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MASSACHUSETTS NURSING UNION BALLOT INITIATIVE CRUSHED AT POLLS

Massachusetts voters turned out in record numbers and “The Patient Safety Act” was defeated by a 70% to 30 % vote on November 6, 2018. The act would have established nurse patient staffing ratios which are rigid and fixed at a level that would have cost a billion dollars for hospitals to achieve. The nurse to patient ratios mimic what is in place in California, which is the only state with these voter approved, fixed nursing staffing requirements. The referendum was the brainchild of the Mass. Nursing Association (MNA), who provided the most money for the “Vote Yes” campaign.

NATURAL GAS EXPLOSIONS AND FIRES IN MASSACHUSETTS

A gas pipeline exploded on September 13 in Lawrence, North Andover and Andover, Massachusetts. The 70 explosions, and resulting fires, killed one man, injured dozens and displaced thousands of residents in the Merrimack Valley communities. The pipeline is owned by Columbia Gas of Massachusetts’ (a unit of NiSource Inc.).



An AMS client, **Lawrence General Hospital** is the closest hospital to the communities. Karen Moore, Senior Vice President of Operations and Chief Nursing Officer there is also the Massachusetts ACHE Regent. She shared her first person reflections on that day with ACHE and here is an excerpt... That day was like any hospital day but around 4:30 p.m. my assistant interrupted a meeting I was wrapping up to say, *"There's been an emergency and hospital leaders have been notified to gather here immediately."* There had been a number of natural gas explosions and fires that had erupted in Lawrence. I assumed the incident command as we executed on disaster preparations we have practiced so well.

The whole organization came together quickly and knew what to do. We did not know for several hours when the natural gas explosions would stop or how many casualties would present in the Emergency Center. We used the time to anticipate the worst, calling all staff back to the hospital, many who had just left a change of shift, and immediately moving the patients out of the Emergency Center to the hospital. The hospital command center carried on for the next 36 hours with many executives not leaving the building in order to care for the medical and emotional needs of patients, families and staff. Some of the most vivid images from that night may not be what an outsider would imagine. I saw our CEO, holding the mother of the one of the victims in her arms as her daughter fought for her life in the OR. I saw our CFO

translate for patient family members awaiting news from the ED. I looked into the eyes of the father of one of the patients who pleaded, Tell me she is going live. *(Editor's note- She lived and is now a patient at Spaulding Rehabilitation Hospital).*

These are not normal responsibilities or situations we think of executives assuming, but we do so because we love healthcare, have a strong commitment to our staff and physicians and responsibility to the communities we serve. Thank you, Karen Moore.

On November 16, 2018, National Public Radio reported Federal investigators have now pinpointed what caused the sudden explosions on Sept. 13 — human error. A natural gas company field engineer made a major mistake in the plans he developed for construction work that happened earlier that day, resulting in a disastrous chain reaction of high-pressure natural gas released into a low-pressure gas distribution system.

NURSING MEETING (ONL) TO FOCUS ON SCIENCE OF INFLUENCE

The logo for the Organization of Nurse Leaders (ONL) features the letters "ONL" in a large, bold, blue sans-serif font.

**Organization of
Nurse Leaders**

Advancing a culture of health.

The Organization of Nurse Leaders is the professional society for MA, RI, NH, CT, and VT and their major Fall meeting is being held up the road from the AMS office at the Burlington Marriott Hotel on December 14, 2018. The all day program has one speaker, Dr. Zoe Chance, an Assistant Professor of Marketing at Yale School of Management, where she researches and teaches the science of influence. This December ONL meeting is always well attended. To register <https://www.onl.org/> or call ONL at 781-272-3500.

The important work AMS provides focuses on the skill, staffing and art of nursing, and is one of the pillars of our organization. AMS is a proud supporter of ONL, and attached is our tribute to the challenges we will all face in 2019.

AMS TO LAUNCH LEGAL TOPICS BLOG

For all of you who have been driven away from emails as your prime source of communication because of all the junk mail you now receive, we sympathize. Every organization we belong to, as well as the many vendors we use, inundates us with daily email communication! We have never been an organization that subscribes to that. Therefore, we are very carefully launching our first digital footprint in January 2019, which is a Legal Topics in Health Care Blog.

The Blog was initiated as an internal update to AMS staff on regulatory, compliance and legal information they should know. It was created by Lynn Mancini, JD, RHIA, Vice President, HIMC, and was so well received by staff that we wanted to publically share it. The Blog will be updated bi-weekly. Stay tuned for more information.

New Trends in Inpatient Clinical Documentation Integrity (CDI) Programs is attached to the Biweekly and is the Fourth Top 10 “Hot Button Issues” in HIM, Compliance, Risk, HIPAA and Quality.

TOP 10 HOT BUTTON ISSUE #4: NEW TRENDS IN INPATIENT CLINICAL DOCUMENTATION INTEGRITY (CDI) PROGRAMS



CDI "2.0"

ROBUST CDI PROGRAM

- Ensures optimum case-mix and reimbursement.
- Captures true patient condition to ensure optimum quality of care and optimum capture of data for quality and auditing initiatives.

TRENDING NOW

- Technology available for provider queries.
 - Single format/consistent documentation templates.
 - Provides complete hospital reports on CDI activities and outcomes (i.e. scorecards).
- Compliant/efficient documentation is necessary for Value Based Purchasing (VBP) which adjusts reimbursement based on quality of care using "severity of illness" data.
- Consumer access to hospital quality scores continues to soar-CDI ensures accurate and optimum results reported.

COMPONENTS OF A SUCCESSFUL CDI PROGRAM

- Staff (i.e. coders, providers, Information Technologists and Provider "Champion" and/or CDI Committee).
- Documented procedures and processes which are followed consistently.
- Technology (incorporate, update).

HOW CAN AMS HELP?

Our consultants have implemented, managed, trained staff and revised CDI programs since their inception. We have conducted cost-benefit analysis for hospitals to determine the need for or type of CDI program that would be beneficial.

OUR CONSULTANTS WILL:

- Provide a comprehensive assessment of current CDI program or Conduct cost-benefit analysis to determine the need for one.
- Assist with implementation of CDI program.
- Prepare/Review Comprehensive CDI plan.
- Review Education program to ensure it is timely and current. Review/revise training materials.
- Remediate issues between shareholders (i.e. coders and providers).
- Identify technological applications that may streamline the CDI process.
- Assist with implementation, training and documentation pertinent to new technology.
- Monitor progress and compliance
- Provide **Interim services** for immediate need(s) and long term consultation services for compliance (i.e. quarterly, yearly)

TO LEARN MORE PLEASE CONTACT:

- Lynn Mancini, JD, RHIA-General Counsel and Vice President (lmancini@aboutams.com)

2019

promises to be another exciting year for nursing...

...We look forward to being a part of it

The challenges nurse leaders face to achieve quality care, patient safety, effective staffing and budget management will make 2019 a most exciting time.

AMS, specializing in:

- Providing operational consulting and implementation assistance.
 - Analyzing care delivery models and patient acuity systems.
 - Developing and implementing labor resource benchmarks.
 - Providing budget development and support.

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Principals of the Firm and Proud Members of ONL: Donna M. Watson Dillon, DNP, RN, NE-BC and Jennifer Owen Schuster, MS, RN, FHIMSS

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25 Mall Road, Suite 325, Burlington, MA 01803
800.462.1685 aboutams.com[®]