

OCTOBER 30, 2017

VOLUME 33 NUMBER 14

MAHIMA'S DOT WAGG MEMORIAL LEGISLATIVE SEMINAR NOVEMBER 3, 2017



Over 14 and a half years ago, AMS lost a friend with the unexpected passing of our vice president Dot Wagg. She was proof that it is possible to achieve so much in a lifetime, even when that lifetime is suddenly cut short. In three short years, Dot made a lasting impact at AMS. She headed our Health Information Management Group, (now Health Information Management and Compliance) and grew her division from a few projects to revenues over seven figures. Dot received the *Massachusetts Health Information Management Association's 2002 Distinguished Professional Award* for her contributions to the HIM profession.

It is a tribute to her legacy and the profession she loved, that Massachusetts Health Information Management Association remembers her by so naming its annual legislative issues seminar. This year Alan J. Goldberg, principal and president, will open up the meeting with a remembrance of Dot. Then the focus will turn to the legislative issues that have tremendous impact on health care through health information management. Dot, who was both an RHIA and an attorney, would have loved the keynote address at this year's conference as it has the title **New Developments in Health Information Law, or How to Do Your Job and Not Get Arrested**. This is truly a seminar that respects and honors her legacy.

AMS is the proud sponsor of the November 3, 2017 meeting.

CMS PUSHES THE JOINT COMMISSION (TJC) TO STRONGER ENFORCEMENT OF ITL



Expecting the TJC in a few months? Due to natural disasters in Florida and Texas and how they have affected hospitals, the TJC may be coming to your hospital a few months earlier than anticipated. When they do, the TJC will be aggressively citing anything that causes an ITL, which stands for an Immediate Threat to Life and this especially applies to behavioral healthcare. This is in part due to a new standard that took effect back in January 2012, and CMS directives to TJC.

For those of you who still call it JCAHO, the Joint Commission on Accreditation of Healthcare Organizations became **The Joint Commission** when the JCAHO name was dropped over 10 years ago.

RI SYSTEM AND CALIFORNIA PRIME HEALTHCARE FOUNDATION END DEAL

In the May 22, 2017 Biweekly, it was reported that Care New England Health System of Providence, RI (CNE), had selected Prime Healthcare Foundation to pursue an acquisition of **Memorial Hospital in Pawtucket, RI**. That deal is now off. Care New England remains committed to its affiliation with Partners HealthCare, Boston, MA, and looks forward to ongoing progress in the negotiations and due diligence process to effectuate that deal.

In action taken at an October 16, 2017 special meeting, the CNE Board of Directors authorized the termination of negotiations with Prime Healthcare Foundation regarding their planned acquisition of Memorial Hospital of Rhode Island. The Board also authorized CNE management to prepare necessary plans and filings with the Rhode Island Department of Health to maintain vital access to primary care and outpatient services in the community, while closing Memorial's inpatient units and Emergency Department.

The impetus for the changes includes the chronic financial losses being incurred at Memorial, continuing a nearly 10-year slide. The 294-bed hospital has averaged a daily inpatient census of just 15 to 20 patients resulting in an operating loss in the past fiscal year of \$23 million, according to Charles R. Reppucci, chairman of the CNE board.

Accordingly, in early 2017, Care New England initiated an exhaustive search to engage more than 70 potential parties that might be interested in the acquisition of Memorial. Prime ultimately emerged as the single bidder, and the execution of the Letter of Intent (LOI) between Prime and Care New England was announced in April 2017. In the time since, extensive work on due diligence and the negotiation of terms has taken place. However, the parties were unable to reach an ultimate agreement. Confidentiality provisions in the LOI prevent both organizations from sharing further details.

CONGRATULATIONS TO ORGANIZATION OF NURSE LEADERS ADDING VERMONT



AMS pays tribute to the **Organization of Nurse Leaders (ONL)** celebrating their 40th anniversary with the ad attached to the Biweekly. ONL now is the official organization for nurses in five New England states, as Vermont joins Massachusetts, Rhode Island, Connecticut and New Hampshire. The mission of the Organization is to provide direction and leadership for the advancement of professional nursing and patient care and for the achievement of excellence in nursing management practice. ONL is an affiliate of the American Organization of Nurse Executives. Among our staff, Donna Watson Dillon, principal, Jennifer Schuster, principal, and Linda Mynahan, manager, are all members of ONL.



This is what 90 looks like

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50th Anniversary



ONL

40th Anniversary

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How does your hospital measure up? Benchmarking provides the answers

AMS's hallmark service is labor benchmarking. Only by identifying a hospital's actual staffing levels and comparing it to our proprietary industry labor benchmark database can an institution confidently begin the process of optimizing productivity. We perform both hospital-wide and department-level benchmarks.

Typical initial savings identified is up to 10% of total labor expense

Immediate Benefits

- Identify, by department and cost center, staffing based on AMS work-function level benchmarks
- Identify departments with potential for productivity and operating system improvement
- Provide a focal point for senior management to discuss labor resource issues
- Establish a starting point for improvement efforts
- Assist with development of long-term labor strategies

Recent Results

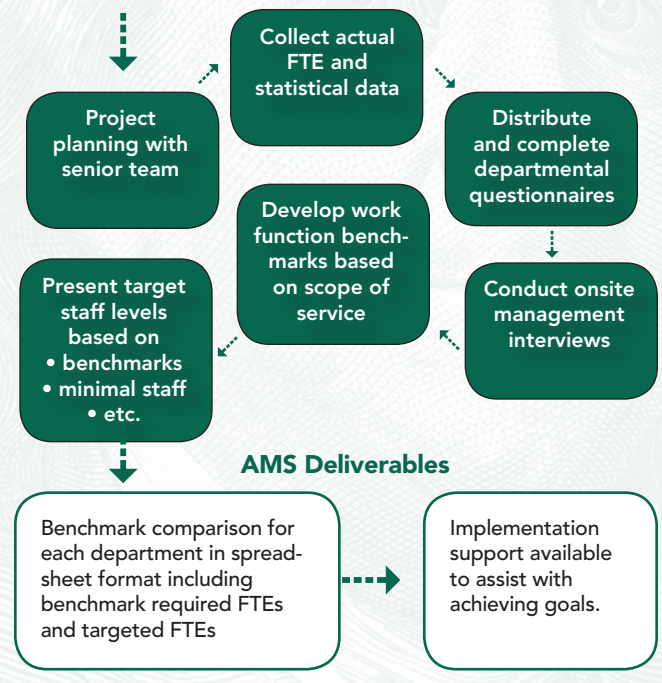
200-bed community hospital: AMS identified a labor improvement opportunity of 108 FTEs of the hospital's 1,250 FTEs. Eight outlier departments accounted for 50% of the opportunity.

3-hospital, 600-bed regional system: AMS identified areas with staffing opportunity equal to 3% (136 FTEs) of the system's 4,500 FTEs.

Critical access hospital: AMS identified an 8% staffing opportunity (48 FTEs) in a system of 600 FTEs comprised of a 25-bed acute care, 25-bed nursing home, 10-bed rehab unit, and support staff for physician practices.

Average ROI = more than 30 times

How we do it



The AMS Benchmarking Advantage

- Hospital-wide benchmarks compare your hospital/health system to similar institutions (size, type, and case mix) on a global basis.
- Department benchmarks are based upon a key volume indicator and paid hours per indicator for each department or area of the hospital.
- AMS's proprietary benchmarking database is based primarily on:
 - Actual studies AMS performs for its clients
 - Best practice targets developed by AMS content experts who specialize in all facets of health care.

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