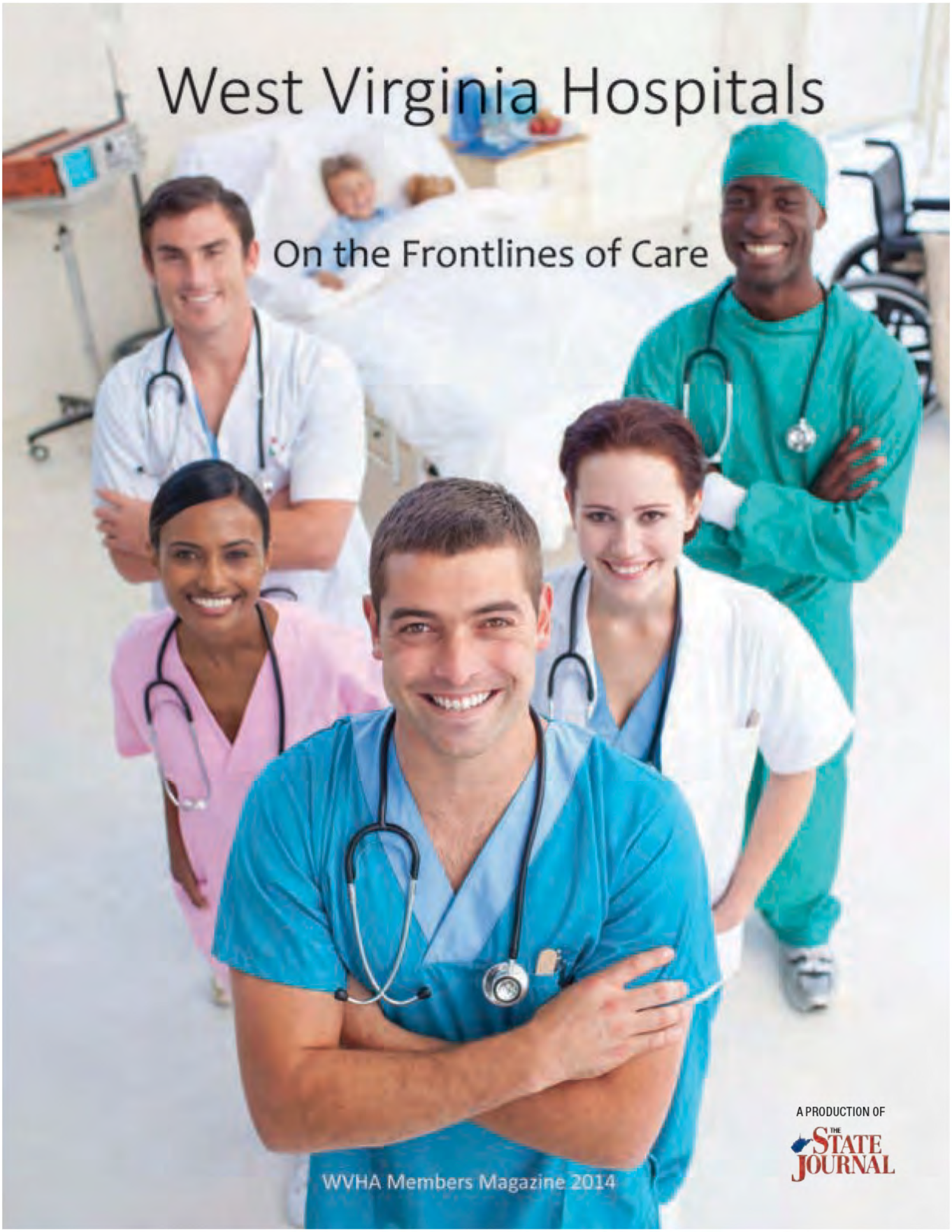
West Virginia Hospitals

On the Frontlines of Care



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GREETINGS FROM GOVERNOR TOMBLIN

As Governor, it's my privilege to recognize *Hospital Day at the Legislature.*

This day does more than bring greater attention to the importance of ensuring the health and well-being of all West Virginians. It provides us a wonderful opportunity to reflect on the important role of the hospitals in our communities as well as the doctors, nurses, technicians, service personnel and volunteers who truly help us in our times of need.

Thank you for your continued commitment to quality healthcare in the Mountain State. Your compassionate care and hard work are truly appreciated.

Join me in recognizing *Hospital Day at the Legislature.*

Sincerely,

Earl Ray Tomblin

Earl Ray Tomblin
Governor

From the Chairman...

MICHAEL A. KING, FACHE
President & CEO, Camden Clark Medical Center
Chairman, WVHA Board of Trustees

"Provision for others," said President Woodrow Wilson, "is a fundamental responsibility of human life."

Wilson's sentiment seems particularly apt and something to be mindful of for those of us facing this challenging and exciting time in healthcare.

West Virginia hospitals and doctors annually care for five million outpatients and 281,000 inpatients; deliver 20,000 new West Virginians annually; perform over 250,000 surgical procedures; and treat over one million emergency department patients per year. We provide for all those that arrive on our doorstep regardless of ability to pay, and, while doing so, write off more than $860 million in care that is never reimbursed to us.

We are entering a new era of healthcare delivery across the nation and in West Virginia. There is no question that the *Affordable Care Act* (ACA), including Medicaid expansion and coverage, is front and center. This publication will showcase several opinions about the impact.

There's been so much written and reported about the ACA that it is hard to discern what's really happening with this crucial new program. I hope the opinions expressed by my colleagues give you insight into this historic change in the way healthcare will be delivered in this country. In addition, this publication also will illustrate to you a variety of other topics, including: the economic impact of hospitals; community wellness; patient safety and quality; rural health; and new technological advances to name a few.

The sum total of all this change, which typically creates anxiety and worry, is to increase our understanding and educate us about the future. Many ACA provisions require hospitals and healthcare providers to change the way care is delivered, focusing on improving efficiency and effectiveness. So, not only will we individually feel the effects of those changes, we must be mindful of the impact this new delivery system will have on our economy. After all, West Virginia's hospitals employ more than 43,500 people, representing $2.3 billion in payroll. The healthcare sector in West Virginia employs over 108,000 people representing $3.7 billion in payroll, more than in manufacturing, construction and mining. And, for every one person directly employed in a hospital, at least two other jobs are created. So, it is imperative for all of us to understand the changes being made over time and how they affect our communities.

From all corners of the state and in between, I think you'll discover that hospitals, whether large, mid-size, small or specialty, are meeting the challenges head-on in unique and exceptional ways.

We are working every day to improve the health of West Virginia residents by supporting vital public health initiatives enhancing the quality of care and patient safety through partnerships, education and training, safety initiatives and data analysis that promote and cultivate a culture of safety and quality improvement.

The real challenge is to fulfill our responsibility of providing for others in today's ever-changing environment. Regardless of the obstacles, we must do so in a way that embraces these changes while seeking fairness and equity in reimbursement for our services. Above all, as Woodrow Wilson said, we indeed have a fundamental responsibility for providing for others.

Your hospitals are taking this responsibility seriously, working through communities to improve access and health, continuing to focus on mission, building a strong workforce to ease the impact of growing shortages of healthcare professionals while always reassuring our state citizens that, while the challenges are significant, we fundamentally view our responsibility to provide healthcare to you.

I hope you will find this publication informative and helpful. Thank you for helping us to improve the health of all West Virginia communities.

From the President's Desk

WV Hospitals On the Frontlines of Care

Every day, thousands of compassionate caregivers work in West Virginia hospitals caring for patients, celebrating new life and restoring hope and health to people in their communities.

As the largest component of our state's healthcare system, hospitals serve patients around the clock regardless of their ability to pay. Hospitals are the cornerstone of our healthcare system, providing services that range from inpatient and outpatient care to emergency and intensive care to community-based wellness programs. Hospitals also play a significant role in medical education by supporting programs that result in trained healthcare professionals who are greatly needed throughout our state. Healthy hospitals contribute to healthy communities, which creates a better West Virginia.

The West Virginia Hospital Association (WVHA) and its 64 member hospitals and health systems have one overriding goal: to ensure that every West Virginia resident has access to "the right care in the right place at the right time." Although financial, operational, political, and regulatory pressures continually challenge our hospitals and caregivers in achieving this goal, the WVHA and the hospital community stand ready to work in 2014 on both the state and national level to seek bi-partisan, collaborative solutions to meet these challenges. In the year ahead, the WVHA will focus on helping maintain the state's fiscal stability, continued implementation of health reform, accelerated changes in the healthcare market, and demands for the highest levels of quality and patient safety.

West Virginia cannot be a strong state without a strong healthcare system. Just as the state of West Virginia must invest in jobs and the economy, it must also invest in a healthcare system that promotes economic stability and the health and well-being of residents. The state depends on hospitals not only to provide healthcare to 1.8 million people, but also to provide more than 43,500 jobs, purchase millions of dollars in supplies and services, and invest millions of dollars in capital projects. With the additional jobs and spending these roles generate, the total positive economic impact of West Virginia hospitals on our state is estimated at more than $8.2 billion annually.

WVHA's overall advocacy efforts in 2014 will focus on both ensuring a sustainable healthcare system in the near term and supporting the continued transformation of our healthcare system for the future. For the first objective, adequate levels of Medicaid funding to hospitals must be maintained. Our hospitals currently subsidize the state's Medicaid program, serving Medicaid patients in exchange for payments that do not fully cover the basic costs of the services provided. Hospitals also help bring in substantial federal matching funds by paying approximately $130 million annually in provider taxes. Payment policies, on the federal and state levels, certainly impact our ability to continue offering the level of services that our residents deserve.

As you will note in the following pages, hospital leaders continue to explore, develop and implement innovative ways to provide the best healthcare in the most efficient, effective and safe manner. And while patient care is their core mission, hospitals also touch a number of lives beyond traditional healthcare through community programs and services that promote a healthy state. West Virginia hospital leaders are passionate about healthcare and they are passionate about improving the health of West Virginia communities. On behalf of WVHA, thank you for the opportunity to share just a few of the good things that represent West Virginia hospitals.

Joe

Joseph M. Letnaunchyn
President & CEO
West Virginia Hospital Association

The West Virginia Hospital Association: Who We Are

The West Virginia Hospital Association (WVHA) is a not-for-profit statewide organization representing 64 hospitals and health systems across the continuum of care. The WVHA supports its members in achieving a strong, healthy West Virginia by providing leadership in healthcare advocacy, education, information and technical assistance, and by being a catalyst for effective change through collaboration, consensus building and a focus on desired outcomes. Members of the Association believe it is essential, in the interest of West Virginia citizens, to have a strong healthcare system that supports and improves the health status of those people served by our hospitals, as well as the economic condition of the state. West Virginia's hospitals seek to establish and maintain trust among providers, policymakers and the public through actions, sensitivity, professionalism and community-minded commitment to service.

Contents

This publication was created through the efforts of WVHA member hospitals and associates, Tony Gregory, VP Legislative Affairs, Lori Henshey, Publications Coordinator, and Tina Rymer, Coordinator, Legislative and Media Affairs.

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Healthy Hospitals.

Healthy Communities.

A Better West Virginia.

- Hospitals are among the state's top employers.
- Hospitals employ more than 43,500 people statewide.
- Hospitals contribute $8.2 billion to our state's economy.
- Hospitals are a vital part of the infrastructure needed to support economic development.
- Hospitals are a major deciding factor for new businesses to relocate in West Virginia.

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West Virginia United Health System
  Camden Clark Medical Center
  United Hospital Center
  West Virginia University Hospitals
  WVUH-East/City Hospital
  WVUH-East/Jefferson Memorial Hospital
Wetzel County Hospital
Wheeling Hospital

The Economic Impact of Hospitals on Communities

By David Darden
CEO
Raleigh General Hospital

Community hospitals are the backbone of any city or town. When business or industry considers moving to a new location, one of the first questions asked is, "How good is the local hospital?" The overall health of a community is often directly reflected in the economic viability of that community's hospitals. In this turbulent economic climate, West Virginia's hospitals have proven to be consistent economic drivers for local communities, and, while all West Virginia hospitals have challenges both economic and otherwise, one of the best ways to determine the health of a community is to look at the health of local hospitals.

When hospitals are financially sound, employees receive regular, robust paychecks that are spent within the local community. Additionally, the goods and services hospitals purchase from other businesses create further economic value for the community. With these ripple effects included, each hospital job supports about two more jobs and every dollar spent by a hospital supports roughly $2.30 of additional business activity.

Hospital care is the largest component of the healthcare sector, which itself is a growing segment of the U.S. economy. The healthcare sector is an economic mainstay, providing stability and even growth during times of recession.

Typically, Mountain State hospitals are the largest private employers in most counties, contributing millions of dollars to the state's economy. We are responsible for employing more than 43,500 people with an overall payroll of $3.7 billion. In fact, West Virginia hospitals collectively employ more people than mining, manufacturing and construction combined.

Every year, West Virginia Hospitals, on average, treat slightly more than 5 million people in their outpatient departments. We care for 281,000 people as inpatients and perform nearly a quarter of a million surgeries. More than 20,000 new Mountaineers are born in West Virginia hospitals annually. Additionally, in the past year, we provided a whopping $810 million in uncompensated care.

In times of crisis, West Virginians count on their local hospital's emergency department more than 1 million times every year. While it's easy to lock onto the statistics and the numbers, the more compelling story is the direct impact local West Virginia hospitals have on the lives of the patients we serve. We offer life and limb saving surgeries, and utilize diagnostic procedures that reveal serious illness in time for effective treatment. We provide the human touch that brings comfort and relief to a patient in crisis. This is where our impact is greatest, and it is from that person-to-person contact that we achieve our greatest satisfaction.

Impacts and Challenges for Rural Hospitals

By Mary Beth Barr
CEO
Grant Memorial Hospital

Americans recognize the important role hospitals play and understand that hospitals serve as a cornerstone to the U.S. healthcare system. During a lifetime, most citizens connect with a hospital usually due to a familiar or extraordinary circumstance.

From birth to the end of life, hospitals provide medical and nursing care for various reasons, ranging from serious trauma or injury, acute or chronic illnesses, disease management to end-of-life palliative measures. Across our nation, hospitals have become entrenched into the respected domain of rural communities.

Hospitals undeniably play a significant role in their respective community's healthcare leadership. For a rural community, this role is even more substantial. If one were to ask a community member what their local hospital means to them, one would most likely receive an array of responses. The better question might be, "What would happen to your community if your hospital closed?"

Unfortunately, the human condition does not easily recognize the importance of something until it is gone. Residents who live in rural areas that have experienced hospital closings or loss of healthcare providers could emphatically attest to this supposition.

Hospitals, healthcare providers and patients who live in rural communities often face obstacles that are vastly different than those in urban areas. Rural residents experience a unique combination of factors that may create discrepancies in healthcare not found in urban communities. Exclusive factors to the rural community may include economic, cultural and social differences, educational barriers, lack of recognition by legislators and isolation. All of these issues play a significant role that may impede the rural community residents in their struggle to lead normal, healthy lifestyles.

Rural citizens commonly face different health issues than people who live in suburbs and cities. Accessing healthcare can be difficult in a remote area. The geography of West Virginia is not conducive for individuals to reach a hospital quickly in an emergency. Patients who live outside the hospital community may have to travel long distances to get routine checkups and screenings. In addition, rural areas frequently have fewer doctors and dentists, and certain specialists might not be available at all.

Due to the difficulty in accessing healthcare in our rural communities, health problems in rural residents are generally more serious by the time of final diagnosis. This may explain the higher rates of chronic disease in rural communities compared to urban areas.

In addition to public awareness of the medical contributions that rural hospitals deliver to residents, the solid economic impact is equally important. Characteristically, a rural hospital is the largest employer in the community it serves. A typical critical access hospital like Grant Memorial employs approximately 250 employees and generates over $10 million in payroll annually. Rural community hospitals can also create economic boosts through construction and renovation projects, operation activities and retail sales. History demonstrates that if a hospital closes in a rural community, the local economy experiences a severe decline.

Being a leader in healthcare in any community is a tremendous responsibility. Rural facilities are no exception and will face many challenges over the next decade. One of the most pressing challenges is implementing and sustaining an electronic medical record systems in time to meet deadlines for meaningful use.

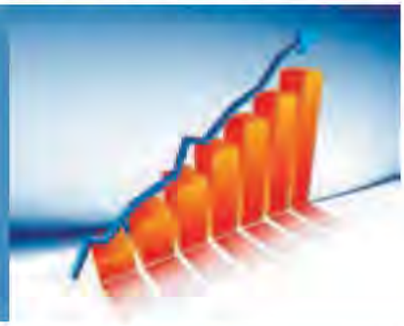
In addition, rural hospitals, as well as other organizations, have to be prepared for changes to the healthcare landscape resulting from healthcare reform from the *Affordable Care Act*. These changes will include moving toward accountable care organizations, value-based purchasing and bundled payments. Although many rural hospitals provide excellent care, the increased focus on quality measures requires rural hospitals to prove the quality of care through data collected over time. And, as always, rural facilities are harshly impacted by professional workflow shortages, with physician recruitment topping the list.

It is true that rural hospitals face numerous difficult trials but must ensure fiscal and healthcare leadership stability for their respective communities. They must continue to recognize the importance of being a catalyst for effective change in healthcare and continue to reach out beyond their walls to connect and collaborate with all entities in the communities they serve.

The Economic Impact of Hospitals and Healthcare in West Virginia 2013

- Hospitals are among West Virginia's top employers.
- Hospitals employ more than 43,500 people statewide.
- Hospitals contribute $8.2 billion to our state's economy.
- Hospitals are a vital part of the infrastructure needed to support economic development.
- Hospitals are a major deciding factor for new businesses to relocate in West Virginia.

Source: American Hospital Association 11/20/2013



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Dodie Arbogast, CPA
Chief Financial Officer
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West Virginia Health Services

From Farm-to-Hospital: Providing Healthier Foods

By Dale Witte
Publications Relations Specialist
CAMC Health System

Farm-to-hospital programs link hospitals and local farmers for the benefit of patients and the economy.

According to Healthcare Without Harm, the time is ripe for the development of farm-to-hospital programs. Given the increasing popularity of buying food products directly from local farmers, as well as the heightened concern about human health and quality of food in hospitals, there has never been a better time to buy locally.

Farm-to-hospital programs allow hospitals to improve the freshness, quality, and nutritional value of hospital food while opening new markets for small- and medium-sized farmers. It's a win-win for hospital patients, as well as local farmers, who are often unable to compete with larger, wholesale food producers. Fortunately, Charleston Area Medical Center (CAMC) is on top of the farm-to-hospital movement.

Recognizing that proper diet is essential to the healing process, CAMC is reducing sodium- and fat-laden foods with savory substitutes. To do this, the hospital has begun replacing salts and flavoring food with herbs. This change maintains the flavoring, but in a healthier way.

Chef Dan Foster chops fresh herbs.

"CAMC treats some of the sickest patients in West Virginia who have grown up with a certain lifestyle when it comes to preparing food," said Mike Marinaro, general manager for nutrition and food services. "We're offering healthier choices but not giving up the taste patients are used to."

CAMC is working to implement a value-chain food system incorporating local growers to provide fresh herbs to use in foods prepared for hospital patients. This idea was developed through work with the Greater Kanawha Valley Foundation and the Ford Foundation, which focused participants on ways to stimulate rural Appalachian economies. CAMC is the first hospital in the nation to work with the Ford Foundation on value chains. The biggest challenge to-date has been finding growers certified to sell to hospitals, since these facilities may purchase produce only from USDA-GAP-certified growers.

"It supports our community and it's better for patients," said Brenda Grant, CAMC's chief strategy officer.

According to Healthcare Without Harm and the Farm to School Network, sustainably and locally grown foods can provide many health benefits for hospital patients, staff, visitors, and the environment. By supporting a localized food system hospitals can help reduce the ecological impact of the agricultural sector by decreasing the number of miles that food travels from farm to plate, thereby reducing carbon dioxide emissions, air pollutants, and use of fossil fuels. By choosing sustainably-produced foods, hospitals can also lower patient and staff exposure to pesticides, herbicides, hormones and non-therapeutic antibiotics in meat, while offering patients fresh, flavorful, and naturally delicious foods. As small sustainable growers continue to be challenged by the conventional food system, connections between hospitals and local farms can provide a boost to local farm economies.

With so much recent focus on the links between food, nutrition, safety, and health, a farm-to-hospital program can provide an opportunity for healthcare to demonstrate its commitment to health promotion and disease prevention. Developing a seasonal menu that includes items from local sources is an investment in the health and well-being of a community and its citizens. Hospitals, with their health promotion, prevention objectives and strong community ties, represent a tremendous opportunity to expand farm-to-hospital connections.

Steps Hospitals Can Take to Improve Their Food

Start a conversation about healthy food with nutritionists, food purchasers, physicians, and hospital administrators: Building a team of dedicated people will result in a more successful and sustainable program.

Develop a food purchasing policy that addresses health and environmental concerns: Include a preference to purchase meats produced without antibiotics and non-RBGH (Recombinant Bovine Growth Hormone) milk from local family farmers.

Buy directly from local producers: Research what is available locally, cultivate relationships with local growers, and start small by buying only a few products.

Become a fast-food free zone: Although fast food establishments may provide revenue for your facility and comfort food for patients and staff, their presence contradicts the hospital's obligation to promote healthy food choices as part of a healthy lifestyle.

Host a farmers' market or community supported agriculture (CSA) event on hospital grounds: Farmers' Markets and CSA programs support efforts to incorporate healthy foods into diets by increasing availability of fresh, locally grown foods.

Create hospital gardens to grow fresh produce and flowers: Gardens can provide both healthy foods and thriving green spaces.

Box excerpted from: Healthy Food in Health Care: A Menu of Options. By Health Care Without Harm; www.HealthyFoodInHealthCare.org; www.farmtoschool.org.

EXCELLENCE SPEAKS FOR ITSELF

...so does being the only one in WV.

CAMC is the only hospital in West Virginia to be recognized with the 2014 HealthGrades® Distinguished Hospital Award for Clinical Excellence™.

This means that CAMC is among the top 5% of hospitals in the country for superior performance in patient outcomes as measured by mortality and complication rates. These hospitals exhibit comprehensive and consistent quality across a range of conditions and procedures. Hospitals are measured in areas such as cardiac surgery, stroke, joint replacement, critical care, neurosurgery, pulmonary, gastrointestinal and more.

CAMC has provided outstanding health care to the region for more than 40 years, and is proud to be home to the highest level neonatal and pediatric intensive care units, highest level trauma center, a primary stroke center and one of the largest heart centers in the country.

For more information on the award, visit *camc.org/OnlyOneWV*.

Charleston Area Medical Center

Roane General Partners with UC for Community Health

By Doug Bentz
CEO
Roane General Hospital

Roane General Hospital, along with many other rural community hospitals in West Virginia, has in the past struggled to provide the needed community awareness and education for diabetes management.

Similar to other parts of the State and across the country, our community realized a significant increase in our population being diagnosed with diabetes. Although our physicians and providers worked hard to provide the needed tools and education to this population, they simply did not have enough time to equip our patients with the information and knowledge needed to effectively manage this disease.

This all changed in early 2010 when the University of Charleston (UC) approached Roane General about providing a rural rotation site for their third- and fourth-year student pharmacists and pharmacy residents. We were very fortunate that UC hired a Spencer native, Barbara Smith, as Instructor of Pharmacy Practice who had a love for teaching, as well as a passion for diabetes management and education. Smith had the experience and the vision to create a model that worked for the students, Roane General, and, most importantly, our patients and community.

The program is simple and effective. After being referred to the program by any local providers, the patient meets with Smith and the students for a one-on-one appointment for a complete medical history and an overview of the program. From there, the patient goes through three, three-hour group classes in which the students assist the instructor with teaching valuable skills to manage the disease, such as meal planning and physical activity. To-date, over 200 people have been referred to the program. Over 120 have completed all the courses, with many making those critical lifestyle changes needed to effectively manage the disease and improve their overall health and wellness.

In addition to providing year around diabetes education, the program also provides additional support and resources for several community health initiatives. The program conducts a weekly 30-minute radio program that discusses various health and wellness topics. It also provides health screenings to local businesses and community groups, as well as health/wellness education at several community events.

The program has been a resounding success for our hospital, UC and, most importantly, our patients. There are few opportunities where we can align the goals of different groups and have all come out ahead. Roane General wins by offering a robust educational program at a low cost, UC wins by providing a real world learning experience for their pharmacy students, and, above all, our patients and community wins by being given the resources to effectively manage this growing epidemic.

Facts about West Virginia Hospitals

- There are 64 West Virginia WVHA member hospitals and health systems in the state.
- 60 West Virginia hospitals are acute care, including 19 Critical Access Hospitals (CAHs).
- 19 hospitals are CAHs (25 beds or less).
- 15 West Virginia counties have no hospital.
- 30 West Virginia counties have one hospital.
- 9 West Virginia counties have two or more hospitals.
- 18 West Virginia hospitals have closed since the mid-1980s.

January 2014

From our humble beginnings as the first hospital in Morgantown, to the regional referral center we've become, Mon General has been your partner in health for seven decades.

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Mon General Hospital
Better. Together.

Coordinated Community Cancer Program is Important to Local, High-Quality Care

By Darryl Duncan
CEO
Monongalia General Hospital

In the U.S., 14 million people have had cancer and 1.6 million new cases are diagnosed each year. However, a recent study by the Institute of Medicine released in *Modern Healthcare* concludes the cancer care system in our country is "fraught with waste, skewed financial incentives and misinformation" about how to provide the best care.

It's the same here in West Virginia, where patients are expected to drive from one cancer treatment facility to another with very little collaboration on the coordination and appropriateness of care.

The report makes 10 recommendations, which generally focus on the need to provide better information to patients, ensure coordinated and patient-centered care, incorporate the use of data, reduce disparities in access, and improve the affordability of cancer care.

Improving cancer treatment and care and providing additional options for West Virginians has been a major focus of Monongalia General Hospital (Mon General) over the past several years, since each year more than 2,000 state residents go out of state for such life-saving care.

Cancer care is complex. There are hundreds of types of cancer. That's why Mon General Hospital recently applied for and received accreditation as a Comprehensive Community Cancer Program (CCCP) from the prestigious American College of Surgeons Commission on Cancer. Based on this recognition, and demonstrated patient need under the Authority's own methodology, Mon General awaits approval from the state Health Care Authority regarding its application to build a new radiation oncology center.

> Our new center, which will be funded entirely from contributions to the hospital's foundation ... will create a convenient, central location for our cancer therapies.

Our new center, which will be funded entirely from contributions to the hospital's Foundation, will provide the final component in our CCCP at the hospital. It also will create a convenient, central location for our cancer therapies.

Mon General underwent an evaluation process in order to receive the three-year designation, which was awarded with a gold-level commendation. Accreditation awards are based on compliance with 36 standards, and an award indicates those healthcare centers that have "established performance measures for the provision of high-quality cancer care."

For our patients and our region, the quality standards established by the CCCP ensure:

- Comprehensive care, including a complete range of state-of-the-art services and equipment;
- A multidisciplinary team approach to coordinate the best available treatment options;
- Information about ongoing cancer clinical trials and new treatment options;
- Access to prevention and early detection programs, cancer education, and support services;
- A cancer registry that offers lifelong patient follow-up;
- Ongoing monitoring and improvements in cancer care; and
- Quality care close to home.

This CCCP accreditation affirms that our staff is providing convenient, quality, patient-centered cancer treatment for this region, and we pledge to continue efforts to provide local, high-quality cancer treatment options for our patients and for our community. We have a fully-funded project that will not require any borrowing or increased cost to the patients we serve, and we have established there is an unmet need in the region based on the Health Care Authority's methodology. Moreover, we now can demonstrate we meet the requirements for the CCCP designation.

Mon General is proud to be enhancing cancer treatment and providing this care to West Virginians so they can stay close to their families and to their homes. This is important as it allows the person receiving the care to maintain their circle of support. And, anyone who has gone through cancer care understands how important it is to maintaining a positive attitude.

Mon General Hospital is extremely pleased to have achieved this accreditation and now to be recognized as among the nation's leading, high-quality community cancer programs. We also await approval from the Health Care Authority of our new radiation therapy oncology center.

Community Wellness: How Rural Hospitals are Fighting Diabetes

By Lyn Goodwin
Community Relations Manager
War Memorial Hospital & Hampshire Memorial Hospital

About 25.8 million people, or 8.3 percent, of the population in the U.S., have diabetes, according to the Centers for Disease Control and Prevention (CDC). West Virginia ranks above the national average, and is third among the states for prevalence of diabetes. The CDC's 2012 Diabetes Report Card rates West Virginia at 10.7 percent, close behind Mississippi at 11.3 percent and Alabama at 11.1 percent.

Diabetes is the seventh-leading cause of death in the nation. It also contributes to heart disease, stroke, blindness, kidney disease, and lower extremity amputation. Therefore, it is not surprising that diabetes and diabetes-related complications are among the most frequent discharge diagnosis at small rural hospitals in West Virginia. Valley Health's Hampshire Memorial Hospital in Romney and War Memorial Hospital in Berkeley Springs are no exception. To meet this critical community health challenge, both of these rural, critical access hospital (CAH) facilities have implemented diabetes management programs for their patients in the past year.

War Memorial's new Diabetes Management Program provides individual and group diabetes education, goal setting, nutritional support, and lifestyle management. "A diagnosis of diabetes raises many questions and concerns," said War Memorial's Certified Diabetes Educator Ann Williams, RN, MSN, CDE. "Our goal is to provide patients and their families with the knowledge and skills to become self-sufficient in living day-to-day with diabetes."

The program covers a variety of topics, including instruction in blood glucose monitoring, healthy eating guidelines, carbohydrate counting, understanding food labels, weight management, and exercise. Participants are taught to handle diabetic emergencies and how to prevent and deal with long-term complications of the disease.

"Whether a patient is newly-diagnosed or has struggled with the condition for years, changes can be made to help control diabetes," Williams said.

The program can also help reduce the incidence of readmissions to the hospital, which often happens with patients experiencing chronic conditions like diabetes and diabetes-related complications.

"It's been well received by our patients, staff, and physicians," said Neil McLaughlin, president of Hampshire Memorial Hospital and War Memorial Hospital. "Our patients with diabetes are learning how to better care for themselves, which will keep them healthier and out of the hospital."

These programs allow residents comprehensive diabetes care close to home.

Preston Memorial Hospital: Addressing Obesity and Tobacco Use

By Melissa Lockwood
CEO
Preston Memorial Hospital

As a non-profit hospital, Preston Memorial Hospital (PMH) recently completed our three-year Community Health Needs Assessment as required by the federal government. As we surveyed our local experts and prioritized the major health issues in the communities we serve, we found some not-so-surprising facts.

A walk around town quickly reveals the two top health concerns identified in our survey: obesity and tobacco use. We know very well the health diseases associated with weight problems and/or tobacco use. Type II diabetes, high cholesterol, and coronary artery disease can be silent killers for people who forego medical diagnosis or treatment, but my purpose in this article is not to outline for you the many reasons why our friends and neighbors are suffering from these medical conditions. Rather, I want to share with you our plan to combat these health issues and fulfill our mission as a community hospital.

Over the next three years, PMH community health initiatives will raise awareness of our collective health concerns. We know that tobacco use is statistically higher in Preston County than in other parts of the state and nation. While every discharge document from PMH encloses a message about quitting tobacco use, we know that this is not enough. Despite laws prohibiting minors from purchasing tobacco products, long-time tobacco users report that they begin this habit in middle- or high-school.

We need our outreach to focus more on those who have not yet begun to use tobacco. We need to reach our children through our existing county-wide Speakers' Bureau. As we present outreach programs for diabetes education, ATV safety and sports injury prevention, we need to also talk to our kids about the dangers of tobacco use. Our respiratory therapists can be a wonderful asset for the education of our local school-age children. Additionally, we need to work more closely with our local health department to determine what programming exists to deter kids from starting this unhealthy habit.

Given that obesity and heart disease are also major health concerns of our friends and neighbors, we've already begun working with local organizations to address healthier eating. Our hospital cafeteria serves as a hub for many local folks to eat a healthy, well-balanced, and affordable meal. Our menu offers healthier choice items daily, as well as a fully-stocked salad bar, plenty of fruits, and low-fat options for diners. Outside the hospital, we've pledged our support to Main Street Kingwood for a Farm to Table project that will provide more local produce to county residents through cooperative food-sharing between local farmers. We've always promoted healthy eating and nutrition programs, like our own Total Life Commitment program, which is open to the public to learn how to cook healthy, low-cost meals. We also work with our local WVU Extension Office several times per year for special projects regarding healthy eating.

In addition to healthy eating, PMH also works hard to promote a healthy lifestyle through exercise. Operating three physical therapy and fitness centers in Preston County, we have low-cost memberships, special programming throughout the year, and offer Zumba, Yoga, on-site fitness aides, and Silver Sneakers at each location. For $20 per month, county residents can exercise in a location nearby with state-of-the-art equipment and be trained and confident that they are exercising safely.

At PMH, we really do care about our community and the role that we play in its well-being. We take our responsibility seriously as a place for treatment and healing, as well as a place of prevention and education. We're proud of the efforts that we're making to have an impact on the health of our community and look forward to our initiatives producing meaningful results for our community residents.

Responding to Substance Abuse in West Virginia

By Hoyt J. Burdick, MD
Chief Medical Officer
Cabell Huntington Hospital

Today in America, 100 people will die by self-administering prescription pain medicines. Most often, the pain medicine will have been prescribed for someone else. A recent article in the *Journal of the American Medical Association* described a quadrupling of prescription opiate-related deaths in the U.S. between 1999 and 2010 – from 4,030 to 16,651.

During this same period, prescriptions for opiates also quadrupled to an estimated 200 million prescriptions nationwide each year – enough prescription painkillers to medicate every American adult around-the-clock for one month. Unfortunately, we learned in the landmark Centers for Disease Control study from 2008 that West Virginia has the highest per capita rate of death from pain medicine overdose in the country.

How did we get to this point? According to the experts, these problems "evolved over two decades from the complex interplay of several factors, including well-meaning physicians with few other drug therapies for patients with pain and a uniquely successful promotional effort centering on assessing pain and prescribing opioids for analgesia - an effort that heightened expectations of patients and physicians while minimizing concerns about opioid use." Physicians may contribute to the supply problem by issuing a larger supply than necessary and using long-acting agents when short-acting agents would suffice.

Where are these drugs coming from? According to the most recent National Survey on Drug Use and Health, among persons aged 12 or older in 2011-2012 who used pain relievers non-medically in the past 12 months, 54.0 percent got the drug they used most recently from a friend or relative for free, and 10.9 percent bought the drug from a friend or relative. Another 19.7 percent reported that they got the drug through a prescription from one doctor. An annual average of 4.3 percent got pain relievers from a drug dealer or other stranger, and 0.2 percent bought them on the Internet.

What are we doing about it? West Virginia physicians, working in conjunction with pharmacists, law enforcement officials and legislators, have been proactive to become better educated about responsible opioid prescribing and more diligent in identifying and addressing outliers. The state pharmacy data base has been revamped, with additional requirements for checking prescription records on all patients prescribed chronic pain medications. Landmark legislation through *Senate Bill 437*, proposed by Governor Tomblin, was passed by the legislature in 2012. If these efforts achieve their intended results, availability of diverted prescription pain medications will be reduced.

Why is the problem growing worse among women? What may be less apparent from the data and the headlines is that prescription pain medicine abuse and overdose deaths are growing much faster among women than men.

Although fewer U.S. women than men die from overdose every day, there has been a 400 percent increase in female overdose deaths since 1999, compared to a 265 percent increase among men. Women between the ages of 25 and 54 are more likely than other age groups to go to emergency departments from prescription pain medicine overdose.

Unfortunately, this age group overlaps with the highest rate of pregnancy and childbearing. This combination has created new medical and social challenges in caring for pregnant women with addiction and caring for their addicted newborns.

How is that affecting healthcare in West Virginia? The increase in prescription pain medicine use among women becoming pregnant has been particularly challenging for the physicians and staff of Cabell Huntington Hospital (CHH). Our level III Neonatal Intensive Care Unit (NICU) and its highly-skilled staff became overwhelmed with otherwise healthy term babies who required intense monitoring and treatment for pain medication withdrawal. There were no rooms or resources to take care of the severely ill premature infants for whom the NICU services were originally intended. High-risk transfers were being refused because the NICU was constantly on diversion.

How are we responding? In response, CHH and the Marshall University (MU) School of Medicine have designed and implemented two innovative programs. The first program involves a voluntary addiction management program for pregnant mothers.

By medically managing and monitoring intake of carefully prescribed pain medications, mothers gain better control of their addiction and their newborn babies seem to have less severe and more manageable periods of withdrawal.

At the same time, the science of managing addicted newborns with neonatal abstinence syndrome is developing and being advanced by MU Physicians and CHH staff. Evolving protocols are leading to shorter stays, better outcomes and less resource consumption. A separate Neonatal Treatment Unit was developed to decompress the NICU so that it may continue its important mission.

Until the root causes and factors of this national and local epidemic can be better identified and corrected, hospitals and healthcare providers of West Virginia will continue to adapt to better meet the needs of those we serve through research and practical innovations. We are compelled to provide the very best compassionate care for any and all of those who need our assistance.

Hospital Recruitment and Retention: Reflections for the Future

By Robert J. Gray
Senior Vice President
Thomas Health System

I'm getting ready to retire after a 37-year career in healthcare. I've had the great opportunity to see wide changes in technology, delivery models, payment systems, and new specialties. It's a completely different healthcare system than what I saw in 1976. Some things are much better. Some things are worse. But one thing's for sure: it's a completely different environment that is slated for another revolution in the next few years.

I started my career in hospital administration in 1981, just before DRGs were implemented as the new way to reimburse hospitals for the work they did. The administrators in their 60s then thought the world was going to end and I was glad for the chance to push them out of the way and tackle the new world of healthcare. Now I'm one of those guys, but with one difference. I think this is a great time to be getting into hospital administration if you're 29-years-old and want to conquer the world. The new paradigm is all about pay-for-performance, population management, and equal access for all.

There are two things that are terribly troublesome to me for the future – money and doctors, or doctors and money. I'm not sure about the order. There is not enough money in healthcare now to sustain the system and level of service we've enjoyed in the past. That's okay as long as we, as a society, can accept that hospitals will not be able to do all the things we've traditionally done.

The vast majority of hospitals are facing major infrastructure challenges just to keep a roof over our heads. Most of West Virginia's hospitals are old and aging and in need of capital for elevator replacements, boilers, and roofs – things that nobody sees or appreciates. So now, and going forward, boilers will be competing with X-ray machines, CT scanners, and automated lab equipment for scarce dollars. What I'm most afraid of is that hospitals will, out of necessity, have to take a hard, cold look at the services we offer and evaluate whether we can continue to offer such services that do not generate adequate cash or return to justify their continuance. This is at the same time as 10,000 people a day are signing up for Social Security and Medicare and will be doing so for the next 19 years. The equation is pretty simple here: Medicare pays less than the cost of providing the service and it's the old people who get sick and use the system.

That brings me to doctors. Hospitals across the country are immersed in a feeding frenzy to employ doctors. We can't hire them fast enough. It turns out there aren't enough doctors in the specialties that we need, and you can no longer find doctors willing to go into private practice given the uncertainty of tomorrow's healthcare system. However, hiring doctors comes with a price.

The national average of loss generated by hospital-employed doctors is approximately $200,000 a year on each employed doctor. This is as a stand-alone office operation not counting the charges generated by the hospital. Nonetheless, that loss must be covered. So, if you're a hospital losing $200,000 on a single doctor, and you multiply that loss by 20, 50, or 200 doctors employed, the number starts to get large in a hurry. So now we've got two forces pushing against each other. On the one hand we have doctors who want to be employed, and will be employed by someone, and on the other we have hospitals absorbing huge losses by employing them. Something's got to give. I'm not sure that this model is going to be sustainable as it's currently structured.

I realize I'm starting to sound like an old man describing everything that is wrong with where we're headed, but this really is one of the most exciting times for American healthcare. We are entering a time of expanded Medicaid and private insurance for people who have gone uncovered in the past. We're utilizing new models to recruit doctors to our communities. We're trying to adjust to sequestration and new pay-for-performance models of reimbursement. Oh, to be 29 again!

Hospitals among Top Employers in West Virginia for 2013

Of the top 100 largest private employers in West Virginia for last year, 17 were hospitals. Three were in the top 10; six were in the top 20; and 10 were in the top 50.

2 — West Virginia United Health System
3 — Charleston Area Medical Center, Inc.
8 — St. Mary's Medical Center, Inc.
11 — Wheeling Hospital, Inc.
12 — Cabell Huntington Hospital, Inc.
16 — Camden Clark Memorial Hospital, Inc.
22 — Monongalia General Hospital, The
33 — Herbert J Thomas Memorial Hospital Association
36 — Raleigh General Hospital, LLC
37 — Weirton Medical Center
51 — Ohio Valley Medical Center, Inc.
54 — West Virginia University Medical Co. (University Health Associates)
63 — University Physicians & Surgeons, Inc.
70 — Davis Memorial Hospital
78 — Charleston Hospital, Inc. (Saint Francis Hospital)
81 — Pleasant Valley Hospital, Inc.
82 — Logan General Hospital, LLC

Source: Workforce West Virginia March 2013

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What members are saying...

Jon R Steen, Chief HR Officer, Davis Health System:
"BSI and focus3 BENEFITS have provided exceptional service to our hospital. Their team is knowledgeable, accessible, and always willing to lend a helping hand. They have demonstrated the ability to provide our employees with prompt, reliable service. They are a very valued resource."

Barbara Coalter, Director of HR, Weirton Medical Center:
"We are very excited about our new partnership as focus3 BENEFITS offered the complete package."

To ensure your benefit package is understood and your organization is receiving the best return on your investment, please contact:

Richard L. Miller, President—West Virginia Health Services
Phone: (304) 344-9744 • Email: rmiller@wvha.org

Medicaid Expansion Under the Affordable Care Act

By Joe Letnaunchyn
President & CEO
West Virginia Hospital Association

While much has been debated about the *Affordable Care Act* (ACA), one of the most important provisions relates to health insurance coverage through either Medicaid Expansion or the Health Insurance Marketplace.

Last year, Governor Tomblin approved Medicaid expansion in West Virginia, clearing the way for an estimated 91,500 low-income residents to become eligible for Medicaid benefits January 1, 2014, when coverage begins. Expansion eligibility focuses on those individuals up to 138 percent of the federal poverty level (FPL). This means that everyone who earns less than $15,800, who is a U.S. citizen, who lives in West Virginia, and is under age 65, is eligible for Medicaid.

The way it will work is: the federal government will pay for nearly all of the expansion, at least in the short-term from 2014-2016. From 2017 through 2020, states' federal match rate (FMAP) will be reduced to 95 percent in 2017, 94 percent in 2018, 93 percent in 2019, and 90 percent in 2020 and thereafter. While federal dollars will help expand coverage in the short-term, we should not lose sight of potential future federal budget pressures that may result in changes in these match rates, thus putting more strain on state budgets.

Factors surrounding expansion certainly create reason for policymakers and healthcare stakeholders to proceed cautiously. For hospitals that incur more than $810 million in uncompensated care annually, the decision is more acute.

■ **Medicaid expansion reduces the number of uninsured:** West Virginia has approximately 300,000 uninsured people, more than 130,000 of which would benefit from expansion. Reducing the number of uninsured West Virginians reduces costs for everyone and makes the healthcare system more efficient, not to mention improves the health status of residents. Often the uninsured skip preventative and screening treatments, meaning preventable or treatable problems end up as acute ones in emergency rooms. The patient's healthcare costs end up being much higher and are passed along to insured patients at the hospital.

■ **Medicaid expansion protects WV hospitals:** Budget savings built into the ACA will cost West Virginia hospitals an estimated $1.3 billion over 10 years in cuts to Medicare payments on the federal level. And, additional cuts in disproportionate share (DSH) funding, which reimburses hospitals for unpaid indigent care, are mandated under ACA, and were scheduled to occur even if state level Medicaid coverage expansions did not occur. Fortunately, that wasn't the case with last year's decision to expand.

■ **Medicaid expansion will help spur WV economy:** Finally, the state's economic progress depends on having a healthy workforce and financially vibrant hospitals. Raise the state's health level, and the state has more opportunities to thrive economically. Numerous studies now rank West Virginia at the bottom in the nation for the health of our citizens. That ranking is unacceptable and comes hand-in-hand with lost workforce productivity, hundreds of millions of dollars in medical bills and thousands of preventable deaths. One way to deal with the problem is through increased access to affordable healthcare through coverage and by encouraging personal responsibility.

In approving expansion, Governor Tomblin released an actuarial analysis finding that over the next 10 years, the state's costs for expansion will be around $375.5 million from fiscal year 2014 through fiscal year 2023, and will mean an additional $5.2 billion in federal funding for the same time period. Put another way, West Virginia will receive almost $14 in federal money for each dollar the State will invest in the Medicaid expansion over the next 10 years.

Thoughtful analysis took place before the decision was made, which was the right move since expansion is a major initiative impacting many aspects of the healthcare financing and delivery system. We're pleased the State cautiously and systematically proceeded before deciding to expand coverage – a strategy that policymakers are likely to continue moving forward.

Health Insurance Marketplace

Coverage through the ACA also takes the form of subsidized private insurance plans available in the Health Insurance Marketplace. The subsidies for these insurance plans are available on a sliding scale to individuals and families earning between 100 percent (about $11,500 for an individual and $19,500 for a family of three) and 400 percent of the FPL (about $46,000 for an individual and $78,000 for a family of three). These policies became effective January 1, 2014.

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Wayne Griffith
Chief Executive Officer
Princeton Community Hospital
Princeton, WV

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Medicare, Medicaid and the ACA: Challenges to Community Hospitals

By Mark Doak
CEO, Davis Health System

Community hospitals in West Virginia and across the U.S. play essential roles in their regions. They not only provide critical access to healthcare, but are vital to the livelihood and success of local communities. Significant – and to a large extent still unknown — changes will affect our community hospitals as additional aspects of the *Affordable Care Act* (ACA) take effect. In turn, the economic development and positive growth of our communities may suffer as well.

Healthcare is undergoing a climate change, and this is not just a challenge to healthcare providers. It poses an all-encompassing threat to the prosperity and stability of rural communities who rely on hospitals for jobs, access to care, and support of local economies.

Decreasing reimbursements for Medicare and Medicaid are a particular threat. Especially in the Mountain State, our local hospitals rely more on Medicare and Medicaid patients. This is because we generally serve older and lower-income populations. These programs provide a significant portion of revenue for community hospitals. About half the patients at Davis Memorial Hospital are on Medicare, and another 14 percent are on Medicaid.

Another key Medicaid issue we face is how expansion will affect total revenue and patient mix. Although more people will be covered, the advent of higher deductibles may keep uncompensated or charity care figures close to their current levels as patients find themselves responsible for higher portions of their cost. Also unclear is to what extent people will change their utilization patterns based on differences in coverage and increases in deductibles.

In light of Medicaid expansion and new Insurance Exchange programs, it will be essential for government to take great consideration of how future changes to these programs will continue to affect how hospitals provide much-needed basic and emergency care services for the poor and elderly.

Our roles have evolved over the years, and they will continue to do so as the ACA modifies Medicaid, Medicare and traditional insurance programs. Some rural hospitals no longer deliver babies, and many are experiencing decreased inpatient utilization due to a shift to outpatient services and diagnostic tests. To cope with the changes, community hospitals look for ways to ensure they have the resources to continue their vital missions. Those adjustments may result in fewer services, strategic partnerships or outright mergers, and the long-term impact of those decisions remains to be seen.

Greater collaboration among care providers is one way hospitals are addressing key healthcare issues. Davis Health System provides medical services to several rural Potomac Highlands counties. In 2011, we began working with other hospitals, Federally Qualified Health Centers (FQHCs), nursing homes, health departments and hospice agencies to combine resources and improve the overall patient experience and quality of care. We share the goal to maintain access and improve care for patients throughout the region.

While community hospitals certainly face challenges and uncertainty in the future, our facilities will continue to provide quality healthcare driven by dedicated professionals who focus on the lives of people. We still play integral roles in the success of our communities, supporting business development efforts and providing good jobs for local residents. Although many things may change, community hospitals' commitments to their core missions will remain steadfast as always.

Other Parts of the ACA

With the focus now mainly on health exchanges and the Marketplace, Medicaid expansion and enrolling the uninsured in newly-available coverage arrangements, there is less attention lately to the ACA insurance reforms which are the other parts of the law. Changes could affect every American's insurance in some way and will go into effect regardless of the open enrollment challenges. The security and consumer protection from fundamental reforms are in effect in all 50 states.

- No Discrimination for Pre-Existing Conditions. Insurance companies will be prohibited from refusing you coverage because of your medical history.
- No Exorbitant Out-of-Pocket Expenses, Deductibles or Co-Pays. Insurance companies will have to abide by yearly caps on how much they can charge for out-of-pocket expenses.
- No Cost-Sharing for Preventive Care. Insurance companies must fully cover, without charge, regular checkups and tests that help you prevent illness, such as mammograms or eye and foot exams for diabetics.
- No Dropping of Coverage for Seriously Ill. Insurance companies will be prohibited from dropping or watering down insurance coverage for those who become seriously ill.
- No Gender Discrimination. Insurance companies will be prohibited from charging you more because of your gender.
- No Annual or Lifetime Caps on Coverage. Insurance companies will be prevented from placing annual or lifetime caps on the coverage you receive.
- Extended Coverage for Young Adults. Children would continue to be eligible for family coverage through the age of 26.
- Guaranteed Insurance Renewal. Insurance companies will be required to renew any policy as long as the policy holder pays their premium in full. Insurance companies won't be allowed to refuse renewal because someone became sick.

UNITED IN CARE

The West Virginia United Health System is proud of the many new services and medical technology we have added to our outstanding family of hospitals.

Our excellent healthcare system now serves patients in locations that stretch from the Ohio River to the Potomac, from Parkersburg to Morgantown, Clarksburg, Ranson and Martinsburg. We never lose sight of the fact that, at West Virginia United Health System, our most important mission is caring for the people who call West Virginia home.

The more than 11,000 people employed by WVUHS are united in their commitment not only to provide health care of the highest quality — but also to set a powerful example of well-coordinated care that can be offered efficiently and affordably to all West Virginians.

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Hospitals Preparing for a Shift To Value-Based Payments

Bruce McClymonds
President & CEO
WVU Hospitals

While much public attention has been focused on the impact of the *Affordable Care Act* (ACA) on patients, and their new insurance options, other reforms being initiated by Medicare, Medicaid and commercial insurers are having an equally dramatic impact on hospitals and other healthcare providers.

The most important is the growing move to replace pay-per-service arrangements with new structures that reward providers for good health outcomes among the populations they serve and that ultimately transfer the risk for the health of populations to hospitals and physicians.

As insurers increasingly attempt to isolate and not pay for care related to readmissions, testing, and visits considered not meeting quality and care standards, the financial risk of that expense will be shifting. Generally speaking, the ultimate impact of these changes will be the transferring of much of the financial risk of providing healthcare services from the insurance companies to providers like West Virginia University (WVU) Healthcare. We will increasingly be held accountable for the health of the populations we serve.

Currently, less than one percent of the WVU Healthcare budget is at risk based on the cost and quality of the care we deliver. It is expected that the implementation of these programs by insurers will cause this to rise to five percent or more over the next several years.

Hospital leaders will have to make strategic decisions regarding the extent of risk we are willing to manage. These decisions will drive some long-term strategies, such as whether hospitals want to partner with an insurance company or a regional hospital group to spread this risk.

Clearly the pace of and the pressure to change has increased over the last several years, particularly with the adoption of the ACA. On the other hand, it is worth noting that over the last 30 years in healthcare there have been multiple times when it was perceived the pace of change was accelerating and that we were going to be hard-pressed to respond effectively. Hospitals have had to continually adapt and change to meeting the financial and other challenges we have faced. That said, we must continue to improve and change if we are to succeed in being able to continue to provide accessible and high-quality care to our patients.

From an operations perspective, the focus needs to be on providing high-quality, accessible, cost-effective care. We will succeed if our quality and outcomes are good, if our services are accessible, and if we use our healthcare resources efficiently.

Hospitals that want to succeed in this new environment must also be willing to look outside their own walls in finding solutions to the health issues faced by their patients. If we assume the financial risk for patients' long-term health outcome, we have a much larger stake in the entire health system serving our community.

This includes the network of physicians and other health professionals our patients use before and after hospital care. Does it have the depth and breadth adequate to serve our patients' health needs while competing and performing effectively in this new marketplace? Hospitals have always played a large part in recruiting community physicians. But, under this new model, we may have to forge closer ties with providers outside the hospital to ensure that each patient's care is delivered seamlessly.

We are confident that West Virginia hospitals, as always, will meet our patients' needs and successfully navigate the challenges we face. Meeting new and increasing challenges is part of what hospitals have always done best.

ACA Enrollment and Hospitals

By Tony Gregory
Vice President Legislative Affairs
West Virginia Hospital Association

Several hundred thousand West Virginians walk through the doors of a hospital for medical care every year. Through new coverage options, either through Medicaid or subsidized private health insurance plans, the hope is that, for the uninsured, many of them will walk back out with health insurance. It's well documented that lack of health insurance for residents has been a critical issue facing not only the hospital and healthcare delivery system, but the entire State. Annually, hospitals in West Virginia provide more than $860 million in uncompensated care – that's care that goes unpaid for but ultimately gets shifted to those who have health insurance - in the form of higher health insurance premiums – so the uninsured impacts everyone.

Theoretically, the *Affordable Care Act* (ACA) is intended to help reduce uncompensated care by:

1) Extending affordable coverage to the uninsured; and

2) Making coverage more secure for those who have insurance.

While there are many aspects of the ACA that continue to be debated, the truth of the matter is that hospitals are often the main point of contact with the healthcare system, and, as an industry, we must be poised and prepared to connect patients to some form of coverage when necessary. The end result will be a healthier population which will contribute to a healthy workforce and economy in West Virginia.

There is no question about it, hospitals are on the front lines of care and we have to play a key role in coverage, education, outreach and enrollment effort. Often times, emergency departments — which are prohibited by federal law from turning away patients who can't pay — are a vital source of care for the uninsured when health is at its poorest and costs most expensive as a consequence of lack of health insurance.

Since October 1, 2013, West Virginia hospitals (along with other access points) have served as portals for individuals and families to enroll through the Marketplace. So far, West Virginia hospitals are making an impressive effort to implement the Marketplace with a trained workforce to act as assistors or certified application counselors to help people understand, apply, and enroll for health coverage for either Medicaid or subsidized private health insurance plans. Our healthcare professionals, many of whom already perform this function in various capacities in the hospital setting, are positioned and knowledgeable on the various processes in place to enroll.

Obviously, the whole enrollment process — from training providers to educating residents about coverage options — is a massive and sustained effort. It's a large collaborative undertaking to achieve a common purpose the likes of which we've never seen before. While the many challenges of outreach have been well documented, hospitals are stepping up to demonstrate there is another option for residents who wish to explore coverage — and that can be accomplished through the local community hospital.

70%

Reduction in UNINSURED

The Offices of the Insurance Commissioner projects that over the next few years the percentage of uninsured West Virginians will be reduced by 70 percent. The current number of uninsured, nearly 246,000, will be reduced to 76,000. That totals 170,000 fewer uninsured West Virginians within three years. Behind all these numbers are West Virginians, most of whom work, but work for an employer who cannot afford to provide health insurance for their employees. They are the wait-staff who serves us our lunches, employees of small roofing contractors, aides in a nursing home or employees of day care centers.

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— Uma Sundaram, MD
Director

Edwards Comprehensive Cancer Center

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Academic Medicine: Preparing Tomorrow's Physicians to Provide Quality Care

By Brent Marsteller
FACHE, President & CEO
Cabell Huntington Hospital

At a time when quality in healthcare is measured in many ways, it is becoming increasingly obvious that a driving force in quality care is medical education. It creates an environment of learning and expertise that is unmatched and starts tomorrow's physician leaders on a path leading to clinical excellence, innovative care models and opportunities to identify the unique methods of treating complex medical conditions.

It is a privilege to house an academic medical center on our campus at Cabell Huntington Hospital (CHH) and we embrace it as an enormous responsibility to prepare new physicians for their own careers in medicine. The responsibility is shared by our physician partners, who drive the clinical care and education component, while remaining focused on delivering excellent care to patients at the bedside. Additionally, our staff members shoulder responsibility in meeting high expectations from our patients, who define quality in today's healthcare through their satisfaction scores.

Despite the expectations accompanying those responsibilities, it is the obligation that our physicians have, as teachers, that makes them exceptional. Those who work daily in a world of medical education keep themselves on the leading edge of research, healthcare delivery and technology. Their eyes are simultaneously trained on science and practical medicine to provide patients with the latest discoveries in diagnosis and treatment.

As we approach a time unlike any we've seen before in healthcare, those of us in medical education recognize that the future of our industry is expansive. Physicians have more challenges in their daily work and future physicians have more expectations placed upon them. On each floor of teaching hospitals like CHH, we see the future of medicine working alongside the physicians and staff who have delivered us to our current successes. We also see collaboration among physicians, residents and fellows who share the common goal of delivering excellence in patient care. Medical education is provided in clinical settings with real patients and real expectations. The techniques and technologies they use today will prepare them for tomorrow's advancements that will, for example, allow patients' surgical incisions to shrink and their recovery to be shorter and less painful.

It is our privilege to provide an environment to facilitate these improvements. That is why CHH is now more closely aligned with Marshall Health and the Marshall University Joan C. Edward School of Medicine. Our continued campus growth has allowed us to consistently offer the latest technology and research opportunities that will unearth drugs and treatments to extend lives and make current treatments more effective. Those innovations will occur because medical education facilitates continued learning. We must be ready for what tomorrow's patient needs, and there is no better place for that preparation than in a teaching hospital where academics are integrated with patient care. The heartbeat of healthcare's lifeline for generations to come is, without doubt, the training and mentoring taking place from physician to student.

With the implementation of the *Affordable Care Act*, 2014 will bring more insured patients seeking care from our system. It has never been more timely to understand and appreciate the responsibilities bestowed upon the role of medical education. We function in a world of specialized physicians who need ongoing training to manage the complex combination of medical problems experienced by patients in our area. Meanwhile, we see an increased appreciation for primary care education to identify new ways to address health issues before they develop into chronic illnesses, such as diabetes and heart disease.

The heartbeat of healthcare's lifeline for generations to come is, without doubt, the training and mentoring taking place from physician to student.

We are teaching our community members how to care better for themselves at home, and we are screening them for illnesses to identify problems sooner when they are most treatable. In late 2013, CHH released its Community Health Needs Assessment, a collaborative effort with area health providers to identify the critical issues facing the health and well-being of the community we serve. That is the mission we have embraced, and we have made great strides in fulfilling it through efforts directly related to our research and teaching capabilities.

With expected changes to reimbursement rates and continued funding stresses on state budgets, it is important that the responsibility of training new physicians isn't lost among conversations surrounding upcoming challenges sure to arise for our elected officials. As we have done for nearly 60 years, we are tackling today's needs and preparing tomorrow's successes. That is the responsibility of all associated with medical education.

Jackson General Program Helps Students Choose Healthcare Careers

By Rhonda Davis
Director, Marketing & Communications
Jackson General Hospital

In December of 2012, Jackson General Hospital (JGH) revisited an idea to offer a healthcare exploration program to area students previously attempted by General Surgeon Carl Overmiller. Since Dr. Overmiller works fulltime at the hospital, was an Eagle Scout with the Boy Scouts of America (BSA), and is a member of the Ripley Rotary Club, it was only fitting that he bring these networks together and pursue an Explorer Post with the local Allohak Council of the Boy Scouts at JGH, with the Ripley Rotary Club partnering to pay the student fees.

Exploring was founded in 1935 to give older Boy Scouts more activities. Over the years, the various Explorer Posts would specialize in different areas of high adventure, fire-fighting, police, Air Scouts and Sea Scouts. In 1971, in order to meet the needs of the times, Explorers allowed young women to join the ranks. In 1991, the Learning for Life program was incorporated. A subsidiary of the BSA, this corporation offers school programs for youth of all grades and now operates the Exploring Program.

Girls and boys ages 14-20 are invited to join Explorer Posts to learn about careers in healthcare, fire prevention/fighting, law enforcement, theater and the arts, law and government, or skilled trades. Explorer Posts are open to all youth and adult leaders regardless of race, religion, gender or sexual orientation. Other Explorer Posts in the Allohak Council include police exploring in Athens, Ohio, and Parkersburg, West Virginia; fire exploring in Chauncey, Ohio and Pennsboro, West Virginia; and a theatre post chartered by Theatre D Jeunesse in Walker, West Virginia.

JGH is the only Health Exploration Program within the Allohak Council Region; however, Roane General Hospital in Spencer is also in the process of offering one.

I stepped down as the local Teen Court Explorer Post coordinator and took over this program in December 2012. Since then the program has been promoted more in the local schools and civic groups and numbers are slowly increasing with the oversight of Dr. Overmiller and other adult volunteers from the hospital.

The JGH Medical Explorer Post Program is an exciting learning opportunity through the Allohak Council of the Boy Scouts for girls and boys ages 13-20 curious about, or interested in, a healthcare career; or possibly haven't quite decided on which area they would like to focus.

Monthly meetings are held in the hospital's learning center, wherein a healthcare career topic is studied. The students get to hear from professionals in various fields of medicine, ask questions, see presentations, take tours of departments, look at equipment and see some operated, and try their hands at various activities that are non-patient related.

This year's enthusiastic class has already explored surgery, nursing, radiology, aero-medical, nutrition, physical therapy, and obtained their CPR certifications. Upcoming topics are OB/GYN, home health, and orthopedics.

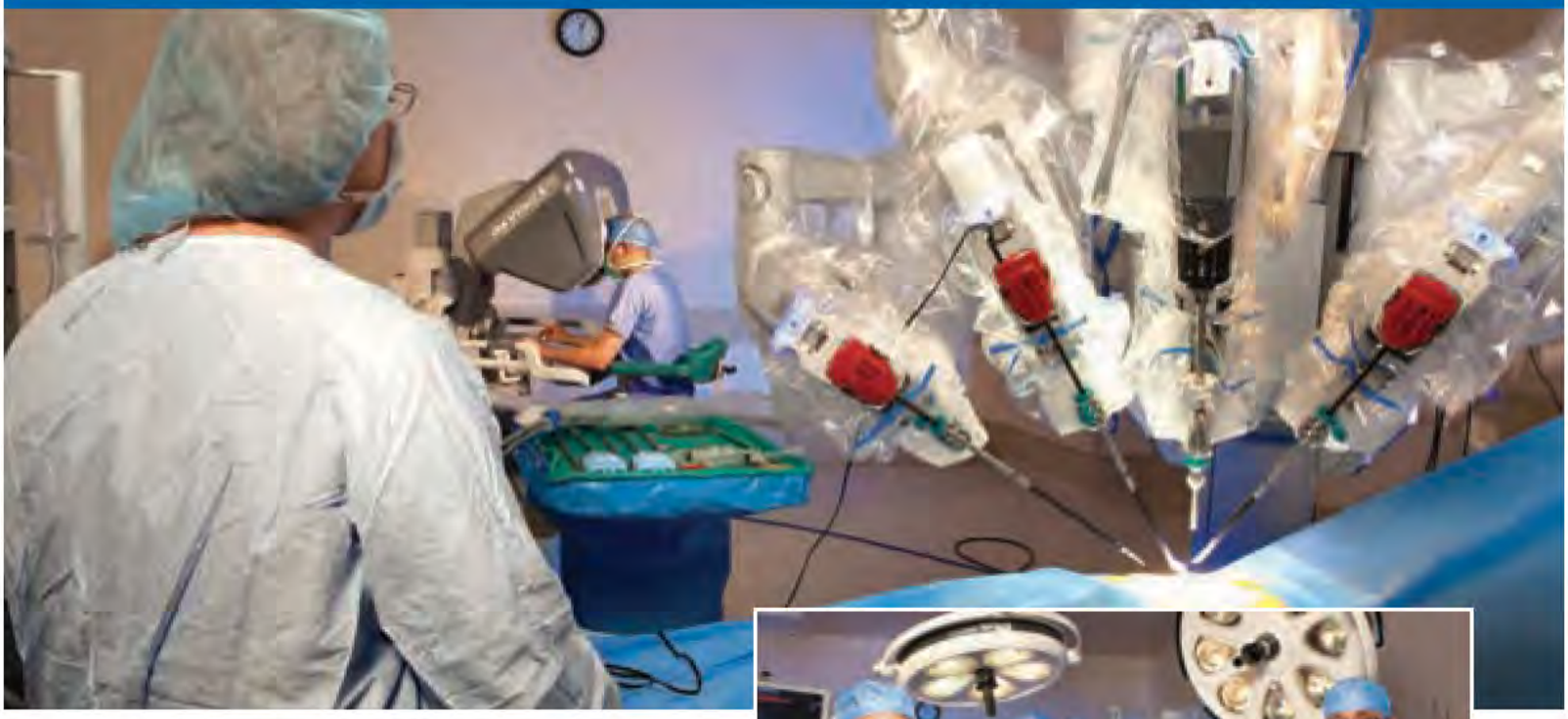
"I am excited that our local young people get to explore a potential career in healthcare," said Tim Rupert, Senior District Executive for the Allohak Council. "It is a great opportunity for our youth to see what goes on in the hospital in real life, rather than just what they would see on TV."

JGH staff is pleased these local students are taking advantage of this inside look at healthcare as a career choice. This program also allows them to gather information to make important decisions about their futures, while giving them volunteer hours toward graduation requirements in the process.

The program now has over 30 registered participants between the ages of 14-20, from both Ripley and Ravenswood middle and high schools who attend regular meetings and presentations.

If you would like to become involved, or know of someone who would, please call 304-373-1597 or email rdavis@jacksongeneral.com. You may also LIKE JGH's Facebook page to get reminders about all upcoming meetings and special events.

The da Vinci Surgical System Now Available at Princeton Community Hospital.



The da Vinci Surgical System brings the most advanced robotic and computer technology to today's surgeons.

This system enables physicians to perform delicate and complex operations through tiny incisions with much greater precision, dexterity, control, and with the benefit of a high-definition, three-dimensional vision system.

Minimally invasive surgery is now possible in a manner never before experienced. With the surgeon sitting at a console just a few feet from the patient, the da Vinci system translates the surgeon's hand movements into corresponding micro-movements of the surgical instruments. The system provides unparalleled vision inside the patient's body with natural depth perception, and magnification for more accurate tissue identification.

For the patient, a da Vinci procedure can offer all the potential benefits of a minimally invasive procedure, including less pain, less blood loss, and less need for blood transfusions. Moreover, the da Vinci System can enable a shorter hospital stay, a quicker recovery, and faster return to normal daily activities.

In August 2013, Dr. Gene B. Duremdes became the first and currently the only West Virginia surgeon south of Charleston to receive Single-Site certification on the da Vinci.

PCH physicians who are trained and certified on the da Vinci Surgical System are Gene B. Duremdes, M.D., M.B.A., F.A.C.S.; Eric S. Hopkins, M.D., F.A.C.S.; David A. Mullins, M.D., M.B.A., F.A.C.S.; and Can (John) Talug, M.D., Board Certified, Fellowship Trained, Medical Director of Robotics at Princeton Community Hospital.

Single-Site enables surgeons to operate through a single incision in or near the patient's navel, providing one of the most cosmetically appealing results of any available surgical approach.

The da Vinci Surgical System at Princeton Community Hospital is currently being utilized for gallbladder removal, prostate surgery, kidney surgery, and colon resection. Future applications will include gynecological procedures.

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Patient Safety and Quality Care at Princeton Community Hospital

By Wayne B. Griffith
FACHE, CEO
Princeton Community Hospital

One cannot address patient safety and quality care without acknowledging the profound importance of a highly-skilled and dedicated nursing staff. The successful implementation of safety and quality initiatives rests heavily upon nursing. That is certainly no exception at Princeton Community Hospital (PCH).

In June 2013, PCH was featured as a High Achiever Case Study in a video spotlight series by the Hospital Engagement Network (HEN). HEN is a program through the West Virginia Hospital Association, working in conjunction with the American Hospital Association, designed to improve patient care and reduce readmissions among participating hospitals.

The 10 core measures/areas of focus were:

- Adverse drug events;
- Catheter-associated urinary tract infections;
- Central line-associated blood stream infections;
- Injuries from falls and immobility;
- Obstetrical adverse events;
- Pressure ulcers;
- Surgical site infections;
- Venous thromboembolism;
- Ventilator-associated pneumonia; and
- Preventable readmissions.

Our hospital showed significant improvement in all 10 areas. Here, I will briefly discuss two of them — inpatient falls and pressure ulcers.

Two of the goals on behalf of nursing last year were to reduce inpatient falls and inpatient facility-acquired pressure ulcers. In order to reduce inpatient falls, a number of measures were implemented. One of the most effective was hourly rounding. Not only were nurses visiting patients hourly, they were "rounding with purpose." Nurses were attempting to meet all of the patient's needs proactively so that the patient did not feel the need to get out of bed unattended.

Rose Morgan, Vice President of Patient Care Services, met with groups of nurses, CNAs, and clinical care staff to emphasize the importance of the hourly rounding process from both the patient satisfaction and safety aspects. Proactively meeting patient needs often prevents them from impulsively getting out of bed to reach something or to visit the restroom. Hourly rounding is also used to scan the environment, looking for obvious trip or slip hazards, or other items that might present a risk to patient safety.

Last year, PCH put into service all new Stryker hospital beds. These beds have many innovative features, including multi-position support siderails to reduce injuries to patients and to caregivers, and a state-of-the-art bed alarm system designed to alert caregivers when an at-risk patient attempts to exit the bed. The recent purchase of Broda chairs also helped to keep patients safe while seated without the use of restraints.

Tru-D Rapid Room Disinfection device

One year ago, we started with a baseline number of inpatient falls based on the previous year of 5.1 falls per 1,000 patient days. The goal was to decrease that by 50 percent — and that was seen as a great challenge. We ended the year with 1.785 falls per 1,000 patient days, far exceeding our goal. We were very pleased with the results and hope to maintain that level of vigilance.

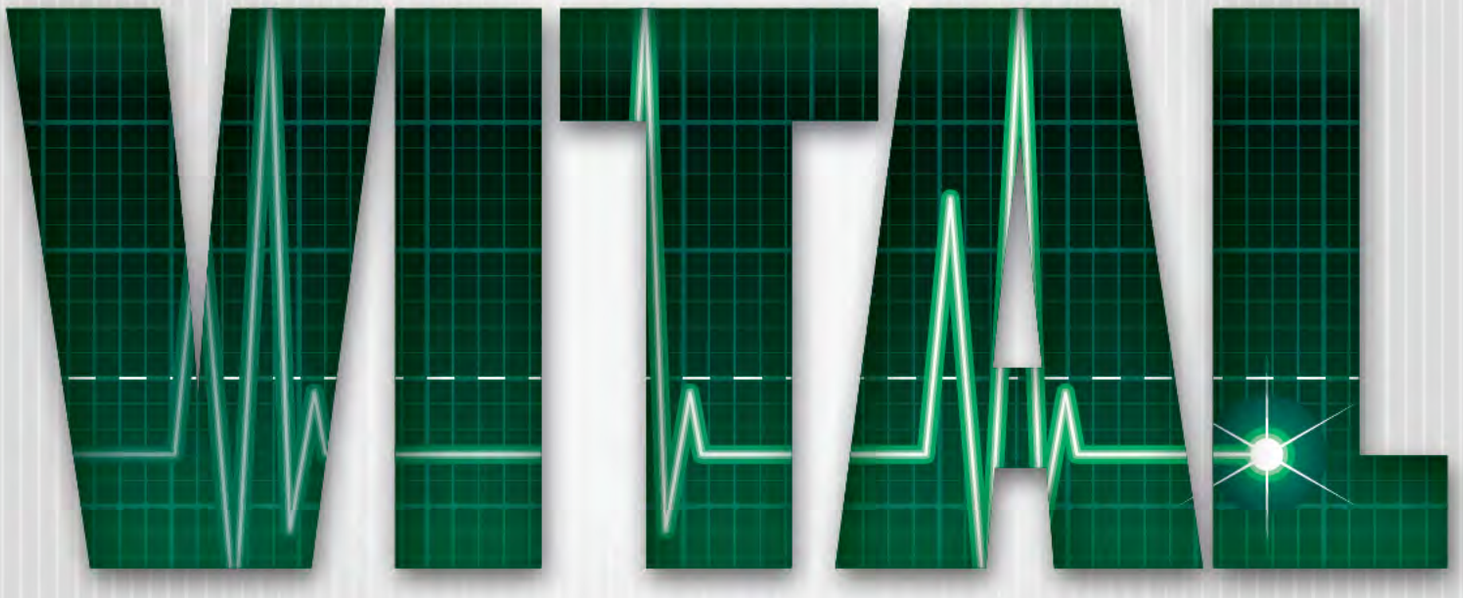
With the inpatient facility-acquired pressure ulcers, we began the year with a baseline number of 10.5 pressure ulcers per 1,000 patient days. Our goal was to decrease that by 75 percent — an ambitious number, no doubt, and one that was met with a certain degree of skepticism.

In addition to the Stryker beds, we also purchased gel mattresses that assist in relieving some of the conditions leading to pressure ulcers. Also with hourly rounding, we stressed the importance of turning and mobilizing the patient. We put into place a monthly Prevalence and Incident Study (a quarterly study is required, but we wanted to make it more stringent with a monthly study). We reconvened the Wound Care Committee — a group of nurses that have an interest in assessing and preventing wounds.

The Wound Care Committee meets on a monthly basis and provides one-on-one education for the patient's caregiver. That person is taught how to conduct a thorough head-to-toe assessment of all of the body parts that are at risk for developing pressure ulcers. This group has also done a tremendous job of educating their peers on the prevention of pressure ulcers.

There was a dramatic decrease in the number of pressure ulcers during the year from 10.5 incidences per 1,000 patient days to 0.77 — again, far exceeding our goal of a 75-percent reduction.

We are extremely proud of what the nursing staff has accomplished in all 10 patient safety core measures. However, the improvements in the number of inpatient falls and pressure ulcers have been nothing short of amazing.



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CAMC Uses the Internet to Connect With Patients and Doctors

By David Ramsey
President & CEO
CAMC Health System

Navigating healthcare can be complicated, and managing doctors' appointments, medications and test results is often time-consuming. Patients are searching for ways to streamline care and finding many of those answers online in the form of patient portals.

A patient portal is a secure, online environment in which patients can access test results and other important information about their healthcare. This tool helps patients manage information more quickly and easily than filing and storing paper copies of results.

To better serve its community, Charleston Area Medical Center (CAMC) has launched PatientLink, its new patient portal. PatientLink is a secure online portal that provides you with immediate access to a summary of your outpatient medical record information and allows you to communicate with patient provider offices with a few clicks of a mouse.

With PatientLink, you may request non-urgent medical advice, request appointments, renew prescriptions and view health summary information and test results. If you've had tests done at a CAMC hospital, CAMC LabWorks facility or CAMC Imaging Center, or have been an inpatient at CAMC, you can sign up for PatientLink if you are 18-years or older. Patients may sign up for PatientLink by either filling out an online request form or in person at the CAMC medical records office. Your information is then matched up with your medical record so you can view test results and other information about your care.

Test results currently available for view in PatientLink include:

- Laboratory tests;
- Radiology reports (images are not available);
- Inpatient visit and discharge summary documents; and
- Advanced medical directives, which include living will and medical power of attorney documents.

Additional test results may be added in the future. Results are released into the portal within 36 hours of testing. Patients are able to see test results and other documents related to their healthcare more quickly, instead of waiting on a call from their physicians' offices. Patients who wish to find out general information about tests and results can search CAMC's online Health Information Center, which is connected to PatientLink. This virtual health library includes thousands of peer-reviewed articles, test and procedure information, and health and wellness tips.

While PatientLink is not a substitute for discussion between patients and physicians, it provides a convenient way for patients to access their health information on their own time. Future plans for PatientLink include the ability to provision access for caregivers, which will benefit parents of young children and people who are managing healthcare for other family members.

CAMC also supports a way for referring physicians and other care providers to access the same information their patients are seeing in PatientLink through ProviderLink, which creates an easy, secure link with facilities and physicians

Through ProviderLink, physicians and their staff secure online access to real-time information about the patients they've referred to hospitals, building stronger referral relationships. Physicians can approve or decline orders from their computer with their secure electronic signature. Even more important, they can request alerts to changes in a patient's condition on a patient-by-patient or visit-by-visit basis.

ProviderLink Extends also affords physicians a secure, simple to use and confidential HIPAA-compliant environment. Enabling this connection helps improve continuity of care for patients who are referred to CAMC by sending results to their own providers to be managed. More information about PatientLink may be found at www.camc.org/patientlink.

St. Mary's Medical Center: On the Edge of Technology

By Christy Franklin, BSN, MS, CNRN, Director, St. Mary's Regional Neuroscience & Orthopedic Centers

New technologies in telemedicine are allowing physicians to help more patients than ever before. St. Mary's Medical Center in Huntington is on the cutting edge of these technologies, helping not only patients at the medical center, but also patients in rural communities.

Neurologists from St. Mary's Regional Stroke Center use telemedicine to see stroke patients in Point Pleasant, W.Va., as well as rural communities in Lawrence County, Ohio and eastern Kentucky that do not have neurology services. Because time is the most important factor in treating stroke, this technology can truly save lives. And because the neurologists can have access to the patient through portable devices such as tablets, diagnoses can be made without the physician coming into the medical center in Huntington — saving even more valuable seconds.

Since using telemedicine for rural patients has been so successful, St. Mary's has expanded its use inside the medical center in Huntington into the Intensive Care Unit (ICU) and the Emergency Room (ER). This expansion has been made possible through the addition of the latest in telemedicine robot technology.

St. Mary's was one of the first eight hospitals in the country to receive the new RP-VITA, the latest FDA-approved telemedicine robot. The robot allows St. Mary's physicians to see patients in emergency situations from anywhere in the country that has Internet access. Just like with the Stroke Center and the rural communities it works with, the robots in the ICU and ER save precious minutes, which can, in turn, save lives.

These latest robots are the first with AutoDrive technology, which uses sonar to gauge surroundings in order to navigate the hospital on its own. This allows physicians to concentrate solely on patient care and not concern themselves with driving the robot.

The robots can never take the place of a caring physician at a patient's bedside. But, because they allow the physician and patient to see and communicate with each other, it does allow physicians to spend more time with their patients — even when circumstances will not allow them to be there personally. Patients have taken to the robots well, because they appreciate the extra attention the robot allows them to receive from their physicians.

St. Mary's Medical Center has always been a leader in obtaining the latest technologies for its patients. This includes being the first in Huntington with 3-D mammography and being the only hospital in the state with the CyberKnife® Radiosurgery System for the treatment of cancer. And, as telemedicine technologies improve, St. Mary's will continue to enhance its telemedicine program to better serve its Tri-State region and beyond.

Diagnosis can be made through portable devices.

Heart and Vascular Treatment at BRMC

By Mohannad Bisharat, MD
Bluefield Regional Medical Center

When it comes to keeping your heart healthy, Bluefield Regional Medical Center (BRMC) offers advanced technology and personal care to help you live life to the fullest. Our cardiac services include programs to help you pursue a heart-healthy lifestyle, as well as receive diagnosis, treatment and rehabilitation before, during and after a cardiac event.

BRMC's primary mission is to help patients manage their risk for heart disease and offer a prompt diagnosis and personalized treatment. The cardiac catheterization lab offers a host of diagnostic and interventional cardiac services typically offered in larger regional medical communities.

When you're having heart trouble, every second counts. BRMC's cardiac catheterization lab features technology that gives doctors quick access to information during a procedure – helping with the diagnosis to move quickly to treatment.

A cardiac catheterization is a specialized study that checks the condition of the heart and coronary arteries, monitors the performance of the heart valves, and checks for any defects. It can measure the heart's functions, evaluate narrowed or leaking heart valves, and provide information to determine whether a patient might need angioplasty, stents or coronary bypass surgery.

The procedure is performed with a thin, hollow tube inserted into a blood vessel in the groin and guided into the heart. Once there, the catheter can be maneuvered to different locations to provide information about a variety of cardiac conditions, such as artery blockage or congenital heart defects. Sedatives are given before and during the procedure for relaxation, and recovery takes place in a separate area pending discharge or possible admission to our hospital.

The process usually takes approximately one hour, and same-day results are usually provided. You and your doctor can use this report as a guide for your heart treatment plan.

BRMC's heart technology offers a variety of non-invasive imaging techniques, including computerized tomography and magnetic resonance angiography, as well as transthoracic and trans-esophageal ultrasound systems.

Cardiac services offered at BRMC include:

- Angioplasty and stenting of coronary vessels;
- Angioplasty and stenting of peripheral vessels;
- Cardiac wall motion studies;
- Coronary and aortic angiograms;
- Dipyridamole (Persantine) stress test with imaging;
- Other types of stress testing;
- Pacemaker implants;
- Right- and left-heart catheterization; and
- Routine thallium stress test.

Dr. Bisharat is a member of the medical staff at BRMC.

Newborn and Pediatric Echocardiography Makes a Difference to Local Families

By Melissa Wickline
Marketing Director
Greenbrier Valley Medical Center

About 40,000 children are born in the U.S. with a heart defect each year. Surgery is often necessary and many medical treatments are available to help the heart work properly. Echocardiography (echo) is a procedure used to assess the heart's structures and function. Pediatric echocardiography is mainly used for the detection of congenital heart defects. It is also used for the evaluation of murmurs, and is an essential tool to evaluate the effectiveness of medical therapy and surgical treatments.

An echocardiogram is a test that uses high-frequency sound waves (ultrasound) to create an image of the heart's internal anatomy. Two-dimensional echocardiography is often combined with Doppler ultrasound and color Doppler ultrasound to provide a more comprehensive evaluation of the heart. Echocardiography is the use of ultrasound to examine and measure the structure and functioning of the heart.

Beginning in 2011, ultrasound technologists from Greenbrier Valley Medical Center (GVMC) received training and certification for performing neonatal and pediatric echocardiograms. Dr. John Phillips, a leading pediatric cardiologist located in Morgantown at West Virginia University Hospitals (WVU), provided guidance and training experience for the technologists.

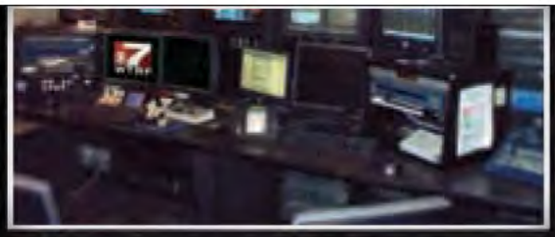
In August of 2012, GVMC was one of the first hospitals in the state to begin Pulse Oximetry Screening of all newborns, after passage of *Corbin's Law* by the West Virginia Legislature. Local mother Ruth Caruthers helped push through *Corbin's Law* mandating the screening for congenital heart disease in all West Virginia hospitals in honor of her son, Corbin, who was born February 20, 2011 with multiple heart defects. Sadly, Corbin passed away at three-months-old after his third heart surgery.

Area infants who have positive screenings for congenital heart disease no longer have to be immediately transferred to another facility for further evaluation. Now, a baby at GVMC can receive an ultrasound echo of the heart while a specialist located at WVU hospitals will review the echo as it is being performed in Ronceverte. Telecommunications equipment allows physicians, technologists and patients see and speak to each other via high definition video screens.

Telecommunication connections from a community hospital to a medical specialist in a tertiary care facility like WVU provide easier and quicker access to specialists for newborn consultations. In some cases, expensive ambulance transport may be avoided if a high-risk medical condition is ruled out before the patient leaves the home hospital.

The West Virginia Perinatal Partnership and Charleston Area Medical Center (CAMC) collaborated on this project to assure that rural hospitals providing maternity and newborn care have the capability to telecommunicate with physicians and hospitals that provide expert medical consultation.

GVMC is the only hospital in the state performing neonatal and pediatric echocardiograms using telecommunication. The project's outcome will ultimately improve birth outcomes, infant mortality, and decrease medical costs associated with these high risk conditions. For more information, or to learn more about WVU Telemedicine services, please visit their website at www.hsc.wvu.edu/telemedicine.



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THE STATE JOURNAL

Boone Memorial Hospital: Community Outreach and a New Facility

By Karlie Belle Price
PR and Marketing Director
Boone Memorial Hospital

Tommy Mullins, CEO, Boone Memorial Hospital

Boone Memorial Hospital (BMH) is known for its welcoming, family-oriented atmosphere; one that embraces its community. The 25-bed Critical Access Hospital opened its doors in 1964 with the philosophy of serving its patients on a personal level while providing excellent care and community outreach.

"We treat each patient on an individual basis," said Tommy Mullins, CEO, BMH. "We want to ensure that our patients and their families feel at ease and comfortable here and that they are not treated like just another number. We also try to offer various community service events, as we have for many years. I feel it's vital to provide as many health outreach programs as possible to not only better our relationship and connection with the community, but to improve the overall health of our citizens."

BMH continues to hold its annual health fair each October. "Over 600 people came this year [2012]," explained Mullins, "which is nearly triple the attendance we had when we held our first fair years ago. Many people in our community benefit from the discounted blood work, flu shots and health screenings," he said.

The hospital holds Lunch and Learn sessions focusing on a number of topics, such as heart health, diabetes, nutrition, cancer and more. It continues to partner with the American Heart Association to sponsor at least three blood drives per year, support the American Cancer Society's Relay for Life, while serving as a Community Network partner for the organization, as well as supporting the local food bank by organizing several food drives. BMH also held a three-part Diabetic Class last year, in partnership with the EDC (Everyone with Diabetes Counts) program. All programs and events are free to the public.

In addition, BMH is the founder of Boone County Ladies' Night Out, an event dedicated to Breast Cancer Awareness, which is now organized by the local Julia Price Breast Cancer Support Group. The hospital offers half-price mammograms each October.

The hospital partners with the American Heart Association to celebrate and support the Go Red for Women Campaign and has participated in the United Way's Day of Caring for the past three years.

The BMH Auxiliary group remains to be a pillar in the BMH Community. "Our Auxiliary is instrumental in assisting in these events and many fundraising efforts to improve our hospital," said Mullins. "They even provide scholarships to local youth."

The hospital's most recent contribution is their new hospital. "I feel it has been a long time coming, but one that has been much needed. I'm very excited that we are closer to seeing a long-time dream come true, not for me, but for the community. The fact that it's happening at our 50 year Anniversary is a great feeling," said Mullins. "The Board of Directors is certain this new design will provide modern, quality medical healthcare to our citizens," he added.

In addition to the new hospital project, BMH embarked on yet another new venture when it opened a new pulmonary rehabilitation center in November of last year. The center is named in honor of Grace Anne Dorney Koppel, the wife of former ABC news *Nightline* anchor, Ted Koppel. BMH is one of three rural health organizations in West Virginia to receive financial support from the Dorney Koppel Family Charitable Foundation to open the center.

"We feel this state-of-the-art rehabilitation program will greatly help patients suffering from Chronic Obstructive Pulmonary Disease (COPD) and other breathing problems," said William Carte, RRT, Director of the Grace Anne Dorney Pulmonary Rehabilitation program at BMH. "With such high rates of breathing disorders in our area, we feel this is just another way we can positively impact the community at-large."

Mullins summed up the hospital's contribution to its community. "We truly are a community hospital and have solid plans to serve it indefinitely," said Mullins. "Without this community our hospital would not exist, nor would we be breaking ground on a new facility. We will continue our promise to provide quality healthcare while offering resources and educational opportunities through community outreach. It's the least we can do for a community who has done so much for us."

St. Joseph's Hospital of Buckhannon Provides an End-of-Life Suite

By Sue Johnson-Phillippe
CEO
St. Joseph's Hospital of Buckhannon

In response to the needs of its community, St. Joseph's Hospital of Buckhannon opened an end-of-life suite in the fall of 2013. The Pallottine Care Unit is designed to provide a private, comfortable area for patients and their families as they face end-of-life.

Named for the Sisters of the Pallottine Missionary Society, the Pallottine Care Unit is located within the hospital, allowing the patient to receive inpatient nursing care and medication management. In addition to the patient care room, an adjacent area for the family is comfortably furnished with a kitchenette, dining area and a sofa that converts into a bed. This provides family members privacy and comfort while allowing them to be close to their loved ones.

"We are pleased that we are able to offer this service to our community," said Sue Johnson-Phillippe, President and CEO of St. Joseph's Hospital. "We believe these accommodations will enable the family to spend invaluable time with their loved one in a comfortable environment at the most difficult of times."

Clyde Mitchell, MD, oversees St. Joseph's Hospice program. "Having this suite available is a great comfort to our patients and their families," said Dr. Mitchell. "We can provide medical support to the patient and emotional and spiritual support to the family. Having a private area and being able to stay with the patient can be of great benefit to family members."

The Hospice program at St. Joseph's is comprised of an interdisciplinary team of physicians, nurses, medical social workers, therapists, aides and volunteers providing care and support not only to the patient, but to the family as well. In the Pallottine Care Unit, the patient can receive inpatient care, addressing pain and other symptom management that may be difficult to control in the home environment.

The Sisters of the Pallottine Missionary Society, who founded St. Joseph's Hospital in 1921, are guided by their mission of "providing quality healthcare in ways which respect the God-given dignity of each person and the sacredness of human life."

The Pallottine Care Unit exemplifies their mission. A medical community dedicated to serving the needs of the residents of central West Virginia, St. Joseph's Hospital remains committed to its mission with an ever-vigilant focus on its Christ values. Following the vision of being "the best small-town hospital in West Virginia," St. Joseph's Hospital meets the needs of the communities it serves with quality, compassionate healthcare.

Respecting Patients' Wishes and Lowering Costs

By Dr. Alvin H. Moss, Director
WV Center for End-of-Life Care

A higher percentage of West Virginians have filled out advance directives than any other state, according to a recent survey. In addition, hospital palliative care teams served a record number of state residents last year, and end-of-life care is occurring in settings people consistently say they prefer.

These positive results are made possible through the cooperation of healthcare providers throughout the state, the West Virginia Center for End-of-Life Care, and the West Virginia Department of Health and Human Resources. As a result of these efforts, our residents receive the care they prefer and the overall healthcare system has become more efficient.

Scientific surveys conducted since 2000 consistently show that three-quarters of West Virginians prefer to live a shorter time to avoid pain and suffering rather than being kept alive as long as possible with machines. Advance directives, such as living wills, medical powers of attorney and medical orders, the West Virginia do-not-resuscitate (DNR) card or the West Virginia Physician Orders for Scope of Treatment (POST) form, help patients make these very personal choices for themselves.

A living will allows people to outline the medical treatments they want if terminally ill, or if they are permanently unconscious and unable to speak for themselves. A medical power of attorney identifies who should speak for patients if they are unable to make decisions, and/or if those decisions are not covered by the living will if the patients have completed one.

We're pleased the most recent data show 50 percent of West Virginia residents have a living will, a medical power of attorney, or both (with 38 percent having both). That represents a dramatic increase over 2010, when 40 percent of respondents had at least one, and a total of 28 percent had both.

The key now is to continue to increase utilization of the West Virginia e-Directive Registry, which allows healthcare providers throughout the state access to patients' wishes. The Registry now has more than 20,000 advance directive and medical order forms in the database, and healthcare providers are signing up every week to be part of the West Virginia Health Information Network (WVHIN) in which the Registry is located.

For more information about the center or the e-Directive Registry, call 1-877-209-8086 or visit www.wvendoflife.org.

Radiological Physician Associates Celebrates 45 Years

Over 45 years ago, two young doctors started a small private radiology practice to cover Fairmont General Hospital. John Coyner, MD and John Turner, MD were the initial founding fathers of Radiological Consultants Association (RCA) in October 1968. One year later, Mack I. McClain was hired. The corporate philosophy was simple: provide quality professional service with hard work, but play hard and enjoy life. While much has changed in the healthcare arena over those 45 years, quality service to their customers and an enjoyable work environment remains the cornerstone of this medical practice.

"As we reflect on our history, ultrasound and mammography began in the early '60s; CT body scanning in 1975; MRI body scanning in 1977; and PET imaging did not begin until the late 1980s. It is unbelievable to consider how the practice of medicine and radiology has advanced since our incorporation date," states Sam Merandi, Administrative Vice President.

To accommodate the expansion of the practice into multiple hospital locations in the late 1970s, the practice plunged into its first generation of teleradiology equipment to provide night and weekend coverage for satellite operations. In 1995, the practice again upgraded their teleradiology equipment and communications platform.

"Service is critical because referring physicians expect our reports to be accurate and our system to be continuously available and reliable," said John Leon, MD and President, who recently celebrated 25 years of service with the practice.

During this period, there was a name change from RCA to Radiology Physician Associates (RPA). Again, in 2001, RPA upgraded their teleradiology to a new level with the installation of their own servers, direct DICOM interfaces with CT, ultrasound, computerized radiography units and mobile MRI. "These electronic connections provide greater image quality and less time for technologists, as they are no longer required to manually scan and digitize films," said Merandi.

In 2008, RPA converted from a server-based technology to its current cloud-based medical image exchange platform, through AccelaRAD and ThinAir Data, which allow for collaborative coordination of care while providing users with both security and ease of use. The adoption of this platform has allowed RPAXRAY to efficiently and effectively process more than 150,000 studies each year, with their radiologists working from many different locations.

During this 45-year period, RPA has been an active community sponsor for many events and activities. RPAXRAY has invested a great deal of time, effort and capital to provide 24-hour access to all network hospital medical staff and imaging department personnel. Ultimately, however, the most important benefit of their service is that it enables RPA to apply some of the best of what science and technology have to offer in their efforts to enhance the quality of care provided to their patients. Visit RPA at www.rpaxray.com.

Study Details Quality Metrics Associated With Long-Term Acute Care Hospitals

By Frank Weber
CEO
Select Specialty Hospital

A peer-reviewed research paper published in the December 2013 issue of the *American Journal of Medical Quality* demonstrates consistent, high-level care provided by long-term acute care hospitals (LTACHs).

The paper, entitled *Long-Term Acute Care Hospitals Have Low Impact on Medicare Readmissions to Short-Term Acute Care Hospitals*, was authored by Antony M. Grigonis, PhD; Lisa K. Snyder, MD, MPH; and Amanda M. Dawson, PhD – all officials with Select Medical. Select Medical facilities treat approximately 30,000 patients in a typical day throughout its nationwide network of rehabilitation, long-term acute care and outpatient rehabilitation facilities. Here in Charleston, the Select LTACH treats over 400 patients per year.

The aim of the study was to assess the relative number of LTACH Medicare patients that are readmitted to Short-Term Acute Care Hospitals (STACHs) within 30 days of discharge. Specifically, the study sought to determine the impact of LTACH to STACH inpatient readmissions for heart failure and pneumonia patients. To do so, the study used published STACH data and proprietary LTACH data owned by Select Medical. In total, 75 for-profit LTACHs and their associated primary referral STACHs were studied.

The readmission issue is of keen importance to the Centers for Medicare and Medicaid Services (CMS) since approximately 20 percent of all Medicare patients are readmitted to STACHs within 30 days of discharge. This statistic represents 17 percent of total Medicare hospital spending. In order to improve quality of care for Medicare beneficiaries and reduce costs, CMS has implemented payment penalties for STACHs based on higher-than-expected rates of 30-day, all-cause readmission rates for heart failure, pneumonia and acute myocardial infarction patients.

According to the study, an average of eight percent of heart failure and eight percent pneumonia LTACH Medicare inpatients were readmitted to the host or primary referral STACHs within 30 days of admission. These patients represented just 0.4 percent and 0.8 percent of the total number of heart failure and pneumonia Medicare patients, respectively, that were readmitted to STACHs during fiscal year 2010. These low rates demonstrate an appropriate – or even notably – low level of care by the LTACHs included in the study.

Dr. Mark Allen, Medical Director of Select Specialty Hospital in Charleston, said the study and its findings demonstrate Select Medical's commitment to high quality in patient care.

"Select Medical has long been proud of its record as a provider of high-quality healthcare," he said. "It takes seriously its commitment to using resources wisely so that patients and providers do not incur unnecessary expenses. Now this study demonstrates that as an organization, Select Medical hospitals are succeeding at both."

PMH: A Small Hospital with a Big Heart

By Susan L. Wilkins
Special Projects Coordinator, PMH

Pocahontas Memorial Hospital (PMH) is a small, Critical Access Hospital with Level IV Trauma designation and a Rural Health Clinic, located in mountainous Pocahontas County. The hospital's service area covers the entire county, approximately 940.29 square miles. What may surprise many people are the hospital's growing outreach services.

Thirty years ago, PMH staff and board saw a steadily increasing need in the county for health screenings. They envisioned an annual health fair to improve patient access and education as an important component of the hospital's services. PMH's health fairs are an outreach project to bring low-cost comprehensive blood screenings to the residents of Pocahontas County and surrounding areas. The first one-day health fair was held in the spring of 1983, and offered a screening that included cardiac, liver, cholesterol, hematology, thyroid function, and electrolytes. Over time, Prostate Specific Antigen tests (for men), AIC tests, Derma Facial Views, and bone density tests have been offered as optional add-ons.

As a result of the health fairs over the years, dozens of critical health conditions have been discovered for the first time, such as anemia and low blood cell counts; thyroid issues; leukemia; diabetes; lipid abnormalities; bleeding disorders; and prostate and colon cancers. Health fair coordinators say they have actually seen the health of the population improve over time.

The number of individuals being served has grown over the years from 200 to more than 2,000. In a county of only 8,786 residents, that represents nearly a quarter of the population. Many people not only make special trips from nearby counties like Greenbrier and Nicholas, but from other states, including Virginia and North Carolina.

What began as a small planning committee for a spring campaign of community health fairs has morphed into a year-round marketing and outreach committee that eventually saw the need for a fulltime staffed public relations and special projects coordinator. PMH has recognized that there is a huge gap between the number of people who need healthcare and education and those who actually get it. Hospital staff and board are committed to providing that care and education to people in their own communities. Through education, prevention, and outreach, PMH – the small hospital with a big heart – is striving to make a real difference in the rural community it serves.

Ohio Valley Health Services and Education: A Financial Recovery Story

By Laurie Labishak
VP of Marketing, OVHS&E

In 2010, the Ohio Valley Health Services and Education (OVHS&E) – the parent company of Ohio Valley Medical Center (OVMC) and East Ohio Regional Hospital – Board of Directors, management, and staff members identified major areas of improvement for the organization while laying the groundwork for the organization's financial turnaround. In 2011, the hospital system earned profits of $6 million – a $16 million financial turnaround from the prior year and the largest profit margin the hospital organization has seen in over a decade. The hospital system has continued to improve its operations with a profit of $3.7 million last year.

"Throughout this journey, we are most proud of the commitment our physicians, employees, and staff have made to continue our organization's mission of providing quality, compassionate, and state-of-the-art family-centered healthcare to the communities we serve across the Ohio Valley," said Michael Caruso, CEO, OVMC. "As one of the top employers in the Ohio Valley, we are honored to work with over 1,600 of the most loyal and dedicated employees we have ever seen. Without the determination of our employees and our medical staff, this turnaround would not have been possible."

While financial ratios, patient satisfaction scores, and overall patient volumes in various areas of the hospital continue to increase, the success of the hospitals' parent company comes with the hard work of many groups across the Ohio Valley in an effort to ensure the organization's success.

"This process has been successful largely in part to the support of community physicians, our employees, and the vendors we work with each and every day," said Lisa Simon, CEO, OVHS&E. "We are extremely grateful for the encouragement we have continued to receive from our employees and select services providers. For years, hospitals across the U.S. have faced financial struggles and the challenges continue with the future of healthcare reform, but this turn around truly recognizes the hard work of our team, marking a new beginning for the organization and a brighter financial future for OVMC and East Ohio Regional Hospital."

In 2012, OVHS&E received national recognition as an award-winning healthcare system from Amerinet, a leading healthcare group purchasing organization, as part of the company's fourth annual Healthcare Achievement Awards. Out of nearly 5,000 healthcare facilities across the country, OVHS&E was one of three hospitals nationwide to receive that year's Amerinet Healthcare Achievement Award in the category of Financial and Operational Improvement.

Love Lives on through Donation

By Rebecca Shrader RN, BSN
Center for Organ
Recovery & Education

What if you could save and improve the lives of over 50 people with just one act of kindness? That is exactly what saying yes to organ, tissue, and eye donation can do.

One generous man who said yes to donation was West Virginia State Trooper Eric Workman. Giving was ingrained in Trooper Workman's psyche. That spirit of giving was exemplified by his releasing a Muskie back into the river so another fisherman might catch it, by his becoming a West Virginia State Trooper, and to ultimately giving of himself in the line of duty.

A native of West Virginia, Eric grew up humble. From the young age of four, he began hunting and fishing. The outdoors became a passion for him. He also started young playing sports, becoming a standout on the baseball and football fields, as well as the basketball court. Baseball grew to be his sport of choice. He joined West Virginia State University's Yellow Jackets baseball team as a pitcher and center fielder. Clearly, Eric had a knack for America's pastime.

Trooper Eric Michael Workman gave the ultimate gift through organ donation.

From working undercover to flying high in the sky, Eric was adamant about getting drugs out of Clay County and the surrounding area. He often said he couldn't believe they actually paid him: that is just how much he loved and admired his job as a West Virginia State Trooper.

Sadly, Eric was shot during a traffic stop and later succumbed to his injuries at the young age of 26. He had designated himself as an organ donor on his driver's license, a decision he had made 10 years before his death. Through his generous final gift, Eric brought sight to the blind with his corneas, gave new breath with his lungs, as well as bringing a healing touch to his family and friends. Eric will always be a cherished son, brother and uncle. His memory will forever live on through his family and friends.

Trooper Eric Michael Workman's favorite quote, by Lee Wulff, was "The finest gift you can give a fisherman is to put a good fish back, and who knows if the fish that you caught isn't someone else's gift to you?"

It's been said that the Muskie is the fish of 10,000 casts. Eric, too, became such a catch.

Preserving West Virginia Medical Liability Reforms

By Jay Prager
CEO
Reynolds Memorial Hospital

The U.S. healthcare system is the envy of the world. There is no other place to obtain the latest, most sophisticated treatment by the world's best-trained professionals. However, challenges continue: access for everyone, the cost of care and the issue of liability are always on the horizon. The issues are intertwined and have a significant impact on both access and cost in the healthcare delivery system.

The ability of patients to seek redress for medical negligence is unquestioned. No healthcare provider wants to be responsible for a patient's adverse outcome. Studies have shown that the current malpractice system in the U.S. does not correctly identify negligence, deter bad conduct, or provide predictable results. In fact, about 70 percent of all malpractice claims filed result in no payment. Only one in 10 cases actually goes to trial.

Such was the case in West Virginia several years ago. At the turn of the millennium, our state's healthcare system was in a severe crisis. Insurance premiums for doctors and hospitals doubled in 2001, and then doubled again in 2002. When doctors were notified that their coverage was non-renewed, they began leaving the state. Since two-thirds of the state's population lies within an hour of a neighboring state, many doctors moved across state lines and continued to serve the same West Virginia patient base, forcing patients to travel out of state for care. The state's healthcare system was on the verge of collapse.

In 2003, the West Virginia Legislature took decisive action with *House Bill 2122*. It enacted comprehensive judicial reforms to rein in uncontrolled insurance and malpractice costs. These reforms included a cap on non-economic damages, the elimination of joint liability, and stringent guidelines for medical experts. The legislation also set up a mutual insurance company to provide insurance for physicians.

As we look back 10 years later, we see that this legislation was a resounding success. Malpractice insurance cost, once among the highest in the country, is now about average. The disparity in insurance premiums between West Virginia and its neighboring states has been eliminated. The number of malpractice suits filed annually in West Virginia has declined by about 60 percent. West Virginia has now become a place where physicians want to establish their medical practices.

Over the last 10 years, there have been several efforts to reverse the judicial reforms of *HB 2122*. So far, all of these efforts have failed. We must protect these reforms, both through the Legislature and the judiciary, in order to maintain a high-quality healthcare system, allowing healthcare providers a level playing field. Hospitals and healthcare providers will remain vigilant in protecting against any threats to erode reforms as benefits are being realized.

Timeline of Medical Liability Reform

2001 — After a five-week special session, the Legislature passed *HB 601*. This bill included numerous components designed to be tools to help put the medical liability insurance market back on track. Those were: a tax credit aimed to assist physicians with their rising premiums and the creation of a state-run insurance program for physicians who could not obtain medical liability insurance from the private market. The bill also included several medical liability reform measures, including: prohibiting third-party bad-faith claims; requiring notice of claims and a certificate of merit 30 days prior to the filing of a medical malpractice claim; and expansion of the juries in medical malpractice cases from six members to 12, among other items. *HB 601* was a significant first step toward addressing availability and affordability within the medical liability environment.

2003 — The legislature once again tackled the crisis with the passage of *HB 2122*. This legislation was the first comprehensive medical liability reform that had passed in West Virginia for more than 20 years. The landmark legislation greatly mirrored successful reforms in California, and placed West Virginia at the forefront of many states in regard to such laws. *HB 2122* included: a $250,000 non-economic damages cap; a $500,000 trauma cap; collateral source offset; elimination of joint liability; creation of a patient injury compensation fund; and more stringent medical expert witness requirements. Additionally, the legislation provided capital in the form of a loan and a mechanism for the creation of a physicians' mutual insurance company.

Ongoing Benefits of Medical Liability Reform

- Premiums for doctors have been dramatically reduced;
- Active licensed physicians in West Virginia have increased;
- Competition has increased in the marketplace;
- Medical malpractice claims have been reduced; and
- Patient safety has been increased.

Mental Health Issues And America's Youth

By Jim Strawn
Director of Marketing &
Community Education
Highland Hospital

Mental health in youth is characterized by the achievement of development and emotional milestones, healthy social development and effective coping skills. This enables mentally healthy children to have a positive quality of life and function well at home, in school and in their communities.

Mental disorders in children are described as serious deviations from expected cognitive, social and emotional development. Such disorders among children are an important public health issue because of their prevalence, early onset, and impact on the child, family, and community.

Sadly, too many children in our society today are not developing strong character traits in regards to emotional milestones, social skills, coping skills, adaptability, stress management or empathy. According to the Center for Disease Control (CDC), up to one in five American youth experience a mental health disorder. That is some seven to 12 million children. Let's take a look at six issues affecting our children today.

Childhood Depression. According to the Centers for Disease Control (CDC), 1.2 million youngsters age three- to 17-years-old suffer from depression. Unrealistic academic, social or family expectations can create a strong sense of rejection, leading to deep disappointment. When things go wrong at school or at home, children and teens often overreact. Many young people feel that life is not fair or that things "never go their way." They feel "stressed out" and confused. Kids need guidance, structure, appropriate discipline, and someone who listens, understands and supports them.

Social Skills. Kids are not developing appropriate social skills in our society today. There is a feeling of disconnectedness and isolation. To combat these unhealthy feelings, children and adolescents need to be shown affection often because it builds a sense of worthiness and trust. According the CDC, engagement is the most effective way to teach kids social skills.

Coping Skills. Young people have a lot to cope with in today's world, from dealing with parents and siblings to just growing up. So, it is no wonder kids fall into the trap of coping inappropriately. What to do? As a society, we need to listen more to our children and to hear what they're saying. Also, we must assure them of our unconditional support, especially through tough transitional times.

Adaptability. There are three key features in determining emotional intelligence: adaptability, stress management and empathy. Adaptability, the ability to be flexible and embrace new and creative thinking, must be encouraged and fostered in our children. If not, kids may feel isolated and hurt, which, if not released in a positive way, may trigger violent outlets wherein they hurt themselves and/or others.

Stress Management. Many of us feel that children have no reasons to be stressed. That is simply not the case. They have commitments, conflicts with parents, peer pressures, etc. Anxiety and stress disorders affect one in eight children. Research shows that untreated children with anxiety disorders are at higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse. Children who suffer from an anxiety disorder experience fear, nervousness, and shyness, and they start to avoid places and activities. The key to helping kids manage stress is teaching them to problem-solve, plan and know when to say yes and no to activities and commitments.

Empathy. Studies have shown that empathy is an essential life skill. Along with being one of the key features of emotional intelligence or emotional quotient (EQ), empathy is being able to understand one's own feelings and the feelings of others, as well as being able to control one's own emotions and exercise self-control. Some feel EQ is more important for success in life than intelligence quotient (IQ). Children need to see empathy in action, so modeling care and compassion is the most important behavior an adult can exhibit to help them understand and learn it.

Too many young people are suffering from mental health issues and it is affecting our society. According to the CDC, costs in the U.S of healthcare and services – such as treatment, special classes, juvenile services and decreased productivity – of mental disorders among our population aged 23 and younger, is estimated at $247 billion annually.

Regardless of the rather bleak numbers shown above, there is bright hope for our children's future. Let's work together to make this a turnaround year for the improved mental health of our youth.

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West Virginia Health Services, Inc., (WVHS) is a wholly owned, for-profit subsidiary of the West Virginia Hospital Association (WVHA) specializing in group purchasing and related administrative services. WVHS is dedicated to providing its members high quality, low cost products and services, and provides technical assistance in analyzing materials management functions, clinical services, financial management and environmental needs for hospitals, clinics and nursing homes.

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The West Virginia Regional Staffing Program is designed to deliver the highest quality of temporary workforce to our members, to provide greater authority to the hospitals in the negotiating process, and centralize coordination; thereby, reducing administrative time and costs.
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