

Healthcare Council Report

Volume 26, Issue 2

Spring, 2019

HEALTHCARE COUNCIL OF THE NATIONAL CAPITAL AREA
QUARTERLY REPORT

HCNCA

Kaiser Permanente Committing \$2 Million to Research Gun-Injury Prevention



Kaiser Permanente, the nation's largest integrated health system, is investing \$2 million in research to prevent gun injuries and death.

This initial research funding demonstrates Kaiser Permanente's commitment to the health of the communities it serves by addressing preventable gun-related injuries and death, whether by suicide, homicide or accident. As part of this effort, Kaiser Permanente has launched the Kaiser Permanente Task Force on Firearm Injury Prevention.

"Going forward, we will study interventions to prevent gun injuries the same way we study cancer, heart disease and other leading causes of preventable death in America," says Bechara Choucair, MD, Kaiser Permanente's chief community health officer and task force co-lead. "The best-in-class preventive and specialized care Kaiser Permanente provides is accomplished, in part, by using rigorous research, without bias, to determine which strategies are effective."

With a long history of investigating issues of importance to health systems and the nation, Kaiser Permanente is bringing the same expertise and rich data sources to gun-injury research. This clinician-guided research will identify evidence-based tools to guide clinical and community prevention efforts.

In 2016, firearm-related injuries claimed over 30,000 lives in America. Kaiser Permanente physicians and nurses treated more than 11,000 victims of gunshot wounds in 2016 and 2017.

"Our doctors and nurses, along with our safety net partners in the community, are on the front lines, every day, saving the lives of gunshot victims," says David Grossman, MD, MPH, a nationally recognized leader in gun injury prevention research, Washington Permanente Medical Group and task force co-lead. "Oftentimes, families and communities are left shattered. Our mission, to improve the health of Kaiser Permanente members and the communities we serve, requires us to take preventive action."

Kaiser Permanente will collaborate with key stakeholders to share findings and disseminate best practices through various channels such as webinars, white papers and peer reviewed publications.

"We will share our insights and provide practical, real-world guidance in clinical and community settings," notes Elizabeth McGlynn, PhD, vice president for Kaiser Permanente Research, who will lead development of the research initiative with Dr. Grossman. "We plan to make our research results publicly available and hope to serve as a model for addressing and effectively disseminating research findings in communities nationwide. We encourage other private-sector and philanthropic organizations to join us in funding this much needed public health research." (continued on page 7)

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2019

HEALTHCARE COUNCIL OF THE NATIONAL CAPITAL AREA

CENTERPARK II - FIRST FLOOR 4061 POWDER MILL RD, STE 100 CALVERTON, MD 20705 PH: 301-731-4700

HCNCA Sponsors First Patient Experience Divisional Meeting



Chris Howard, Takiya Reavis-Benjamin, Amber Fuller, Jamie White, Tomehka Effinoffe, Audrey Jones and Lisa Jibril

Seven Patient Experience & Quality leaders met March 29 to form a Patient Experience group. This was the first of four meetings planned in 2019. Chair person, Takiya Reavis-Benjamin and Director of Office of Patient Experience at Mary Washington Healthcare led the discussion. With the need for a new approach to customer service in healthcare, the formation of this group is more important than ever. Sharing best practices and reviewing how patients are being treated with a positive, friendly attitude involves trying to resolve their queries in an efficient manner. Good communications, responding in a timely manner, tailoring services to patients, rectifying mistakes quickly, going above and beyond expectations, and making sure patients and their families are happy, are just a few characteristics required for a positive patient experience. Topics for future meetings, timing of meetings, location for meetings and potential host for meetings were discussed. The group is creating an email list of patient experience leaders to receive notices about future meetings.

Michael B. Barch Receives the Matthew F. McNulty, Jr Award



The Healthcare Council was pleased to honor Michael Barch at the Annual Awards Luncheon March 7, 2019. The Matthew F. McNulty, Jr. Award is given in recognition of significant and memorable contributions to the health care field. Mr. Barch has brought incredible depth and insight into the healthcare industry, hospital operations and HMO systems. His leadership is exactly the kind of know-how that has positioned the Healthcare Council and National Capital Area

Shared Services to continue serving the strategic and business advantages to help healthcare providers in the region. On December 31, 2018, Michael handed over the gavel after chairing the HCNCA Board for 15 years but continues his involvement as Chair Emeritus. Michael is an exceptional leader who has devoted his life to innovation in healthcare and whose accomplishments are impressive and most deserving of this highest award offered by the Healthcare Council.

DIVISIONAL MEETINGS:

Behavioral Health Divisional Meeting

CONTACT: Bevin Merles, Behavioral Health Division Chair, 410-402-7384, BMerles@Maryland.gov

Facilities & Engineering Divisional Meeting

CONTACT: Mark Mininberg, Facility & Engineering Interim Division Chair, 203-668-3522, mark@hospitalenergy.com

HR Divisional Meeting:

CONTACT: Queenie Plater, HR Division Chair, 202-537-4753, qplater2@jhmi.edu

IT Divisional Meeting:

CONTACT: Kevin Dawson, IT Division Chair, 202.865.2764, kedawson@huhosp.org

Patient Experience Divisional Meeting

CONTACT: Takiya Reavis-Benjamin, Patient Experience Chair, 540-741-2705, takiya.reavis-benjamin@mwhc.com

Pharmacy Divisional Meeting

CONTACT: Melanie Massiah-White, Pharmacy Division Chair, 703-205-2140, melanie.massiah-white@inova.org

Physician Management Divisional Meeting

CONTACT: Darmita Wilson, Physician Management Division Chair, 202-854-4095, darmita.wilson@provhosp.org

Population Health Divisional Meeting

CONTACT: Marta Pérez, Population Health Division Chair, 301-315-3515, MPerez@adventisthealthcare.com

Quality Divisional Meeting (DCAHQ)

CONTACT: Dardire Coleman, DCAHQ (DC Association of Healthcare Quality), President, 240-375-9940, nakuone@aol.com

Rehab Divisional Meeting

CONTACT: Gerilynn Connors, Rehab Division Chair, 703-776-3070, gerilynn.connors@inova.org

Supply Chain Divisional Meeting (MASHMM)

CONTACT: Kenyetta Keys, President, 202-877-2745, kenyetta.c.keys@medstar.net

Volunteer Divisional Meeting

CONTACT: Roxanne Holston, Volunteer Services Division Chair, 202-316-5604, tweetroxie@hotmail.com

Young Health Care Professionals Divisional Meeting

CONTACT: John McNally, Young Healthcare Professionals Division Chair, 610-212-0902, jmcnall9@jhmi.edu

Divisional Meetings are held quarterly. Please contact the chair person for more information about the 2019 schedule.

CURRENT EVENTS & AREA NEWS

☀️ **Neil Meltzer, CEO, LifeBridge Health:** Baltimore, Maryland-based LifeBridge Health (LifeBridge) recently announced it will be acquiring the Bon Secours Mercy Health-owned Bon Secours Baltimore Hospital. Community meetings are planned in the near future to share the more specific details about the transaction. According to statements from LifeBridge CEO Neil Meltzer, LifeBridge plans to secure and bolster Bon Secours' current foundation of services, but also wants to bring new resources to address needs related to areas such as employment and addiction disorder. Bon Secours Community Works—a non-profit organization that works to enrich west Baltimore communities with services that contribute to the long-term economic and social viability of neighborhoods—will also remain active after the acquisition. LifeBridge Health is a regional health care organization based in northwest Baltimore city and Baltimore county, Maryland. Bon Secours Health System, Inc. owns, manages, and joint ventures acute-care hospitals, a psychiatric hospital, nursing care facilities, assisted living facilities, and home care and hospice services. LifeBridge Health CEO Neil Meltzer said the health system's acquisition of Bon Secours Baltimore is expected to close Aug. 1.



☀️ **Brian White, Executive Vice President, LifeBridge Health, Joining Bon Secours as CEO East Coast Hospitals:** Brian M. White served as trustee of HCNCA/NCASS since January 2017 and has been with LifeBridge since 2007. As executive vice president of LifeBridge Health with oversight over Northwest Hospital and Sinai Hospital, the system's flagship hospital, and executive leadership and many of the system's divisions, he brought a unique perspective to the board. Recently accepting the position as CEO for Bon Secours' 12 east coast hospitals, Brian found it necessary to resign his board position. We are disappointed that he will no longer be involved with HCNCA but understand the demands of his travel from New York to Florida. He officially begins with Bon Secours April 1, 2019.



☀️ **HCNCA Allied Health Member, HealthCare Access Maryland Hosts a Howard County Industry Breakfast:** On Thursday, April 11th, HealthCare Access Maryland (HCAM) hosted a Howard County Industry Breakfast at the NonProfit Collaborative of Howard County. Sponsored by M&T Bank, the event was attended by 60 Howard County leaders and key stakeholders, and allowed for HealthCare Access Maryland to share the impact of their work in Howard County while also highlighting their work in key programmatic areas in other counties. The program was kicked off by Board Secretary, Chris Maynard from the Maryland Food Bank, where he shared a few opening remarks about his involvement with HCAM. Traci Kodeck, CEO, followed shortly after sharing important aspects of HCAM's programming and the critical work that HCAM does. The program closed out with keynote speaker, Kimberly Prescott from Prescott HR Consulting. Kimberly, who is an avid supporter of HCAM and its mission, shared about her history with the organization and how giving back to HCAM can ultimately help other organizations in the room succeed. Traci Kodeck reflected on the event and said, "HCAM was excited to be at the table to learn more about the gaps and services needed in this region. We learned so much from our initial Industry Breakfast with Howard County and look forward to more conversations on ways to promote healthier living and connecting residents with complex health and social needs to services."



☀️ **Carolyn Simonsen Serving as President & Interim Chief Executive Officer, Meritus Health** Carolyn Simonsen, president and interim chief executive officer is a nurse attorney with more than 30 years of health care experience in law, quality improvement, case and risk management, cardiac rehabilitation and critical care nursing. She was previously vice president of quality and care management at Holy Cross Hospital in Silver Spring, Md., and also served in the Navy Nurse Corps. She is a member of the Maryland State Bar Association, Health Care Compliance Association and the American Health Lawyers Association.



☀️ **Gary D. Hibbs, M.S.W., J.D., Vice President, Erickson Living, Executive Director, Riderwood Village, and Certified Coach and Speaker of the John Maxwell Team:** Join me in welcoming a new trustee of the HCNCA/NCASS board representing the senior living industry. Mr. Hibbs has been with Erickson Living since 1995. He's responsible for the daily operations at Riderwood, the 120-acre community, whose 2,600 residents are served by 1,400 employees. At Erickson Living, Hibbs has also been a Regional Executive Director and Executive Director of Communities in Michigan and New Jersey. Previously, he served as administrator of Wellington Manor, a long-term care facility in Clinton. Hibbs has worked with older adults in both local and national arenas, having served with the Area Agency on Aging in Montgomery and Prince George's Counties and the Senior Citizens Law Project. He also worked with Congressman Claude Pepper as a staff member for the House Aging Committee's Subcommittee on Health and Long-Term Care. Hibbs, who holds M.S.W. and J.D. degrees from the University of Maryland at Baltimore, has been a certified L.G.S.W. and a member of the Maryland Bar. He received his nursing home administrator's license while with Global Health Management and has been licensed in the states of Maryland and Michigan. Currently, he is an adjunct professor for the Erickson School of Aging at the University of Maryland Baltimore County in Catonsville with a focus on management and policy within the Master's program.



CURRENT EVENTS & AREA NEWS. CONTINUED

☀️ **Donna Carris, Chief Executive Officer for UnitedHealthcare Community Plan Maryland, Columbia, MD:** On March 20, 2019 the HCNCA/NCASS boards named Donna Carris as Vice Chair of the board, to fill the vacancy created by Brian White's departure. Donna will serve with Dean Teague, board chair throughout 2019 and 2020, assuming the chair role, January 1, 2021. Mrs. Carris has been in her current position as CEO of UnitedHealthcare since 2016 and on the HCNCA board since January 2017. Prior to her current position with UnitedHealthcare, she served as COO, Community & State in New England. And before joining UnitedHealthcare she was CEO of Health Right, Inc. from 2008 to 2011. "We are pleased to have someone with the background and experience that Mrs. Carris brings," said Dean Teague. Jack Lewin, Vice President at M & T Bank and chair of the Nominating & Governance Committee said, "This is the first woman officer for the Council and demonstrates the board's commitment to an organizational culture that values and encourages diversity."



☀️ **Steve Hayward Joins National Capital Area Shared Services Team:** We are pleased to introduce Steve Hayward as the most recent addition to our team of leaders at the Healthcare Council and National Capital Area Shared Services. Steve joins the organization as no stranger to many leaders in the mid-Atlantic area, having served 17 years as Vice President Commercial Services for Owens & Minor. Prior to Owens & Minor he was with Abbott for eleven years. David Krajewski, EVP, LifeBridge Health/CFO and President, LifeBridge Health Partners says this, "Steve is that rare leader who effectively creates corporate vision and then assembles all the parts to bring the vision to fruition. Those parts are people, program and strategies. Note how he always starts with the "people" part of the solution - he has a deft touch finding and developing elite talent. I don't think that's a gift that can be taught; that's an innate discernment about people few leaders possess." Join the Council in welcoming Steve to the team.



☀️ **Bouharoun Joins HCNCA's Strategic Planning Committee:** Carin Bouharoun, an experienced business development specialist and strategic thinker joins the Council's strategic planning committee. Carin Bouharoun is Director, Business Development for Johns Hopkins Medicine and is responsible for developing and managing opportunities and partnerships that align strategic needs and initiatives of the healthcare system that include cross-functional teams in a matrix environment. Her specialties are Business Development, Affiliation and Strategic Relationship Management, Strategic and Ambulatory Planning, and Physician Alignment. Prior to joining Johns Hopkins Medicine in 2011, she was with Suburban Hospital from 2007-2011 as Corporate Director, Strategy and Business Development. Her previous positions were with Inova Health System, 1997-2007 and CHI Systems in Philadelphia, PA from 1996 - 1997.



☀️ **Dawn LaForce O'Neill One of 32 Population Health Officers to Know:** Dawn LaForce O'Neill, Vice President, Population Health, Saint Agnes Healthcare, was named in Becker's Hospital Review list of 32 chief population health officers to know for 2019 from hospitals and health systems across the country. The recognition features population health officers who lead initiatives for their organizations focused on improving the health and wellness in their communities. Many of these efforts have served as models for other organizations nationwide, effectively working with at-risk populations to reduce preventable disease, manage chronic illness and overcome negative social determinants of healthcare. O'Neill leads Saint Agnes Healthcare's Health Institute, which focuses on innovative care delivery for vulnerable patients, expanding access to behavioral health services and community engagement. By integrating chronic disease and community programs with new initiatives and innovative health models, O'Neill seeks to positively impact the health of the community, reduce health disparities and bring down healthcare costs.



☀️ **Baldwin Named Vice President of Nursing/Chief Nursing Officer at Howard County General Hospital:** Howard County General Hospital: A Member of Johns Hopkins Medicine announces the appointment of Jennifer C. Baldwin, MPA, RN, as vice president of Nursing/chief nursing officer, effective May 13, 2019. As such, Baldwin will be responsible for inpatient nursing units as well as Emergency Services, Women's and Children's Services, Case Management, Utilization Review, Social Work and Clinical Education. Baldwin most recently served as the senior vice president of Patient-Centered Medical Home and Care Management at CareFirst, Inc. Prior to that, she was the area administrator for the Kaiser Foundation Health Plan of the Mid-Atlantic States. A nurse for more than 35 years, Baldwin has spent 17 of those in executive roles in hospitals in the Trinity Health and Inova Health Systems. After receiving her bachelor's degree in nursing from Villanova University, she completed her master's degree in public administration from George Washington University. Baldwin is an adjunct assistant professor at the University of Maryland School of Nursing.



CURRENT EVENTS & AREA NEWS, CONTINUED



☀ Inova Announces Dedication, Grand Opening of State-of-the-Art Inova Schar Cancer Institute: This spring, Inova Health System will celebrate its position at the forefront of cancer diagnosis and treatment with the opening of the new flagship location of the Inova Schar Cancer Institute in Fairfax, the first facility in Northern Virginia and the broader D.C. region to offer complete, patient-centric cancer care under one roof. Inova will open to patients on May 13. The new facility, a department of Inova Fairfax Hospital, serves as a hub for Inova's clinical, research and technological expertise and also serves Inova's existing locations for cancer treatment across

Northern Virginia. The new building will occupy over 438,000 square feet on the Inova Center for Personalized Health medical innovation campus. The facility was made possible through a \$50 million gift from developer and philanthropist Dwight Schar and his wife Martha. "Inova Schar is a leader in the national movement to personalize lifesaving therapies for people with cancer and to provide integrated, multidisciplinary care," says John Deeken, MD, Acting President, Inova Schar Cancer Institute. "Every aspect of the new Inova Schar facility has been designed with the patient experience in mind, starting with leading doctors and researchers who deliver the highest standard of compassionate and collaborative cancer care, using integrated therapies like oncology diet planning and mindfulness training. Our vision is to treat cancer with the best science and the best heart."

☀ Johnson & Johnson Innovation and Children's National Health System to Launch JLABS @ Washington, DC at the new Children's National Research and Innovation Campus in 2020: Johnson & Johnson Innovation LLC and Children's National Health System (Children's National) in early April announced a collaboration to launch JLABS @ Washington, DC, a 32,000-square foot facility to be located at the new Children's National Research and Innovation Campus in Washington, D.C. This Children's National expansion is set on a nearly 12-acre portion of the former Walter Reed Army Medical Center campus in the nation's capital. The co-location of the Research and Innovation Campus with key partners in the areas of public health research, innovation and incubator space is critical to accelerating the translation of potential breakthrough discoveries into new treatments and technologies. The JLABS @ Washington, DC site will be open to pharmaceutical, medical device, consumer and health technology companies that are aiming to advance the development of new drugs, medical devices, precision diagnostics and health technologies, including applications in pediatrics.



☀ Psychiatric Institute of Washington Recognized by UPO: PIW was recently recognized at the United Planning Organization (UPO) Annual Appreciation Celebration for their 2019 Partnership, commitment to serving underserved communities, and support of UPO's mission of "Uniting People with Opportunities." Since 1962, the United Planning Organization (UPO) has focused on changing lives – supporting and inspiring Washington, DC's low-income residents on their journey to self-sufficiency and success. They currently offer more than 30 programs and services in such areas as early childhood education, youth development, job training and placement, health and wellness, housing, and volunteering.

☀ Projected 40,000-Square-foot Valley Health Medical Center to be Built by Early 2020 in Spring Mills: It's more than a building. It's 40,000 square feet of the latest health-care technology. Valley Health System and East Mountain Health Physicians plan on a two-story medical building at Spring Mills on the north end of Martinsburg. The six-acre site at the intersection of Route 11 and Campus Drive, just off the Spring Mills exit of I-81, offers a visible, convenient location for Valley Health outpatient services to help meet the primary and specialty care needs of this rapidly developing area. The first floor of the Spring Mills building will include urgent care and occupational health services, medical imaging (including women's imaging), and family medicine. The second floor will be office space and exam rooms for Winchester-based physician specialists in cardiology, surgical oncology, and more. The Spring Mills building is projected to open in early 2020.



☀ Shady Grove Pioneers Use of Robotic Guidance System for Spine Surgeries in Maryland - Technology Allows Surgeons Greater Precision Before and During Operations: Adventist HealthCare Shady Grove Medical Center is one of the first hospitals in Maryland to perform spine surgery using the Mazor X™ Robotic Guidance Platform. The tool brings surgeons new capabilities when treating patients with debilitating spine conditions. The platform gives surgeons planning tools, analytics and guidance during surgery, allowing greater precision when treating scoliosis, degenerative disc disease, herniated disc, hunchback and many other spine conditions. Neurosurgeon Dr. Amin Amini performed Shady Grove's first operation using the platform in February. Shady Grove is one of the only hospitals in the Washington, D.C., region with the system. Mazor X™ technology integrates and streamlines three complex processes. It allows for: image-based 3D planning of spine surgery; intra-operative guidance using precision mechanics; and verification of therapy placements during surgery using a camera.

THE BOARD CORNER:



GENERATIVE GOVERNANCE

“Generative governance” is a term used to describe a board that challenges itself, and the organization, to think outside the box and to explore topics in new and different ways. It is typically used by more established boards that have achieved a degree of competence in their fiduciary and strategic work. Peter Dean, Ph.D., founder and president of the leadership development firm, Leaders by Design in his blog writes: “Generative thinking involves inventive ways to produce ideas from board directors. The board uses these ideas in its leadership role of deciding what to decide. Generative thinking tackles habits of thinking that hold us back from making good strategic decisions.

There are three nonjudgmental ways of creative thinking that allow directors to produce good ideas and explore subsequent decisions. They are:

- Generate a large quantity of ideas to solve a single problem without judgment of the ideas until all the ideas have been posted.
- Generate a variety of ideas outside of logical, already established approaches.
- Generate focused and detailed improvement of one idea or solution.

Only with all three areas of governance responsibility—fiduciary, strategic and generative—can boards care for the organization, its employees, customers and investors. Generating ideas in the three ways just described enhances the functioning of the fiduciary and strategic components of the board for true shared governance.” (Dean, Peter. “Generative Thinking to Improve Governance.” *Wharton Magazine*, February 26, 2015)

Interested in Joining the Healthcare Council?

Healthcare Council continues to develop its All-Inclusive, Broad-Based Association of Members to accurately reflect the providers of care doing business in its service area encompassing Maryland, the District of Columbia and Virginia. It is committed to creating and providing opportunities for new members and associates while keeping member dues low. It serves its members with detailed communications and professional contacts, partnerships, timely educational programs, surveys, collaborative efforts, and strategic alliances.

To learn more about joining the Healthcare Council and/or participating in our Shared Services, please contact Cheryl Thomas at 301-731-4700 or visit us at:

<http://www.healthcare-council.org/membership.html>.

SHARED SERVICES About National Capital Area Shared Services

YANKEE ALLIANCE

PREMIER

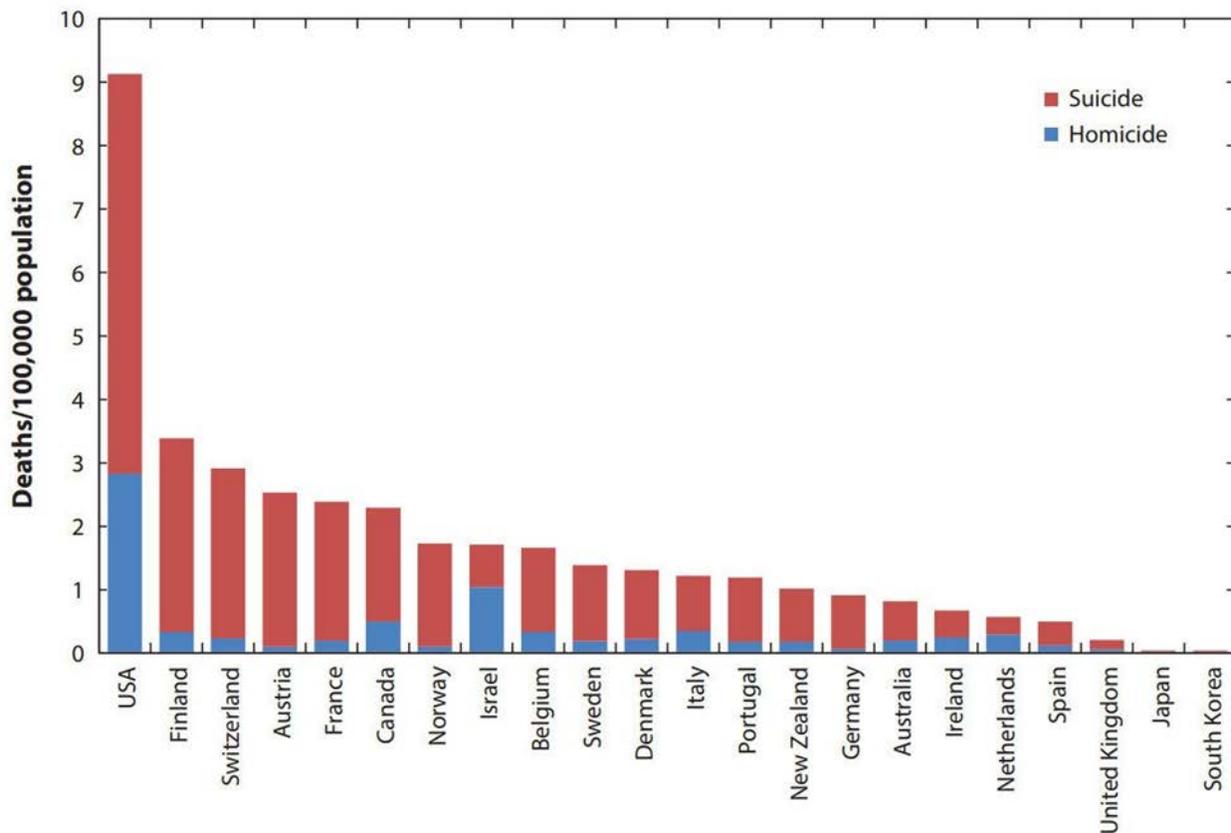
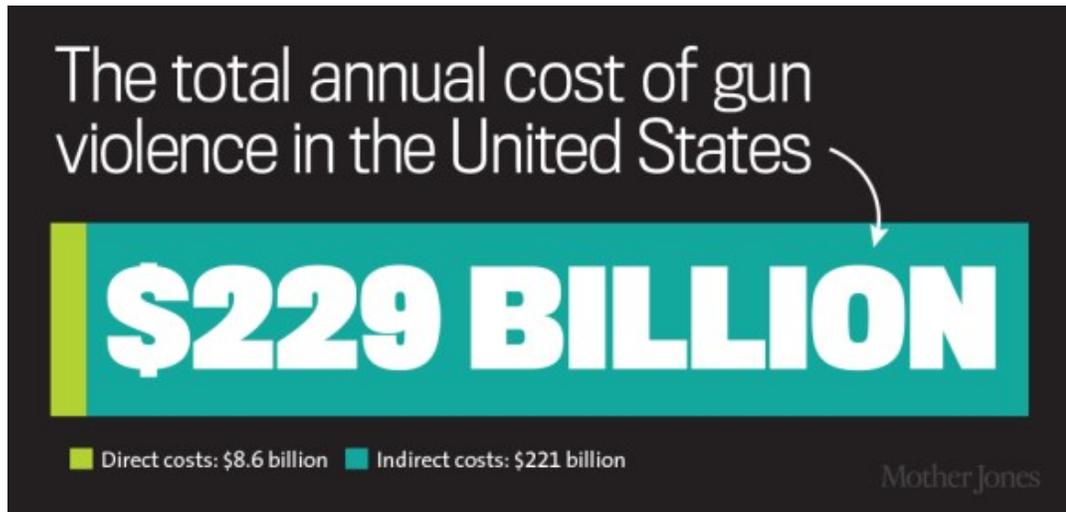
National Capital Area Shared Services (NCASS) is a regional GPO, a wholly-owned subsidiary of the Healthcare Council of the National Capital Area (a non-profit association of providers in Maryland, Virginia and the District of Columbia). It has documented hundreds of millions in savings and cost containment since 1972. NCASS joined the Premier healthcare alliance as a group affiliate in 2008 and signed with Yankee Alliance as a collaborative member in 2013.

Did You Know?

- Health risks of air pollution include asthma attacks, stroke, lung cancer, & early death
- The number of Americans living in counties with unhealthy air increased to more than 141 million - 7.2 million more Americans than in last year's report
- Ozone and particle pollution are the most widespread pollutants—and among the most dangerous
- More than 4 in 10 Americans live in counties with unhealthy levels of air pollution. Visit lung.org/SOTA to see where your county stands

Kaiser Permanente Committing \$2 Million to Research Gun-Injury Prevention, Continued

According to Giffords Law Center researchers conservatively estimate that gun violence costs the American economy at least \$229 billion every year, including \$8.6 billion in direct expenses such as for emergency and medical care. Gun violence costs more than \$700 per American every year, more than the total economic cost of obesity and almost as much as the annual price tag for the entire Medicaid program.



Mortality rates for firearm suicide and homicide for selected members of the Organization for Economic Co-operation and Development. Data available at the GunPolicy.org website, <http://www.gunpolicy.org>

RAISING THE SALE AGE WILL HELP KEEP TOBACCO OUT OF HIGH SCHOOLS

As of April 18, 2019, twelve states – Arkansas, California, Delaware, Illinois, New Jersey, Massachusetts, Oregon, Hawaii, Maine, Utah, Washington and Virginia– have raised the tobacco sale age to 21, along with at least 450 localities, including New York City, Chicago, San Antonio, Boston, Cleveland, Minneapolis, both Kansas Cities and Washington, DC. Some of the localities are in states that subsequently enacted statewide laws. The strength of state and local laws, such as their enforcement and penalties, varies substantially.

States

Hawaii (effective 1/1/16)
 California (effective 6/9/16)
 New Jersey (effective 11/1/17)
 Oregon (effective 1/1/18)
 Maine (effective 7/1/18)
 Massachusetts (effective 12/31/18)
 Arkansas (effective 5/1/19)
 Illinois (effective 7/1/19)
 Virginia (effective 7/1/19)
 Delaware (effective 7/16/19)
 Washington (effective 1/1/20)
 Utah (effective 7/1/21)



Research shows that kids often turn to older friends and classmates as sources of cigarettes. Increasing the tobacco age to 21 would reduce the likelihood that a high school student will be able to legally purchase tobacco products for other students and underage friends.

About 350 kids under the age of 18 become regular smokers each day – one in three will eventually die as result. We should do everything we can to prevent young people from smoking and save lives. Increasing the tobacco age to 21 will help achieve these goals.

Did You Know?

In 2018, there were 11,869 Medicare certified home health agencies throughout the United States.

Did You Know?

Hospital mergers and acquisitions in 2018 were fewer but larger. In all, hospitals announced a total of 90 transactions in 2018, down from 115 in 2017, according to a report from Kaufman Hall. The firm began monitoring hospital M&A in 2000. About 20% of the acquisition deals were considered distressed transactions.

Did You Know?

In the United States, the majority of nursing homes are certified by both Medicare and Medicaid, while a decreasing number are certified by only one or the other. In 2014, there were approximately 15,640 nursing homes in the United States, almost 11,000 of which were for profit.



Discharge Delays Creating Rush Hour in the ED? Put Patient Progression in the Express Lane

We all recognize the challenges caused by discharge delays and the cumulative effect they have across our organizations. The good news is that on-time discharges are within reach. With the right length of stay goals, real-time progression updates, and the right communication tools, we can address and even prevent discharge delays. Care Logistics Care Progression consultant Bob Gleason-Moore, RN offers 3 Keys to Driving On-Time Discharges.

1. Have a Real Goal - The first key is to have a length of stay goal for every patient. This goal isn't just a number plugged into a field in your EHR. It must be a goal with care team and physician buy-in. It must take patient condition and co-morbidities into account, and it must be consistently communicated across the care team. Without communication, care teams don't know the goal. We all may be working toward a different one. Without the same goal in mind, we may be working at odds with one another and perhaps even interfering with patient progression itself. That's not good for us or our patients!
2. Establish Real-Time Progression Updates - Next, establish real-time patient progression updates. Key care team members must be part of the discussion for every patient every shift. Has the patient's condition changed? Is the length of stay goal still valid? What is holding up the patient's progress toward his or her length of stay goal? How do we get the patient back on track? The patient's care team must be kept up-to-date with the current answers to these and other questions. That sounds great, but we know how tough it is to get the whole care team together. How do we solve that problem? That brings us to our final key...
3. Tie it Together with the Right Communication Tool - Person-to-person communication is ideal and should always be part of your patient progression strategy. However, it isn't always possible. That's why we must have the right tool. An effective patient progression communication tool must: have up-to-date, real-time information, be easily accessed by the care team, and convey patient status without time-consuming searches. The right tool can keep the entire care team on board and working toward a common goal and plan for every patient.

Good Samaritan on Long Island an Epic customer with a very large ED has achieved great results using Care Logistics HOS solution. See more at: <https://www.carelogistics.com/snapshot-good-samaritan>.

Did You Know?

There are 900 Assisted Living Communities in Maryland, 10 in D.C., and 400 in Virginia.

Meet our Vendor, Roberts Oxygen



Roberts Oxygen Investing in Equipment and Facilities for Medical/Biotech Needs.

You've probably seen the Roberts Oxygen trucks on the road around the DMV (DC, Maryland & Virginia) for years. They are easy to spot because they are always delivering. This family-owned business has had a sterling reputation for reliability and excellence for over 50 years. They attribute that to their focus on meeting customer needs, and always having a "live" person to answer every incoming call. For those in the medical industry that's a win-win. Not only will Roberts Oxygen deliver what you need on the schedule you set, but they also stand ready to help you out if you're in a jam; which they've done on many occasions.

Roberts Oxygen offers a full suite of Medical and Lab Gases available to the growing medical/biotech community. In fact, there are 50 brand new 240L refillable Liquid Nitrogen Dewars that will soon make their way to labs and medical facilities across the DMV. Also an integral part of medical gases is 'READY to USE' PORTABLE MEDICAL OXYGEN SYSTEM. The 'Ready to Use' meets the demands of both EMS emergency services as well as in-hospital patient transport. It is small, lightweight, ergonomically designed, and is easy to handle and transport. The 'Ready to Use' is capable of accurately delivering 0.5-25 liters per minute of oxygen and is also equipped with a 50 psi DISS Demand Valve Outlet for oxygen delivery. Seeing so many dewars and medical cylinders that are ready for deployment is not only a sign of the health of their business, but that of a very robust medical/biotech sector that saw banner growth in 2018 across the area and continues in 2019.

To better serve the medical/biotech community, Roberts Oxygen recently made a major investment; with a new state of the art DRY ICE PRODUCTION FACILITY. This represents the only DRY ICE production in Montgomery County. Biotech and including Medical processes require sufficient quantities of dry ice to maintain subzero temperatures for their specimens. Because the production facility is located in Roberts Oxygen's Gaithersburg production/distribution facility. With this new investment, Roberts Oxygen is ensuring a supply of high quality dry ice to the regional medical/biotech community. Combine that with their proven excellence and reliable delivery schedules and it's a win-win for the DMV Region.



Please contact Tom Peacor at Roberts Oxygen and refer to NCASS Agreement # 55 at:
tpeacor@robertsoxygen.com or 301-704-0578.

You may also call the NCASS office at 301-731-4700.



2019 Salary Surveys

Wage & Salary Survey and Executive/Department Head Salary Survey *Reports Published Separately*

Now Available for Purchase

We are pleased to announce the Healthcare Council's annual compensation surveys are now available for purchase. The data effective date is December 31, 2018. The surveys report aggregate information only.

If you would like to purchase or have questions, please contact Cheryl Thomas, 301-731-4700 or cethomas@healthcare-council.org.



Healthcare | Staff | Executive | Nursing Salary Survey Report 2019

Examples of jobs covered

Executive

- 64 Jobs
- Representing over 500 executive, management and supervisory employees
- DC/MD/VA

Facility

- 167 Positions
- Representing over 40,000 employees
- HR & Finance
- Pharmacy
- Radiology & Laboratory
- Information Systems
- Medical & Electronic Records
- DC/MD/VA

PRN

- 20 jobs
- Compensation Practices for Pay Structures
- Pay Increases
- Variable Compensation
- Shift Differentials
- RN Hiring Guidelines
- DC/MD/VA

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HEALTHCARE COUNCIL OF THE NATIONAL CAPITAL AREA
CENTERPARK II - FIRST FLOOR 4061 POWDER MILL RD, STE 100 CALVERTON, MD 20705 PH: 301-731-4700

Council Vision: "To meet the healthcare challenges of tomorrow by working together today."

The Council functions as a neutral intermediary to facilitate networking and to provide member driven services.

Mission Statement - "The Council (HCNCA) is a membership organization dedicated to helping members reduce costs, encouraging co-operative working relationships, and promoting quality healthcare in our region."

"The Council": The Healthcare Council of the National Capital Area, Inc. (HCNCA) is an organization of Providers of Care consisting of hospitals and allied health care facilities located in Maryland, Virginia and Washington, DC. The purpose of the Council is to provide for members "strategic and business advantages" that no single institution or system can efficiently or economically develop alone. Divisions of specific activity have been formed to carry on the ever changing tasks at hand. These divisions develop information and improve performance using cooperative networking meetings, surveys, group discussion and analysis and continuing education programs. The aim of the Council's wholly-owned subsidiary, National Capital Area Shared Services, Inc., (NCASS) is to serve its membership in the promotion of programs and services that will enhance the members' ability to operate their organizations successfully and cost effectively with integrity and competency.

Healthcare Council is a not-for-profit 501(c)(3) corporation
The Council has opportunities for Associates: For membership information, call 301-731-4700

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Did You Know?

American College of Healthcare Executives reports that hospital CEO turnover has remained steady at 18% since 2014.

YEAR	(%) **	# OF HOSPITALS
2017	18	4,435
2016	18	4,401
2015	18	4,448
2014	18	4,501