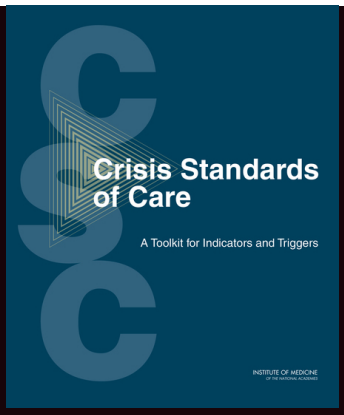
September 2021 Infoline Newsletter

SPECIAL EDITION- IDAHO IN CRISIS

What's New

US COVID-19 deaths have now surpassed 1918 Flu Epidemic. (And they didn't have a vaccine.)

The Pandemic is not over.. Even though as state after state reach 'Crisis of Care" and implement these difficult standards for determining care, many in my state and others still prefer to 'pretend' that all is back to normal. We are at 41% fully vaccinated; one of the 3 lowest in the country. I am aware that Idaho has made national news with some not believing that this is still real. Look to the facts, from sources of truth, those directly living this nightmare: the caregivers on the front lines and those providing care. (Sources of Truth-your trusted physician and your community hospital. Not the pillow salesman, not the physician who states that you are now radioactive if vaccinated, not the mandating of the shot is like the wearing of the yellow star/Jews in WW2, not the lies that started in German/weird that you will be infertile. Look to the facts being published by the OB/GYN physician leadership and more and more.)



What do Crisis of Care Standards look like?

We know about the triaging levels – like a MASH-unit in wartime. But what is not being well understood, is the type of care for ALL patients, not just the COVID positive cases – with over 95% unvaccinated in the hospitals and ICU. Most non-emergent surgeries are being cancelled or much delayed. (Ex: Joint replacement, high school football injuries, etc.) AHA /hospitals projected to lose $54B this year.

Stats: The states with the biggest 'Crisis' = rural states. 97% of the country is rural = 19% of population.

Community hospitals are in crisis-that is the real story.

Stories from Idaho

• Director of H&W's mother had a stroke recently. She was taken to the ER. She was stabilized and instead of placing in observation to ensure stability/other symptoms occurring, she was sent home with her family and told to watch for issues. This 'sending home for further care' is becoming the norm in most of the overwhelmed hospitals in Idaho. "Hospitals at Home' has taken on a new meaning when the hospital cannot accept patients. What if a caregiver is not able to care or discern issues occurring with the patient? Multiple cases where a rural hospital is discharging a COVID positive/unvaccinated pt home only to have them back in a more severe situation within hours and no beds.

• Patients are being discharged from the ER with 6-8-20 liters of 02. The oxygen companies cannot stay up with the massive need for 02 in the home; nor do they have the manpower/trained to teach and service the explosion of cases.

• Morgues are full. The hospital is 'turning' beds as fast as they can to allow for another COVID-positive, unvaccinated pt to take the bed.

• "Patients don't have COVID. They are getting lots more money for saying so.' Have you explained

how DRGs work? Information and truth might help with some. PS only CMS is doing the 20% add on to the DRG. Not all other payers. Average age prior: 72 yrs. Now 58 yrs of age. “Who is caring for newly orphaned children? Who is caring for the at risk population with parent or parents severely ill or deceased?’ Ex) Nurse died while her mother was also dying/same hospital. She is a single mom of 2 special-needs twins. A brother states he is trying to figure out what to do but will get vaccinated even with mixed emotions.

• FEMA is paying for funerals for many of the COVID deaths as the families cannot. (PHE)

• Critical Access hospitals have no where to refer their acutely ill/trauma/severe COVID patients who deteriorate rapidly. ¾ of the hospitals in Idaho are under 25 beds with referrals a key element of community healthcare. When looking for a hospital to accept their patient, they are calling all over the state, out of state and sometimes, a return call to accept is only possible when a death has occurred.

• Idaho already had a 33% shortage of nursing. As was reported by St Luke’s at the declaration of the CofC, they had 400 out ill with COVID or COVID related illness, had hired about 800 new employees and was still severely short. Caregivers are exhausted and leaving the field or being recruited to become traveling nurses -getting approx. $250 an hr. Crazy circle – the hospital has to hire these expensive travelers, ask the state for money to help pay for them, and then have their own staff recruited. Wow!

• “No room at the Inn”…with neighboring states. Utah is inches from declaring CofC. Washington state /Spokane on the border: Gov stated “we can’t keep taking your northern Idaho patients as we then don’t have the resources to care for our own patients – cancer care delayed, etc.” What if a patient has to be transferred to Ore? Or Utah? Or other states as Idaho hospitals are calling all over the country? How does a family support their loved one when they are hours away? And how about an integrated medical record/Interoperability? We have learned the powerful need for this electronic process/new law in effect 1-22.

• In some units, Bells are being used to call for help as the call buttons are massive and with so much chaos with the high volume -patients in hallways (Montana has implemented CofC/Helena and published – no more hallways to use. 97% unvaccinated), major resource consumption to care for these COVID patients, not enough manpower, etc.

• Worse than it has ever been…….. Both large health systems in Idaho do weekly updates and the messaging is not any better. Highest count of COVID positive patients since the Pandemic started; more deaths per week than at any time; still one of the 3 lowest vaccination rates in the state. Massive mis-information continues to keep people from being vaccinated.

• One long time ER provider, (tough as nails) stated: “it is defeating to come to work each day. It never ends. We are all disheartened to know this is all preventable.”

• My daughter’s family has been diligent with safety
protocols. One granddaughter a high school senior; grandson in college. Unbelievable the mocking, ridiculing, and bullying my granddaughter is receiving for wearing a mask in school – only a very very small group wearing masks. And now she has COVID.. and has taken it home to my daughter who is still recovering/yes, vaccinated which helped to keep her symptoms manageable at home. Idaho schools don’t mandate masks – but schools are closing frequently for 1-2 weeks due to massive outbreaks. Yet, we hear -that face to face is so much better for the quality of education? Yet no precautions so starting-stopping is better? Principals, bus drivers, and multiple teachers have died in our state…and they continue.

• Montana publication: “9 vaccinated nursing home residents die after Montana lets healthcare workers go unvaccinated.” 9-24-21 Employees can carry the virus and infect many ‘at risk’ when working. Being explored nationally: Requiring any provider who takes Medicare or Medicaid funds to have all employees fully vaccinated… why is this even necessary? After all this time, the science guides us. Testing guides us.. and yet we have demonstrations at our hospitals by the caregivers who ‘support the science?” Hard to understand.

• Alaska has issued CofC. KY , WV, ARK, Hawaii, and KS – are all close. IA is at a ‘red level.’ All preventable. (Notice the heavily rural states with many small or critical access hospitals.)

• And what about the ‘long haulers’? They will have healthcare issues, unexpected bills for treatment, impact to their livelihood/can’t work. Are we ready for this new group of patients and their new healthcare costs?

• What if we had the same approach to small pox, polio, rubella, and yearly influenza flu vaccinations (which result in 25-60,000 yearly deaths)? Where would we be now? I want my freedom too; but I want to be safe in my community; I want to enjoy my grandchildren’s ballgames and not worry about being infected by the 60% unvaccinated; I want to be able to go out and enjoy many experiences again.

Moving from “I, me” to “We, us” can make this happen. After 42+ years in healthcare, I have never seen anything like this..

Heroes Among Us

HEY – HEROES are still putting their own lives at risk every day. HEROES are more stressed than at any other time. HEROES are trying to provide comfort for grieving families. HEROES are with us every day in our community hospitals. LET’S FIND SOME PANS AND LIDS AND START POUNDING OUR SUPPORT FOR THEM..DAILY!. SUPER HEROES!

(Thanks to my super hero family members: granddaughter and daughter-in-law- working many extra shifts/don’t see family/beyond exhausted. We have had deaths in our extended family from COVID..and now with vaccinations, all preventable.) Northern Idaho reported: community physicians are being verbally attacked and are moving from the area. Local care givers -known to their communities – are being challenged regularly –due to the massive misinformation and yes, the lies.

FINALLY: As you can tell, COVID has lots of victims. We all want our lives back. It has been 18 months with no end in sight, per the physician representatives and nursing leaders interviewed nightly. No hospital could be ready for this level of intensive care for this long. No hospital.
Be the source of truth… People are being easily influenced and when bombarded with social media

– step away and use common sense. There will always be opinions and some are very dangerous. Your community hospital has the truth and the stats with the national CDC guidance. _
Not sure when this will end…even with more vaccinations. (Ps only about 3% of the world is vaccinated? How does it end?)_

Note: I have had the privilege to write some articles for RACMONITOR about what has been happening in our state. Also check out KTVB/Boise & KMVT/Twin Falls TV stations and of course, CORONOVIRUS by state, to continue to be informed.

Final Thoughts

Ending on a cool note:

"**HFMA is proud to partner with Boise State on this innovative Master's Degree program… The unique blend of current and emerging payment models in this curriculum provides the skills and knowledge that tomorrow's healthcare finance leaders need."** HFMA President and CEO Joseph J Fifer, FHFMA, CPA.

Wow- pretty darn cool to announce this new partnership to create the**"Master in Population and Health Systems Management (PHSM) Degree"**. It is a unique collaborative program co-created and delivered by BSU and HFMA. This partnership is an industry game-changing opportunity. The degree will provide the modern needs in healthcare education through the lens of population health, risk mitigation, and finance. Starting in Jan 2022.. WOW!

Jenni Gudapati, MBA, RN, Value-Based Healthcare Program Director/Clinical Associate Professor (jenniguaapati@boisestate.edu) shared the following as an overview of this new, dynamic Master's degree.
"I am so very proud by the collaboration between BSU and HFMA. Everything about this program is new and innovative. Starting with, I am the only fulltime BSU faculty member in the program. We sought out and found true industry superstars to teach their area of expertise. Also, each week throughout the program, we have lined up other topic experts to provide video guests to facilitate and bring real world insights into each lesson. This is also the only degree in the country in which our students can earn all 4 of the HFMA certifications along with their Master's degree.

This program was created with an Executive type mindset. Our expectations are that our students will learn from each other as well as the faculty, and our team is prepared to diligently select from the qualified applicants to create an entire community of healthcare transformationalists. This degree has all the required elements. 100% online to allow students from all over the world to be able to take, with all the weekly synchronous sessions recorded to allow flexibility for them to continue with their current positions with some on-campus opportunities too. Jenni will be discussing more about this at the HFMA National Conference in Nov in MN. To receive more information, please reach out to phsminfo@boisestate.edu or go to the website and fill out the request for more information form.

'An Industry Game Changer! " https://www.boisestate.edu/phsm/

NOTE: I had the privilege to be asked to submit an article to hfm 75th Anniversary issue. (yep, didn't realize that at the time…just saying!) Titled: ***"How to engage with patients where they are by balancing automation with the human touch."*** When I was discussing their ideas about this type of a story, we discussed that they may be "signing to the choir….or I might be the choir director!" (LOL) Many of you know my passion and commitment to this topic. Hope the read provokes some thoughts and actions. Thanks, HFMA, for pursuing this topic. Excellent!

Webpage Highlights

Remember that all historical Info Lines and free classes with reference material are available on our webpage page: AR Systems, Inc. In addition, all the community outreach education we do is available on the Patient Financial Navigator Foundation, Inc webpage. You can toggle between the two. (see link below)

Hope to see you at some upcoming fun training events:

NY/Phil HFMA meeting

Region 9/HFMA

UT AAHAM webinar

COPAM Ohio

Thanks again to all for your level of commitment to your community -in any healthcare service area. It matters!

Happy healthy to you all. Stay Safe.

VIRTUAL LEARNING LIBRARY

NEW NEW NEW – ARS Is thrilled to announce an enhanced educational opportunity – Interactive Virtual Training has arrived! In addition to the no-cost powerpt classes, ARS can create a site-specific learning experience that includes subject experts in many diverse topics. For more details look at the new webpage section: Virtual Learning Library. Drop me a note and let's get connected.

While you are on the webpage, take a look at the multiple services we are excited to offer - which includes specific ones for Critical Access hospitals. From coding and documentation integrity audits with up to 2 hrs of education with the telephonic presentation of findings, to remote coding /all size facilities/no volume limit/24-48 hr guarantee to diverse general site-specific education – We are here! With over 200 years of combined experience from our auditing and training teams –we have you covered. Drop me a note and we can chat.

Remote Coding Options

- Do you need help with “Just in time remote coding’”—maybe one patient type, maybe maternity coverage, maybe employee dealing with medical issues, maybe vacation coverage- or a longer/more permanent partnership with no minimums and 24/48 hr guarantee turnaround with ready to code accounts? Here anytime you need us- large or small hospitals and employed providers… Love it!

Info line Subscriptions

If you know someone that might appreciate being added to future Info line Newsletters please have them submit a request through the below link.

Info line Signup

Kind regards,

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