compliant to be loaded as courses. Other products can be used to produce courses like Word, PowerPoint, Flash, etc. careLearning will web-enable the courses you author.

- **Tracking**: The product launches and tracks web delivered learning. The LMS product is AICC and/or SCORM certified. The learner interface can be customized to change color and customized to various levels of the organization such as division and department. “Live Events” can be tracked that are not e-learning based. Professional licenses and certifications can be tracked. Employee ID badges can be scanned for attendance. Data can be stored on your servers rather than on the internet. Employee data can be directly accepted from your current payroll or education tracking system. Data can be returned to the hospital’s existing tracking system. New and terminated employees and those that move departments can be automatically recognized and updated. Subdividing the organization into groups other than departments is allowed.

- **Reporting**: Documentation for regulatory compliance is provided. “Continuing education credits/units” can be assigned to courses. Certificates of completion for courses can be printed. Reports can be generated on all students that have completed a course/curriculum for a given hospital, division or department. Certificates can be customized to reflect professional board verbiage requirements. Reports of all students that have NOT completed a course/curriculum for a given hospital, division or department can be generated. A report of percent of compliance for a given hospital, division or department can be generated. Reports on students who are no longer employed can be generated. Reports can be generated on what test questions were missed the most. Percentage completion can be tracked beyond just 0%-100%. Completion dates and test scores can be manually entered by an instructor. Transcripts of courses no longer in a student’s classroom can be stored. Reports can be generated containing all of the activities for a student (both eLearning and Live Events) on one report. Department managers have the ability to produce their own reports.

- **Curriculums**: Courses can be grouped into curriculums. Curriculums can be automatically assigned based upon Job Classifications and Departments. Curriculums can be modified in mid-cycle.

- **Other Features**: Integrated e-commerce capability. Learners have the ability to purchase courses via secure connection by credit card. The organization may purchase courses using purchase order information. Students are prevented from charging courses to their organization. Technical support is provided free of charge. Product training is offered free of charge.

For more information go to [www.carelearning.com](http://www.carelearning.com) or contact Liz Carder, AHA Services, Inc., at (501) 224-7678 or lcarder@ahaservicesinc.com.
AHA Services, Inc.’s endorsement of AmeriNet allows AHA members to join this nationwide healthcare group purchasing organization without having to pay an access or membership fee. AmeriNet negotiates volume discount contracts with its suppliers and distributors, providing members with very favorable pricing, terms conditions and other benefits. AmeriNet is competitive with all GPO’s, they have more options with dual source vendors. AmeriNet also offers AmeriNet Choice private label items that are more competitive. For further information, please contact Jim Foran at jim.foran@amerinet-gpo.com, 1(800) 426-3027 or Bert Canova at bert.canova@amerinet-gpo.com, 1(800) 999-4610 ext. 1, ext. 22490#. For Central Customer Service call 1(877) 711-5600, between the hours of 6:30 a.m. to 6:00 p.m. CST.
These days, a typical hospital executive must simultaneously deal with difficult operational issues, such as staying on top of constantly changing compliance rules, physician management, supplier consolidation and the instability created by employee turnover. When inefficiencies exist in a hospital’s or healthcare system’s contract management process, happy outcomes are often elusive:

- payments are made to expired agreements;
- excessive late fees are incurred;
- opportunities to renegotiate or terminate service contracts are missed;
- unwanted contracts are automatically renewed;
- equipment lease buyout opportunities are overlooked.

The negative effects often snowball into an avalanche of disasters that can financially cripple a hospital.

Despite these considerable hurdles, assistance is available. MediTract, the leading healthcare contract management service provider, offers a suite of technology products designed to effectively organize contract management processes and administrative services while improving the bottom line for organizations, such as stand-alone hospitals, university, regional and national healthcare systems and payer groups. MediTract’s flagship product, TractManager®, is a complete turnkey process that provides all the labor necessary to scan, build, maintain and update a hospital’s contract files that have been built into a customized and centralized contract document database.

The solution is accessible via a secure online connection, enabling hospitals and health systems to share one source of information across thousands of employees in various departments and sites simultaneously. The extensive levels of user security make database information accessible only to those employees who have permission to view specific contract files. Managers have all the pertinent information readily available so they know precisely which department owns a contract, which manager is responsible for it, what the contract terms are, when critical dates are and more.

TractManager can be installed easily and the return on investment tends to be significant because of MediTract’s single, predictable monthly fee, which covers everything from system implementation through training and ongoing database maintenance and user support. There are no implementation costs, ongoing maintenance or support contracts, no hardware or software deployment and the secure system can be accessed by an unlimited number of registered users.

The overall results for healthcare organizations that use MediTract have traditionally been dramatic:

“The MediTract system has already paid for itself by giving our management staff the ability to better organize our contractual commitments,” said Elizabeth A. Pauchnik, managing director of legal and regulatory affairs for INTEGRIS Health, Inc. “We no longer have to worry about missed opportunities to review and renegotiate contracts because the system keeps us on top of upcoming expiration dates and deadlines.”

In 2007, MediTract continues its tradition of outstanding service to hospitals and healthcare systems by launching several cost-effective products developed to seamlessly integrate with the functionality of TractManager.

MediTract’s Conflict of Interest Disclosure Statement (COIDS) tracking system allows healthcare organizations to streamline workflow and administrative processes while maintaining compliance with the latest industry requirements. The system automates the distribution, submission and management of annual conflict of interest disclosure statements and provides a way to track disclosed conflicts, then reports on the resolution of those conflicts.

MediTract’s Time and Effort Record Management Service (TERMS) automates the distribution and collection of timesheets required by regulatory bodies. TERMS streamlines operational efficiencies, centralizes and secures access to information and provides users with extensive financial benefits, such as automatic flags on unfulfilled requirements and reconciled timesheets with contract specificity.

With a comprehensive suite of solutions that can strengthen hospitals and healthcare systems while streamlining processes, MediTract has positioned itself as the standard-bearer for contract management.

For more information, visit www.meditract.com or call Jeff Steele at (407) 902-8353 for a demonstration.
New Council Calls For Immediate Increase in Physician and Nurse Education

PHILADELPHIA, PA -- The Council on Physician and Nurse Supply concluded its first meeting in Philadelphia affirming that shortages of physicians already exist in certain geographic areas and that nursing shortages are widespread. At current levels of training, these shortages will deepen and there will be too few physicians and nurses to meet the future needs of the nation. The Council called for immediate efforts to expand medical and nursing education.

Members of the Council, which is based at the University of Pennsylvania and is supported by AMN Healthcare, the nation’s largest temporary healthcare staffing company, expressed concern that persistent shortages of nurses and physicians could have a number of adverse consequences, including the following:

- Inadequate access to care, particularly in rural and inner city locations.
- Lack of the necessary capacity for emergency preparedness.
- Decreased ability to accomplish planned expansions of healthcare services, with attendant negative effects on local and national economies.
- Increased dependence on foreign nurses and physicians.

With respect to physician supply, the Council concluded that, at current levels of training and under current conditions of the healthcare system, there would be too few physicians to meet the nation’s future needs. Given the long period required to train physicians, measures should be undertaken immediately to expand medical school capacity and increase the number of graduate medical education (residency) training positions. As is true for nursing education, these initiatives in medical education will require substantial private and public investment.

In considering the nursing shortage, the Council noted that a growing body of research supports the relationship between the level of nursing education and both the quality and safety of patient care. Therefore, in expanding nursing education, the emphasis should be at the baccalaureate (BSN) level. However, nurse education is currently balanced toward associate degree nursing (AND) programs, which receive the bulk of federal funding for nurse education, yet few ADN graduates progress to advanced practice and faculty roles, both of which are needed. The Council urged a national effort to substantially expand BSN training.

While the Council emphasized the need to address the issues of shortages of supply, it also urged continued efforts to change the structure of the healthcare system and noted that the ultimate dimensions of the healthcare workforce would be influenced by the changes that will occur.

Finally, the Council called attention to the fact that nurses and physicians are interdependent and that shortages in either discipline would aggravate shortages in the other. It concluded by calling for dual efforts to expand the infrastructure for nursing and medical education.

ABOUT THE COUNCIL ON PHYSICIAN AND NURSE SUPPLY

The Council on Physician and Nurse Supply is an independent, multidisciplinary group dedicated to studying trends in the demand for physicians and nurses and to propose ways to better align training capacity with the nation’s needs. It is based in the University of Pennsylvania’s Leonard Davis Institute of Health Care Economics. Funding for the Council is provided by AMN Healthcare, the nation’s largest temporary healthcare staffing company in the United States.

Council members include:

- Linda Aiken, Ph.D., RN (Co-Chair), University of Pennsylvania School of Nursing
- Richard “Buz” Cooper, MD (Co-Chair), University of Pennsylvania School of Medicine
- James Bentley, Senior Vice President, American Hospital Association
- David Blumenthal, MD, MPP, Director, Institute of Health Policy, Massachusetts General Hospital
- Peter Budetti, MD, Chair, Department of Health Administration and Policy, University of Oklahoma
- Joyce Cliford, Ph.D., RN, President and CEO, The Institute for Nursing Healthcare Leadership
- Robert Graham, MD, Professor of Family Medicine, University of Cincinnati
- John Iglehart, MD, Founding Editor, Health Affairs
- William Jesse, MD, President and CEO, Medical Group Management Association
- Michael Johns, MD, Executive Vice President for Health Affairs, Emory University
- Kathleen Long, Ph.D., RN, Dean, College of Nursing, University of Florida, Gainesville
- Mark Kelly, MD, CEO, Henry Ford Medical Group
- Barbara Ross-Lee, DO, Dean, New York College of Osteopathic Medicine
- Maria Salmon, Sc.D., RN, Dean, Emory University School of Nursing
- George Sheldon, MD, Professor of Surgery, University of North Carolina, Chapel Hill
- Ralph Synderman, MD, Chancellor Emeritus, Duke University
- Michael Whitcomb, MD, Editor in Chief, Academic Medicine

Supporting Members are:

- Susan Nowakowski, President and CEO of AMN Healthcare
- James Merritt, President of The MHA Group

ABOUT AMN HEALTHCARE

AMN Healthcare is the largest temporary healthcare staffing company in the United States. The company is the largest nationwide provider of travel nurse staffing services, locum tenens (temporary physician staffing) and physician permanent placement services and also a leading nationwide provider of allied healthcare professionals. AMN Healthcare recruits healthcare professionals both nationally and internationally and places them on variable lengths of assignments and in permanent positions at acute-care hospitals, physician practice groups and other healthcare facilities throughout the United States.

For more information contact Louann Groening, AMN Healthcare, at (469) 417-7544.
AHA Services, Inc. Endorsed Companies


Amerinet - Group purchasing organization. www.amerinet-gpo.com. Bert Canova, voice mail (800) 999-4610 x 1 x 22490 #.


Arkansas Hospital Investment Pool (AHIP) - Ultra-short term & short term fixed income investment services. Dan Kemp, (501) 748-3003.


