

Fall 2021

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A publication of the Georgia Hospital Association

Health Care Workers 'Pouring From Empty Cups'

Georgia hospitals
provide insight on
taking care of our
workforce

Also Inside:

- The Changing Workforce
- Discharge Planning
- Women CEOs tackle population health issues



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Executive Corner

At the end of last year, GHA and our member hospitals looked hopefully toward 2021. The availability of a COVID-19 vaccine made it seem possible that the pandemic could be on its way out, or at least easier to handle. But the arrival of the delta variant, coupled with stronger-than-anticipated vaccine hesitancy, made 2021 just about as difficult as the year before.

Nevertheless, our hospitals continued their battle against COVID-19, all while trying to ensure the health and wellbeing of their workforce. One issue the pandemic has brought to the forefront is that of health care workers' mental health. Although there has been discussion on this subject before, we are now seeing more effort put into prioritizing the mental wellbeing of health care workers. Fortunately, Georgia hospitals have been working to support their workers in this area for quite some time. You can read more about that in our cover story on page 6.

We're also pleased to highlight the great work of our hospitals. As your association, one of our goals is to promote the essential work you accomplish each day without fail to care for your communities and provide reliable, individualized care. In the 'Our Hospitals' section starting on page 14, you'll see articles submitted by our members that serve as a great reminder of hospitals' important roles in caring for patients. If you would like to submit a piece on behalf of your hospital, please contact Erin Stewart at estewart@gha.org.



As our hospitals continue to care for patients throughout this challenging time, one field that remains crucial to ensuring patient safety is discharge planning. This process of determining what a patient needs to move from one level of care to the next entails many steps and logistics that must happen to ensure patient safety. You can read more about this on page 38 in a book excerpt from Toni Cesta, a health care consultant, discharge planning subject matter expert, and frequently sought-after speaker. Toni is a frequent presenter on GHA's educational webinars, and we are grateful that she is sharing her expertise with our members.

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Additionally, you can read about the generational shifts in the workforce and the impact on the health care industry in a piece from GHA partner Gallagher on page 32. GHA Gold Sponsor Meduit has contributed informative articles on revenue cycle management and maximizing Medicaid eligibility. These are just two examples of the important relationships GHA works to cultivate for our members' benefit, and we think you will find these articles both informative and timely.

As we approach the end of the second year of fighting the all-too-familiar COVID-19 pandemic, we remain steadfast in our support for you, our members. Please reach out if we can help in any way. Thank you for your continued dedication and commitment to caring for patients. We remain truly grateful, and it is an honor to serve as your association.



Earl Rogers
President and CEO
Georgia Hospital Association



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Family Medicine resident Samantha Grant, MD and Internal Medicine residents Paige Gwynn, DO and Tyler Sadka, DO at Northeast Georgia Health System

Health Care Workers 'Pouring From Empty Cups'

Georgia hospitals provide insight on taking care of our workforce

By Patty Gregory

The year of 2020 will be remembered as the year that the COVID-19 pandemic shook the health care world. Hospitals and front line workers around the globe immediately pulled together and faced it as best they could, and they continue the fight today. The stress of facing this new enemy has also shed light on another pressing matter: the mental health of hospital workers.

The tragic story of Dr. Lorna Breen, the former emergency room director of New York Presbyterian Allen Hospital, has also brought national attention and a renewed focus to the issue of health care worker burnout and the need to normalize the mental health struggles experienced by so many.

After contracting COVID-19 in March 2020, physical and mental health struggles caused by the virus ultimately led to Dr. Breen's suicide

on April 26, 2020. According to a New York Times article about her death, in researching the issue, her family discovered that countless physicians, nurses, and other health care workers often live in fear of losing their jobs or licenses if they admit to experiencing mental health issues. They worry that, in doing so, they are giving the impression they can't perform their job duties. This fear likely stems from the fact that licensing boards require disclosure of current or past mental health care. To add another layer, seeking mental health support is thought of as weak among many medical professionals.

Here in Georgia, hospitals have recognized the need for mental health support.

"I've been delivering this message for probably around 20 years and finally people are listening. I think the gift coming out of this awful pandemic is that people are becoming more respectful of their mental health and the need to care for it." This comment, from the facilitator of a "Caring for the Caregiver" class at Northeast Georgia Health System (NGHS), is a common sentiment among those monitoring compassion fatigue in the health care industry.

The pandemic has evoked an unprecedented discussion and acceptance around mental health as an important part of overall health.

More than 60% of front line healthcare workers say the pandemic has negatively impacted their mental health, according to a national survey published from the Kaiser Family Foundation and the Washington Post.

Georgia hospitals are no exception. Despite having a vaccine that can prevent illness, hospitals continue to see large numbers of people hospitalized by a disease that could

have been averted, adding to the frustration and fatigue of medical staff.

"I think the most frustrating thing about this current [delta] wave is now we have a solution. We have something in place that we know works to prevent this level of spread of the disease," said Advanced Practice Provider Briana Juskowiak on a recent media tour of NGHS. Juskowiak and her medical colleagues say the ongoing pandemic and the recent spike in cases is taking a physical and emotional toll on the men and women in the nation's hospitals.

In addition to their "Caring for the Caregiver" classes, NGHS has implemented many other tools to monitor and support employee mental health, particularly during the pandemic.

"I think the gift coming out of this awful pandemic is that people are becoming more respectful of their mental health and the need to care for it." - Caring for the Caregiver class facilitator

Monitoring with empathy

During "Tea for the Soul" sessions, spiritual care and Employee Assistance Program (EAP) team members deliver a rolling cart with hot teas, cookies and lavender lotions, sharing words of inspiration, a listening ear and discussing resources available to staff.

Live therapeutic music is offered by the spiritual care department to all shifts/units at scheduled times. This is an art form based on the science of sound that is provided for patients and staff to alleviate physical, emotional, and/or mental concerns. As a complementary, non-pharmacologic intervention, live therapeutic music creates a healing and restful environment for individual patients.

The NGHS pet therapy program, “Pause for Paws,” was offered virtually early in the pandemic with in-person visits beginning spring 2021. Gili, a 1-year-old goldendoodle and new in-house EAP Therapy Dog, completed her training in January 2021. Visits



Emily Acker, Hillside, Inc. CEO

are available to all departments and booked frequently.

Unit leaders identified stressed employees in COVID areas and provided a full-day off-site opportunity with equine therapy and a harpist through an organization called Horse & Harp. The nonprofit offers small group retreats for those seeking stress-relief, personal development, and team building.

Leaders completed rounding and report out sessions, which established routine opportunities for senior leadership within all units for visibility to staff and to discuss needs and support.

Employee services and EAP team members took baskets to units with “pay it forward cards” to help promote random acts of kindness among co-workers.

Professional education plays a role

Resilience has been thoughtfully threaded into CME Lectures with relevant topics, such as “Resilience – Practicing Self-Care to Prevent Burnout.”

Leaders at NGHS have also proactively shared supportive book selections. “The Dream Manager” by Matthew Kelly and Patrick Lencioni was delivered, along with an encouraging note from the CEO, to all leaders to use with staff throughout the year. Bucket List Moments (dreams) were solicited from staff, physicians, and board members, with some fulfilled in late 2020. Ben Nemtin, a motivational speaker who frequently speaks on mental health, was engaged to speak to all staff; however, due to the COVID resurge, the event was rescheduled for fall 2021.

LeAnn Thieman, author of “Chicken Soup for the Nurse’s Soul,” was engaged to teach

tips and tricks for resiliency during two in-person and virtual sessions, with a rounding opportunity on nursing units. Recorded sessions were made available, and all nurses received a copy of the book.

Staff weren't the only ones receiving extra support during the pandemic.

Hospital staff at NGHS celebrate patients transitioning to step-down care (not just being discharged), delivering small tokens and staff gathering to cheer and clap. Community support messages, including thank you signs and videos, cards, letters, and artwork have been delivered to staff and posted in patient rooms.

The pediatric population has required careful consideration where families have sometimes experienced frustration in light of extra safety restraints and precautions taken due to the pandemic.

At Hillside, Inc, a pediatric behavioral health provider near downtown Atlanta, there has been a dual focus on supporting patients and staff.

"Our primary clinical model at Hillside is dialectic behavior therapy, which teaches and embraces the dialectics in life," said Emily Acker, CEO of Hillside. "One thing can be true while the seemingly opposite can be true as well. There's a middle path to be found. For example, you may be struggling, but you are doing the best you can at the same time."

This approach has proven beneficial across the board over the past 18 months, where the compassion-based work they use for patients has become part of their employee consultation and supervision.

"Remembering to elevate that compassion to employees, leadership, and even our board of directors has been very vital," said Acker. It was especially helpful as they identified diversity, equity, and inclusion (DEI) initiatives resulting from not only the pandemic, but also the social unrest around race and politics.

"We know employees need a safe and sometimes anonymous platform to say what they want to say."
- Emily Acker, Hillside, Inc. CEO

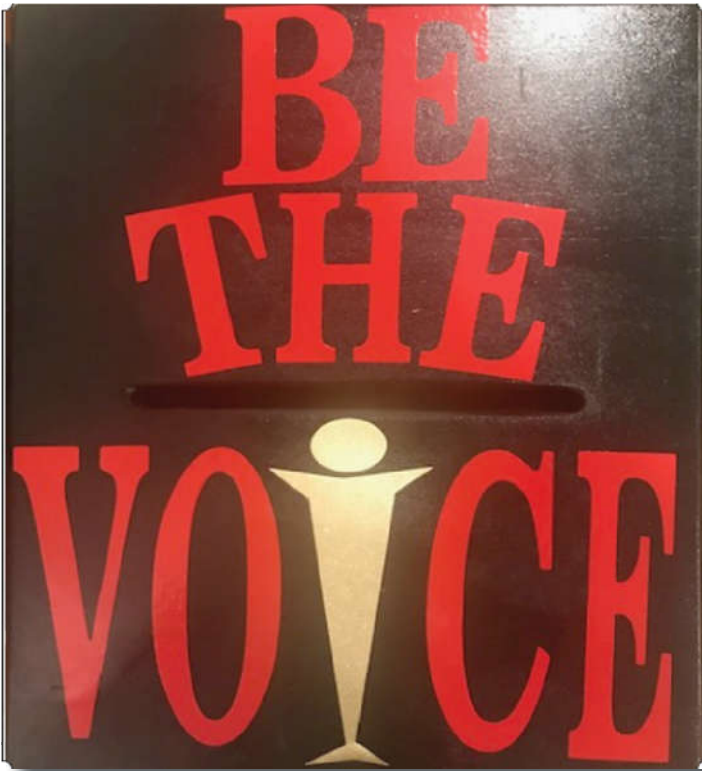
Inclusion

Like many DEI committees, the committee at Hillside came to fruition June 2020 in midst of COVID-19 and civil unrest.

"Our COVID-19 and DEI work has been very much intertwined," said Acker. "What COVID-19 did for all of us is it helped us rethink everything. At Hillside, as we rethought patient safety, we also rethought employee safety and then took a fresh look at equity and inclusion. I feel like all our efforts, safety from infection or virus or safety to come to work as your authentic self, all blended together."

The organization's activities unified both crises.

"We did a lot of rethinking of policies and practices, not only around safety but also around our equitable habits and practices," said Acker. "We launched our "Be the Voice" campaign, where we put out boxes to ask employees to tell us what they're thinking.



The message was simple: ‘Your voice matters vitally at this time because we can’t make the best decisions unless we hear from you.’

We know employees need a safe and sometimes anonymous platform to say what they want to say.”

The boxes continue to be an important tool today and are widely used. From a diverse employee base come a variety of comments about the organization’s mask policy, dress code policy, staffing challenges, and other situations.

“Be the Voice” also played a role during the contentious 2020 election season. According to Acker, Hillside did a lot of nonpartisan promotion, education, and assistance to ensure employees knew how to register and to ensure they knew how to cast their vote.

“We have a young workforce and, along with ‘Be the Voice,’ we wanted to promote that your

voice matters in all aspects of our community. We found that to be very unifying in our population, despite differences of opinions in parties.”

Hillside, which has employees from all over the world, also held more celebrations of national holidays and international holidays.

“We incorporated food, education, the kids, art, and anything to divert our attention from the day-to-day struggles to something new and different that could enhance our culture, our community, and their lives,” said Acker.

Caring for the next generation of health care providers

Health care workers are indispensable as the country continues its fight against COVID-19 — but many are physically, mentally, and emotionally exhausted.

The Joint Commission issued a statement about organizations needing to eliminate policies that reinforce stigma and fear about the professional consequences of seeking mental health treatment for health care workers.

More flexible scheduling options are one way to support workers. Some examples include monitoring and limiting hours spent in high-risk or stressful situations, and limiting non-essential calls, emails, and other job requirements during crisis situations. According to The Joint Commission, organizations should also provide more transparency around sick leave and return-to-work policies.

Wellstar Health System is discovering that incentives like more time off can also be very attractive to nurse employees. In a recent GPB article, President and CEO Candice Saunders said compensation is important, but feedback

she received from nurse employees made it clear that workers wanted more time and that allowing remote work or more flexible schedules seemed popular. However, to be able to implement these changes, hospitals need more nurses. That's why Wellstar has been working with different schools and training programs to increase the number of health care professionals coming down the pipeline.

The Accreditation Council for Graduate Medical Education (GME) has long put an emphasis on resident well-being and high levels of burnout. As NGHS developed its nascent GME program in 2018, Holly Stewart, director of GME Wellness, said, "We wanted to be innovative and normalize the conversation that residency is grueling." Wellness initiatives have been incorporated since the program launched, and that infrastructure has helped residents throughout the pandemic.

Fuel gauge

The Well-Being Fuel Gauge survey is a tool NGHS adopted from UT Southwestern Medical Center. It's a two-item survey that goes out every other Thursday to all residents asking, "How are your 'fuel levels'? Is your tank full? Or are you running on empty?" Residents rank their fuel level based on how they're feeling, and there is a comment field to provide input on anything they're struggling with.

"This simple, confidential tool allows me to keep an eye on individuals and get early notice if someone is struggling so we can check in on them," said Stewart. "It's also helpful from a higher level because I can see trends in programs. For example, I can see a group of folks who were doing well and quickly track a sharp decline in their overall fuel levels. Scheduling issues are a common culprit, so I work with program leadership to see what we can do to help the residents out."

Developing internal partnerships has also been critical to the program's success.

"We have a Resident Assistance Program (RAP) for residents, which is staffed by an in-house neuropsychologist," said Stewart. "It is tailored to common issues residents face, and we have had the support of the NGHS employee assistance program from the beginning. It has been fantastic to have the partnership of this internal group."



General Surgery resident Mary Hunter Benton, MD at Northeast Georgia Health System

How Georgia Hospitals are Supporting Workforce Mental Health

- ☐ **Staff Appreciation Events** - Whether it's wheeling a rolling cart with refreshments through the halls or providing live therapeutic music at the nurses station, in-hospital events can make staff feel listened to and cared for.
- ☐ **Animal Therapy** - Visits from therapy pets aren't just for patients. Some hospitals use equine therapy or onsite therapy dogs to comfort staff.
- ☐ **Book Clubs** - Staff find solidarity with peers by reading books together, such as "Chicken Soup for the Nurse's Soul."
- ☐ **Celebrating the Wins** - Hospital staff are now celebrating patients transitioning to step down care (not just being discharged) to remind everyone of the progress and good stories that are still happening.
- ☐ **Community Support** - Messages, including thank you signs and videos, cards, letters, and artwork, are delivered to staff and posted in patient rooms.
- ☐ **Comment Boxes** - Employees need a safe and sometimes anonymous platform to say what they need to say. Hospitals are disseminating comment boxes to ask employees to tell them what they need.
- ☐ **Flexibility** - More flexible scheduling options are another way to support workers. Some examples include monitoring and limiting hours spent in high-risk or stressful situations, and limiting non-essential calls, emails, and other job requirements during crisis situations.


Amidst the most recent COVID surge, NGHS held weekly wellness "hangouts" for residents during which they received food, ice cream and spent time with RAP staff – including beloved employee therapy dog, Gili. These de-stress events, Stewart said, were very well received by the residents.

Challenges around the emotional health and well-being of staff have remained consistent throughout the pandemic; however, they are growing.

According to a study commissioned by the American Organization for Nursing Leadership, an overwhelming number of respondents (74.9%) ranked "emotional health and well-being of staff" the number one challenge as of August 2021. That is an increase from 49% in July 2020.

Health care workers across Georgia are managing through a high-stress environment that hasn't slowed for nearly two years.

"A lot of interventions are aimed at the person; exercise, sleep, seeing a counselor are all good things, but a lot of the problems are so big like COVID-19, vaccine resistance, staffing shortages," said Stewart. "Those things are really troublesome for people. How can we best advise people to take care of themselves but also address environmental and systemic problems making them stressed? The big challenge is some of these problems are national problems. Figuring out how to help people through that is not always easy."

Help is also hopefully coming soon from the federal government. The *Dr. Lorna Breen Health Care Provider Protection Act* is a bill that "establishes grants and requires other activities to improve mental and behavioral health and prevent burnout among health care providers." The bill has passed the U.S. House and U.S. Senate and now goes to President Biden. 



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Southeast Georgia Health System Grateful for ‘Behind-the-Scenes’ Health Care Workers and Front Line Staff

By Jenni Morris
Southeast Georgia Health System

Editor’s note: Hospital front line workers are a vital part of patient care. What the COVID-19 pandemic has made clear as well is that all hospital team members, whether on the front lines or behind the scenes, are essential to the successful provision of that care. We thank Southeast Georgia Health System for the following description of various hospital departments’ fervent response to the pandemic. This piece is a nice representation of all the moving parts of each of our hospitals and their continued fight against COVID-19.

The effort of every team member counted, from environmental services and facilities workers to front line nurses and respiratory therapists, physicians, and administrators.

Masking. Quarantine. Unprecedented. Pandemic. These are just a few of the words we’ve heard repeatedly throughout the past 18 months. COVID-19 challenged Southeast Georgia Health System in multiple areas. However, throughout the fluctuating coronavirus caseloads, hospital leadership, team members and physicians innovated and adapted.

Health System team members rose to the challenge day in and day out, many working overtime and taking on additional tasks such as screening, testing, and modifying patient rooms to keep everyone safe. Other staff members kept operations running while working from home. The efforts of every team member counted, from environmental services and facilities workers to front line nurses and respiratory therapists, physicians, and administrators. Many departments collaborated, proving that the Health System is united in the common cause of providing safe, quality and accessible care to meet the needs of the communities it serves.



The laboratory services team worked around the clock to bring COVID-19 testing in-house.

Providing In-house Testing

The laboratory services team has always worked behind the scenes but, even so, are an essential component of patient care. The coronavirus pandemic validated that the lab is the beginning of every diagnosis and treatment decision. Every staff member, from medical technologists and technicians to pathologists and phlebotomists, have been integral to coronavirus testing efforts.

“We needed to know if patients had COVID-19, and we needed to know fast.” - Patrick Godbey, MD, FCAP, Southeast Georgia Health System director of laboratory services, chief, department of pathology

In March 2020, three weeks after the Health System admitted the first COVID-19 patient, the department achieved “the Easter Sunday breakthrough,” according to Patrick Godbey, M.D., FCAP, director, laboratory services; chief, department of pathology; and president, College of American Pathologists. “We needed to know if patients had COVID-19, and we needed to know fast. If a patient tested positive, they required one-on-one care in an isolation room and use of what was then limited personal protective equipment (PPE). Each positive test result represented a huge financial decision and commitment of resources. When the pandemic began, we sent COVID-19 tests to outside testing facilities. By Easter Sunday in April 2020, we brought testing in-house.”

The staff, led by Dr. Godbey and Director of Laboratory Services Brendon Winstead, MBA, MT (ASCP), FACHE, arduously validated tests before using them. Gradually, more same-day



One of the biggest lessons learned by the supply chain services team was the need to diversify suppliers to help ensure choice as well as sustainability.

test results were validated. When cases spiked in 2020, technicians ran up to 300 tests per day, which included pre-surgical testing and the Health System's Senior Care Center staff and resident testing. However, when the third surge hit in July 2021, they were processing over 800 tests a day.

A Valuable Link in the Chain of Patient Care

A hospital needs many moving parts to function – from stretchers to surgical masks – and the Supply Chain Services team stocks everything, except food and medication.

Throughout 2020, the team dealt with product restrictions and worked to build up crisis supplies while seeking reliable suppliers. Most of their efforts focused on procuring PPE and other critical supplies.

Significant amounts of time were devoted to distribution and inventory control. As

2021 progressed and supplies replenished, the department streamlined logistics and automated processes that were manual in the early days of the pandemic. Supply shortages linked to rising cases of the delta variant remain, including antigen tests, which have a short shelf life. Securing citrate vacutainer tubes used for blood collection was also difficult.

“The most meaningful aspect of this job is supplying downstream people like nurses, respiratory therapists and other clinicians. We procure quality products at the best price to help them deliver positive patient outcomes,” explained Kyle Culbertson, CMRP, manager, supply chain services.

The biggest takeaway was acknowledging the need to diversify suppliers. Instead of searching for the best price, procurement specialists now consider where items are made. They are part of a growing movement

among hospitals and group manufacturing associations that has pushed manufacturers to diversify their locations.

Although supply chain jobs are less visible than some within the Health System, their efforts are an important link in the chain of patient care. Knowing that and knowing they make a difference makes it all worthwhile.

Heroes with Tool Belts

When the pandemic first hit, the facilities management team built COVID-19 patient isolation rooms and created an N-95 mask disinfection system. The team responded to caseload highs and lows by building isolation rooms or dismantling and restoring them into non-COVID-19 patient rooms. According to Facilities Manager John Cragin, “We went from less than 20 isolation rooms to more than 100. Converting patient rooms has become part of our routine. Every morning, I speak to the house manager, and, based on our patient

census, we convert rooms as needed.” The facilities team responds to standard maintenance and repair requests, as well as special needs related to coronavirus safety protocols, such as:

- Changing HEPA filters in patient rooms
- Changing out all air filters and air handlers in hospital buildings to improve efficiency and air filtration
- Dismantling the N-95 mask disinfection unit when supplies replenished
- Installing a wall between the Outpatient Care Center and the hospital to limit public access
- Installing plexiglass partitions at team member desks to separate staff from the public
- Helping physician offices reopen when the mandated shutdown ended

“There’s so much involved with our jobs. People don’t realize what goes into keeping



Converting patient rooms to isolation rooms and back to non-COVID-19 patient rooms has become routine for the facilities management team.



The pharmacy team navigated shortages of critical drugs and managed to maintain supply.

up a big building like this. Some days, we're like firemen, putting out fires, metaphorically speaking. Other days, it's slow, but steady," described Mr. Cragin.

Although they work behind the scenes, the facilities management team believes that other departments see them as essential to hospital operations. Doctors, nurses, and other health care providers cannot do their jobs without the facilities team doing theirs.

From COVID-19 Treatments to Vaccines, Pharmacists Protect the Public

Imagine what medical care was like before vaccines, anesthesia, and other life-saving treatments. Last year, the world experienced a similar feeling of powerlessness when COVID-19 raged across the globe. Pharmacy staff at the Health System hospitals found themselves in uncharted territory throughout

the pandemic. Finding treatments for a highly contagious, potentially deadly virus demanded time and extraordinary focus. As physicians around the world searched for medications thought to be effective against the virus, every new "wonder" drug quickly became in short supply or unavailable. The driving need for new treatment regimens and later, vaccine management, expanded the pharmacy team's responsibilities.


The pharmacies played an important role in the support, distribution and education of coronavirus therapies and helped navigate periodic shortages of critical drugs. By closely monitoring supplies of therapies like Remdesivir, along with vaccines, the pharmacists have managed to maintain sufficient quantities to meet demand, despite shortages.


“Daily huddles between pharmacists, physician leaders and Health System leadership were key for communication. The constant communication continues throughout the day between the pharmacy team and physician leaders,” explains Tim Tyre, R.Ph., MHS, director, pharmacy. Working together, a new process was created for ordering, distributing, and keeping current inventory. “It is a tedious but beneficial process that allows us to monitor our stock and maintain necessary data.” Although typically working behind the scenes, pharmacists know that their work helps the medical teams throughout the Health System save lives.

An Unforgettable Year in Health Care History

Worldwide, people have learned during the last 18 months that there is no way to predict when

or how COVID-19 is going to affect someone, much less when it will begin to diminish. Thankfully, many “behind the scenes” health care workers, as well as frontline staff, continue to dedicate countless hours to take care of the many patients affected by the coronavirus.

“Today, we are caring for an unprecedented number of patients, and sadly, we’ve seen an unprecedented number of deaths. My heart goes out to the families and to our team members as their caregivers. I cannot express enough how grateful I am to our team members and physicians for everything they do for our patients and community,” said Michael D. Scherneck, president and CEO, Southeast Georgia Health System. “I pray that we will soon see relief from this horrific virus.” 



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Angela Ammons (right) Clinch Memorial Hospital CEO, helps unload food boxes from Moore Farms to distribute to employees during the COVID-19 pandemic.

Women CEOs partner to tackle food and population health issues

By Lily James
Clinch Memorial Hospital

During the COVID-19 pandemic, a farmer reached out to Clinch Memorial Hospital CEO Angela Ammons asking if she would buy their blueberry produce. The farmer explained that consumers were not buying fresh produce because of the pandemic and restaurants closing, and the fruit would be wasted if she did not purchase. After hearing similar stories of food waste from local farmers, Ammons knew something had to be done. Through her desire of wanting to help Georgia farmers and role as hospital CEO, Ammons recognized the benefits a partnership like this would bring to rural Georgia – support for the farmers and an opportunity to bring healthy food options to rural communities.

Ammons began researching ways rural businesses could make this work long term. Through her research, she found Kashi Sehgal, founder and CEO of Retaaza. Retaaza is an organization that works to make local food more accessible and affordable. It serves as the liaison between Georgia farmers and consumers to streamline the process of sourcing locally grown food and preventing waste. Retaaza collaborates with the farmer and business to distribute available produce and opens the door for rural communities to support each other effortlessly.

“We consistently work with both the farmer and consumer to create a repeatable network and infrastructure that can be relied upon,” said Sehgal. “By doing so, we buy what the farmer has to offer. That includes all produce options including premium, B grade and potentially wasted food.”

“B grade produce has just as much nutritional value as any premium produce,” said Ammons. “When produce is deemed as a B grade, it means it has a few blemishes or it is not the right size for mass markets. While the produce might not be as pretty, we don’t mind.”

Clinch County, like other rural communities in Georgia, has limited resources when it comes to buying healthy food. Now, with the nationwide supply chain issues, rural communities are burdened even more with limited amounts of both healthy and processed foods.



Clinch Memorial Hospital employees pick up their fresh zucchini boxes after a Retaaza shipment from Chill-C Farms.



Staff from Our Daily Bread Cafe, Clinch Memorial's cafeteria, select their zucchini boxes to begin preparing lunch for patients and customers.

“Ships carrying essential items, including imported foods, are backed up along the U.S. shores,” said Sehgal. “Many industries are facing a serious problem. Fortunately, Retaaza offers a solution by being the local supply chain. We distribute fresh food straight from the farm to the community, allowing these local entities to better support one another.”

Clinch Memorial receives pallets of fresh produce from Retaaza. After the cafeteria staff collects as much as they need, Ammons distributes what is left for employees to take home.

“The value of the partnership with Retaaza is that local businesses, in my case a rural hospital, can support Georgia farmers and make healthy food readily available to our communities,” said Ammons. “This project is not only about supporting farmers, but also supporting employee wellness. We want our employees to consistently have healthy food options at an affordable cost. Retaaza allows us to do that.”

Ammons and Sehgal are working closely with other rural businesses and health care organizations to educate executives on the importance and benefits of this rural-supporting initiative. This power duo is changing the industry and the future is bright for rural Georgians.

For inquiries about Retaaza, email info@retaaza.com. 

“This project is . . . about supporting employee wellness. We want our employees to consistently have healthy food options at an affordable cost.”

– Angela Ammons, Clinch Memorial Hospital CEO



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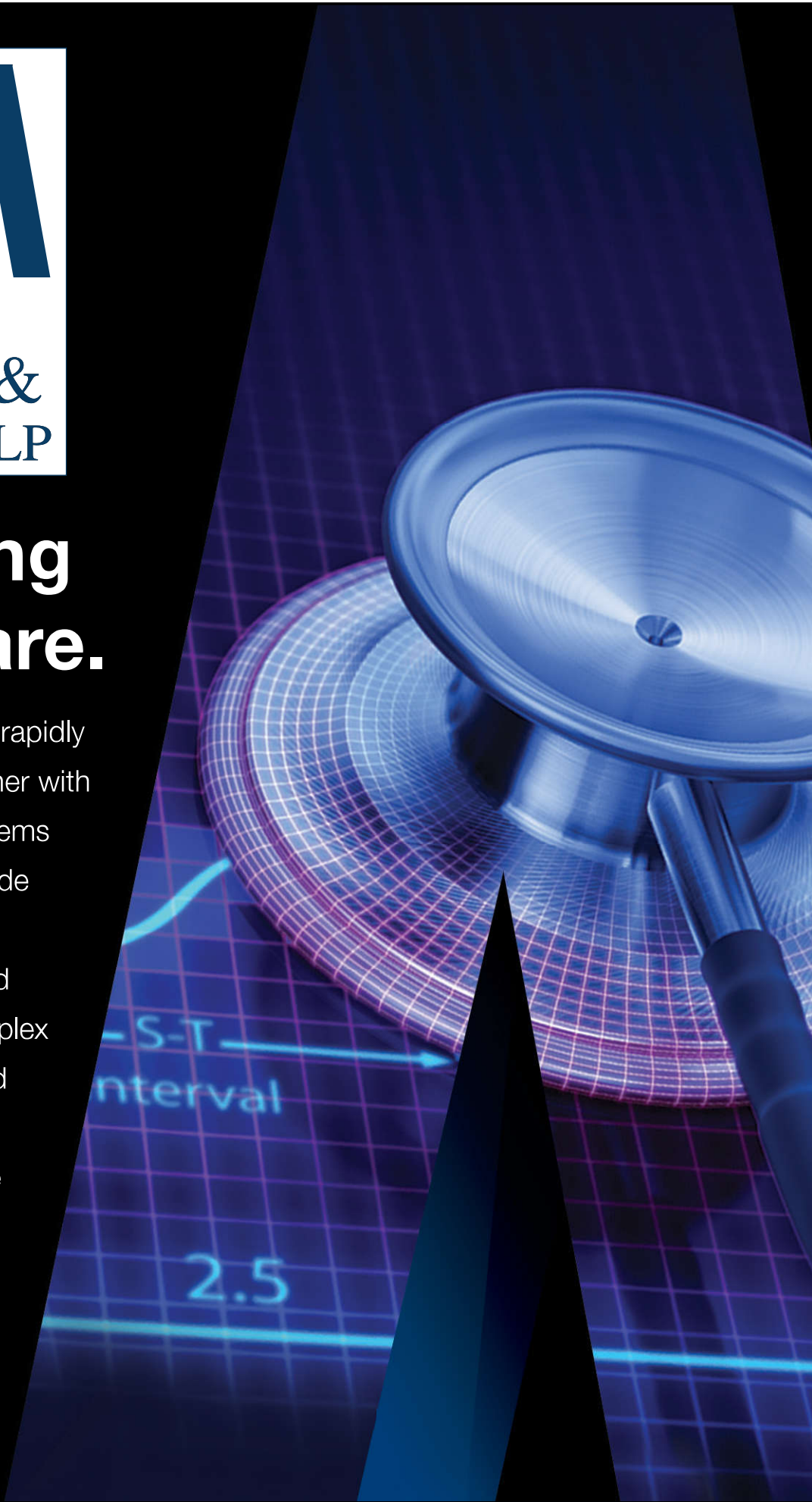
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Our Hospitals

Fire in the Attic

Nightmare scenario prevented by St. Mary's Highland Hills staff

By Mark Ralston
St. Mary's Health Care System

On the blazing hot morning of July 15, 2021, the worst nightmare of every senior living community erupted at St. Mary's Highland Hills Village: fire.

It was about 10 a.m., and a contractor was on site to install a powered roof vent above the assisted living area's entrance hallway. The 18-resident assisted living section stands between Highland Hill's 77-unit independent living community and 34-resident memory care unit. All three components are joined together into a single facility.

At about 10:10 a.m., maintenance manager Brian Colley received an urgent call from the contractor: Sparks at the worksite had ignited insulation in the attic. Brian grabbed a ladder and a fire extinguisher and rushed to the hallway beneath the worksite. As Brian hurried up the ladder, his colleague, Chris Childs, sounded the facility alarm and called 911.



Within hours, the Assisted Living facility was clean and safe enough for most residents to return, though ceiling repairs and painting would take several weeks to complete.

Staff immediately began evacuating residents as Brian pushed aside a panel of the drop ceiling and got a look at the fire. It was still small, so he pulled the safety pin on the fire extinguisher, aimed at the base of the flames, and starting spraying. In moments, there was nothing left of it but smoke.

Meanwhile, it took staff just three minutes to evacuate all residents to the facility's designated gathering place outside, even the ones with mobility issues. No one was injured, but all were worried. Staff began going from person to person, calming fears, providing reassurance, offering water, and keeping everyone as comfortable as possible as they waited in the shade of Highland Hill's big oak trees.

"On the day of the incident, I was visiting with my parents in Assisted Living," said



Pictured are some of the Highland Hills staff who played a key role in responding to the July 15 fire and subsequent resident needs. L to R: Craig Topple, chaplain; Toni Roark, activities coordinator; Beth Dillard, front office coordinator; Alicia Hooper, clinical manager; Mandi Haslett, director of nursing; Hannah Baker, activities coordinator; Holly Baddeley, resident ambassador; and Brian Colley, maintenance manager.

Cindy Kennedy, daughter of two Highland Hills residents. “It was wonderful to see that Highland Hills’ prepared action plan was successfully completed with such teamwork and organization. Our family is grateful for the amazing people at Highland Hills!”

Around 10:16 a.m., the Oconee County Fire Department, first responders, and Sheriff began arriving, along with National EMS and the fire marshal. St. Mary’s response team and senior leaders were not far behind.

“I was impressed with St. Mary’s Highland Hills administrative staff, facilities staff, and nursing staff – they had all the residents evacuated prior to our arrival,” said Oconee Fire Chief Bruce Thaxton. “Firefighters quickly extinguished the fire and ventilated smoke from the building. The coordination between St. Mary’s Highland Hills staff and Oconee County Fire Rescue minimized loss of property and possible injuries.”

After his arrival, it took only a few minutes for the fire marshal to assess the situation, determine the fire was out, and advise on areas that would need to be closed off and repaired before residents could return. As designed, firewalls and ventilation systems had kept nearly all the smoke out of the independent living and memory care units.


Despite the incredibly fast response, the fire caused significant smoke damage, and measures to ensure the fire was completely extinguished affected the ceiling in some areas. In all, about 40% of the assisted living unit was affected. Smoke had to be cleared and basic clean-up finished before residents could return. It was far too hot to stay outside, so staff moved the residents into a large gathering room in Highland Hills’ Independent Living section.

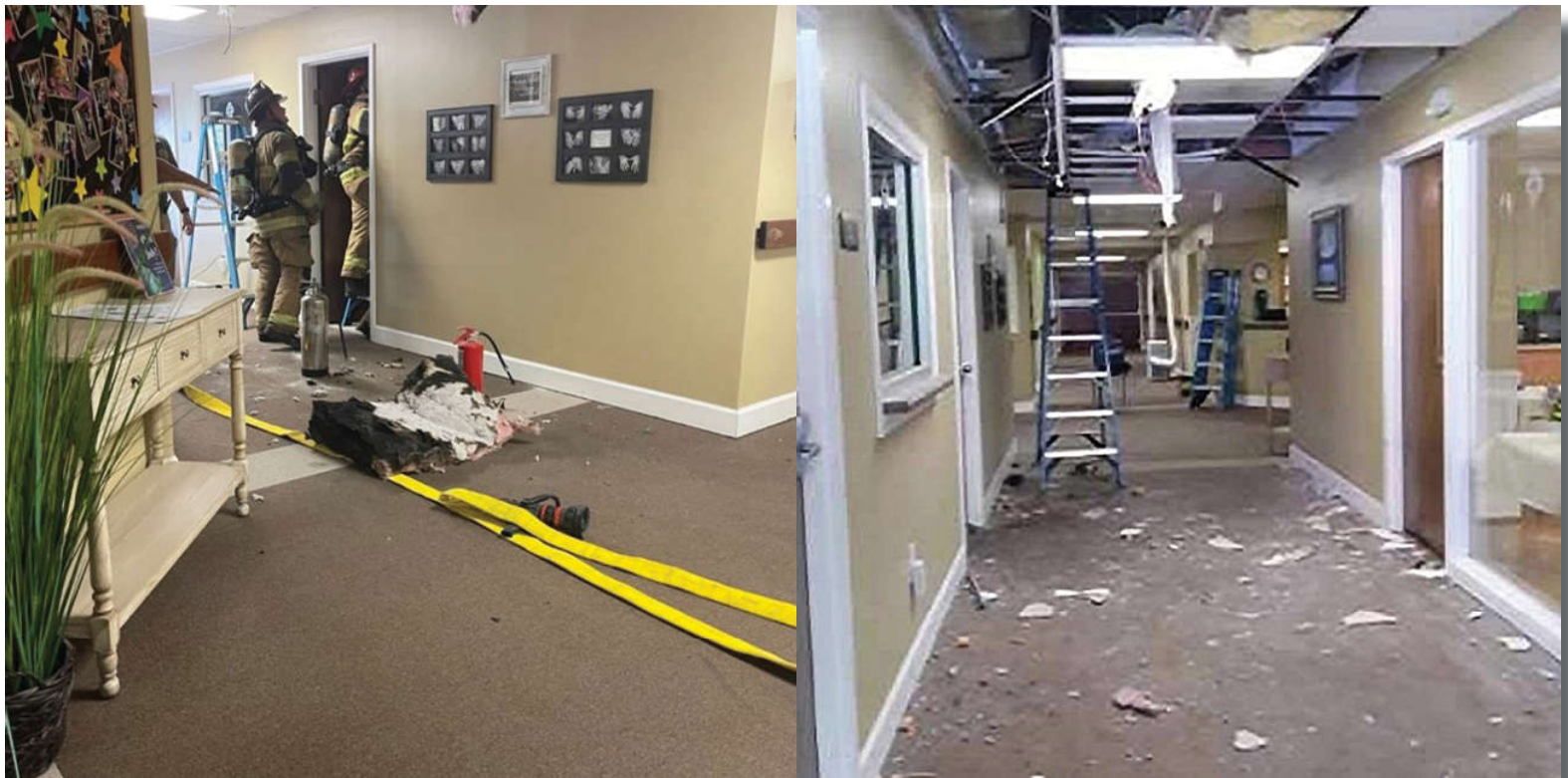
Most importantly, six residents’ apartments were going to need significant repairs and

clean-up. Staff set to work finding appropriate temporary housing for them. One who was on hospice care was able to go to St. Mary's Hospice House, which is a separate facility on the Highland Hills campus. The other five were able to temporarily move in with family or into another assisted living apartment at Highland Hills. The rest of the assisted living residents returned to their rooms around 1:30 p.m. after a relaxed lunch in the independent living area's dining room.

The fire also damaged the assisted living entrance hallway, dining room, security office and nutrition room, and forced Highland Hills to temporarily relocate the unit's nurses station. Repairs included replacing broken and smoke-contaminated drop ceilings and repainting walls and other surfaces.

"I firmly believe that, in what could have been a crisis, our staff showed their true character in taking immediate action and responsibility, putting the safety of our residents before anything else," said Courtney Haney, Highland Hills director of operations.

"I could not be prouder of all our Highland Hills staff," said Tanya Adcock, St. Mary's vice president of post-acute care services. "Material possessions can be replaced, but human lives cannot. Staff response on this day serves as a demonstration of their commitment to serve and their level of excellence and dedication to the safety of all who call HHV home. They are truly heroes." 



Oconee firefighters to room to room to ensure the fire is out and to ventilate smoke, and clean-up work begins to remove damaged insulation and ceiling tiles in the entrance hallway and elsewhere.

Our Hospitals

Names in the News

January

Nurses at **St. Joseph's/Candler** earned The American Nurses Credentialing Center's Magnet recognition for the fifth time.

Atrium Health Navicent Peach, Augusta University Health, Augusta University Health – Children's Hospital of Georgia, Effingham Health System, Emory Healthcare, Emory Saint Joseph's Hospital, Emory University Hospital Midtown, Emory University Orthopaedics and Spine Hospital, Meadows Health, Memorial Hospital and Manor, Monroe County Hospital in Partnership with Atrium Health Navicent, Redmond Regional Medical Center, Shepherd Center, Wellstar Douglas Hospital, and Wellstar Health System won patient safety and quality awards from the Georgia Hospital Association.

Allen Butcher was named chief financial officer for **Augusta University Health**.

Northside Hospital was recognized as one of the Best Places to Work by Comparably.

St. Joseph's/Candler and **Liberty Regional Medical Center** partnered to create a new oncology program to deliver the latest treatments to Liberty County cancer patients.



February

Delvecchio S. Finley, FACHE, became the new president and chief executive officer of **Atrium Health Navicent**.

Jill McIntyre was named the director of diversity at **Tift Regional Medical Center**. **Dr. Daryl Crenshaw** was named chief of staff of **Archbold Medical Center**.

Upton Regional Medical Center received accreditation for its home sleep testing/sleep lab services from the Accreditation Commission for Health Care.

South Georgia Medical Center received approval from the Accreditation Council for Graduate Medical Education to launch its Mercer University School of Medicine internal medicine residency program and will begin its first class in July 2022.

CHI Memorial Hospital Georgia opened the CHI Memorial Regional Sleep Center to offer evaluation of sleep disorders.

Dr. George Zimmerman performed the first robotic-assisted total knee replacement at **St. Francis-Emory Healthcare**.

Dr. R. Henry “Hank” Capps was named executive vice president and chief information and digital officer of **Wellstar Health System**.

Northeast Georgia Medical Center became the first hospital in Georgia to use the Jada System, a life-saving technology system used to treat mothers suffering from postpartum hemorrhage and abnormal uterine bleeding.

Effingham Health System was named one of four organizations nationwide to receive the 2020 Richard L. Doyle Award for innovation and leadership in health care.

Clarence “Mac” McKemie, M.D., was named the trauma medical director of **Floyd Medical Center**.

March

Colquitt Regional Medical Center’s Edwards Cancer Center opened a new radiation oncology unit.

Emory University Hospital Midtown was designated a Level I Emergency Cardiac Care Center by the Georgia Department of Public Health.

Emory Johns Creek Hospital was designated a Level II Emergency Cardiac Care Center by the Georgia Department of Public Health.

Memorial Health opened the **Dwaine and Cynthia Willett Children’s Hospital of Savannah**, the first freestanding children’s hospital of its kind in Southeast Georgia.

Dr. Justin Bundy, an orthopedic surgeon at **Doctors Hospital of Augusta**, became the first to use augmented reality surgery in Georgia. This method allows for less invasive surgical techniques.

Dr. Sharon Beal was named medical director for the Pediatric Palliative Care and Hospice Program at the **Children’s Hospital of Georgia**.

Emory University Hospital, Emory Saint Joseph’s Hospital, Emory Johns Creek Hospital, Union General Hospital, Northside Hospital Forsyth, Fairview Park Hospital, and Wellstar Paulding Hospital were named as top U.S. and Georgia hospitals in Newsweek’s list of The World’s Best Hospitals 2021.

Phoebe Putney Health System announced a partnership with **Atrium Health Navicent’s Beverley Knight Olson Children’s Hospital** to bring pediatric services to the children in Southwest Georgia.

Ashley Romadka was named the director of human resources at **South Georgia Medical Center**.

AU Health’s Georgia War Veterans Nursing Home received the Pinnacle Quality Insight’s 2021 Customer Experience Award in 14 categories.

Coffee Regional Medical Center held a ribbon cutting for its new bariatric and metabolic center.

Doctors at **Emory St Joseph’s Hospital** became the first in Georgia to use a new robot to help diagnose and treat lung cancers earlier.

South Georgia Medical Center completed an upgrade of its two linear accelerators that deliver radiation treatments to cancer patients.

Sigismund (Siggy) Tetteh was named chief information officer for **Houston Healthcare**.

April

The radiation oncology and neuroscience teams at **Northeast Georgia Medical Center** developed the region's first treatment for arteriovenous malformation (AVM), which is a tangle of abnormal blood vessels in the brain.

South Georgia Medical Center opened a new women's health center.

Northeast Georgia Medical Center received initial accreditation for its emergency medicine, psychiatry, and OB/GYN residency programs.

Alan K. Brown, M.D. was named chief medical officer of **Southeast Georgia Health System**.

Fairview Park Hospital was named to the Fortune/IBM Watson Health 100 Top Hospitals® list.

Wellstar Health System was named one of the 100 Best Companies to Work For by Great Place to Work® and Fortune.

Floyd Polk Medical Center became the first hospital in the state to receive geriatric emergency department accreditation by the American College of Emergency Physicians.

Michael D. Scherneck, president and CEO of **Southeast Georgia Health System**, announced his intention to retire in early 2022.

May

Grady Health System was reverified by the American College of Surgeons as a Level I trauma center.

South Georgia Medical Center was awarded the Georgia Emergency Medical Service of the Year award by the Georgia Emergency Medical Services Association.

Phoebe Putney Memorial Hospital was designated a Level 1 Emergency Cardiac Care Center by the Georgia Department of Public Health.

Augusta University Health's Georgia Cancer Center received accreditation from the National Accreditation Program for Breast Centers of the American College of Surgeons.

Emory Healthcare's Critical Care Center Nurse Practitioner and Physician Assistant residency program received accreditation-clinical postgraduate program status from the Accreditation Review Commission on Education for the Physician Assistant.

A.D. 'Pete' Correll, chair emeritus of the **Grady Memorial Hospital** Corporation Board of Directors, passed away at the age of 80.

Carol Smith, chief nursing executive and chief operating officer for **Southwell Medical** in Adel and former acute care and chief nursing officer for **Tift Regional Medical Center**, announced her retirement.

June

South Georgia Medical Center's pulmonary rehabilitation program was recertified by the American Association of Cardiovascular and Pulmonary Rehabilitation.

Wellstar Health System was verified as a Level II trauma center by the American College of Surgeons.

Brad Haws was named chief financial officer of **Emory Healthcare**.

CHI Memorial Hospital's RN residency program received accreditation as a Practice Transition Program by the American Nurses Credentialing Center's Commission on Accreditation in Practice Transition Programs.

Dr. Mary Chatman, PhD, RN, executive vice president of **Wellstar Health System** and president of **Wellstar Kennestone** and **Wellstar Windy Hill Hospitals**, was recognized as an Atlanta Magazine "Women Making a Mark" honoree.

Encompass Health Rehabilitation Hospital of Cumming, a 50-bed inpatient rehabilitation hospital, announced its opening.

Children's Healthcare of Atlanta was ranked among the nation's top pediatric hospitals in U.S. News & World Report's list of "Best Children's Hospitals."

AdventHealth Gordon was awarded accreditation by Healthcare Facilities Accreditation Program (HFAP).

Matt Hasbrouck was named chief executive officer of **Memorial Health Meadows Hospital**.

Northside Forsyth received The Joint Commission's Gold Seal of Approval® for Total Hip and Total Knee Replacement Certification.

Roberta Kaplow, PhD, APRN-CCNS, clinical nurse specialist in the acute respiratory intensive care unit at **Emory University Hospital**, was named a 2020 National Magnet Nurse of the Year by the American Nurses Credentialing Center.

Northeast Georgia Medical Center Braselton opened the new Braselton Cancer Center.

Atrium Health Navicent achieved StormReady recertification from the National Weather Service.

July

Wellstar Kennestone Hospital celebrated its 71st anniversary.

South Georgia Medical Center received the American College of Cardiology's NCDR Chest Pain – MI Registry Silver Performance Achievement Award and was one of eight hospitals in the state of Georgia to receive the award.

Coffee Regional Medical Center opened a new pulmonary rehabilitation program.

Emily Wetherington was named administrative director of **South Georgia Medical Center's** Pearlman Cancer Center.

AdventHealth and **Children's Healthcare of Atlanta** were named 2021 Best Places to Work in IT by Insider Pro and Computerworld.

Shepherd Center was named a "Best Place to Work for Disability Inclusion" by the American Association of People with Disabilities and Disability:IN.

Emory Healthcare became the first health care system in Georgia to perform 1,000 heart transplants.

John Moore was named chief financial officer of **South Georgia Medical Center**.

Rhonda Casey, LNHA, RN, was named administrator of **Liberty Regional Medical Center's** Coastal Manor Long Term Care, the organization's skilled nursing facility.

Northside Hospital was recognized by Comparably for "Best Leadership Teams" and "Best Companies for Career Growth."

St. Francis-Emory Healthcare was named a Level I Emergency Cardiac Care Center by the Georgia Department of Public Health.

Southeast Georgia Health System Brunswick's Wound Care Center received the Robert A. Warriner III, M.D. Clinical Excellence Award.

Northside Hospital became the first hospital in Atlanta to use the Monarch™ robotic technology to diagnose lung cancer.

Shepherd Center was ranked among the top 10 Best Hospitals for Rehabilitation by U.S. News & World Report.

August

The Bone Marrow Transplant Program at the Medical College of Georgia at **Augusta University** celebrated its 1000th transplant.

Emory University Hospital was ranked the No. 1 hospital in Georgia and metro Atlanta by U.S. News & World Report; **Emory Saint Joseph's Hospital** was ranked No. 2 in Georgia and metro Atlanta; and **Emory University Hospital Midtown** was ranked No. 5 in Georgia and metro Atlanta.

Phoebe Putney Health System announced an educational partnership with Fort Valley State University to launch a new Bachelor of Science in Nursing program to address the need for nurses in rural Georgia.

Northside Hospital was ranked among the "Best Hospital" nationally in gynecology by U.S. News & World Report.

Northside Hospital became the first hospital in the state to perform a new intravascular procedure known as balloon lithotripsy, an endovascular technology that breaks up calcified plaque within arteries using sonic pressure waves.

Jeff Buda, vice president and chief information officer at **Floyd Medical Center**, was a finalist for the 2021 Georgia CIO of the Year ORBIE Award.

Matthew Robertson was named chief administrative officer of **Phoebe Physicians**. **Dodge County Hospital** opened a new pulmonary rehabilitation unit.

Southern Regional Medical Center received the American Heart Association's GoldPlus Get With the Guidelines® – Stroke Quality Achievement Award with Honor Roll Elite and Target: Type 2 Diabetes Honor Roll.

East Georgia Regional Medical Center earned three American Heart Association Achievement Awards: Get With the Guidelines® Stroke Silver Plus Award; Target Stroke Honor Roll and Target Type 2 Diabetes Honor Roll.

Emory University Orthopaedics & Spine Hospital achieved Magnet recognition from the American Nurses Credentialing Center's Magnet Recognition Program for the second time in a row.

September

Northeast Georgia Health System launched the Georgia Heart Institute, a new heart and vascular program to increase collaboration among the health system's cardiologists and surgeons.

Coffee Regional Medical Center achieved ISO 9001 certification and DNV reaccréditation.

Shepherd Center was awarded a five-year grant by the Administration for Community Living's National Institute on Disability, Independent Living, and Rehabilitation Research to continue its tenure as a Spinal Cord Injury Model System.

Fairview Park Hospital was named one of American's Best Physical Rehab Centers by Newsweek.

Wellstar Health System was recognized as one of 2021 PEOPLE Companies that Care® and Atlanta Business Chronicle's 2021 Healthiest Employers.

Augusta University Health's Bone Marrow Transplant Program received designation as a Blue Distinction Plus Center for Transplants, the highest designation for Blue Cross Blue Shield Systems.

South Georgia Medical Center received the American Heart Association's Resuscitation Gold Adult Get With The Guidelines® award and the Gold Plus, Get With The Guidelines® - Stroke Quality Achievement Award

Delvecchio Finley, president and chief executive officer of **Atrium Health Navicent**, was recognized as a 2021 Top 25 Diversity Leaders in Healthcare by Modern Healthcare.

Wellstar Health System was recognized as one of 10 2021 Top Organizations for Diversity by Modern Healthcare.

Northeast Georgia Medical Center received initial accreditation for Cardiovascular Disease Fellowship and Hospice and Palliative Medicine Fellowship programs by the Accreditation Council for Graduate Medical Education.

Floyd Polk Medical Center earned the American Heart Association's Gold Plus Get With The Guidelines®-Heart Failure Quality Achievement Award.

Screven County Hospital celebrated its 70th anniversary.

Southern Regional Medical Center ranked in the top 2.5% of hospitals nationally on the Lown Hospitals Index for Social Responsibility.

Atrium Health Navicent The Medical Center received the American Heart Association's Gold level Get With The Guidelines®-AFIB Quality Achievement Award.

Augusta University Medical Center was awarded Chest Pain Center Accreditation with Primary PCI by The American College of Cardiology.

October

Chris Self was named president and CEO of **AdventHealth Gordon** and **AdventHealth Murray**.

Redmond Regional Medical Center joined **AdventHealth**.

Northeast Georgia Medical Center Gainesville was certified as a Comprehensive Stroke Center.

Phoebe Putney Health System received the American Heart Association's Gold Plus Get With The Guidelines® - Stroke Quality Achievement Award.

Tift Regional Medical Center earned Get With The Guidelines, Heart Failure-Gold Plus, Get With The Guidelines, Stroke Gold Plus, and Target: Type 2 Diabetes Honor Roll Achievement Awards from the American Heart Association.

Hamilton Emergency Medical Services received reaccreditation from the Commission on Accreditation of Ambulance Services.

South Georgia Medical Center earned the 2021 CHIME Digital Health Most Wired recognition as a certified level 7 in the acute, ambulatory, and long term care categories.

Karen Steely was named chief operating officer of **Redmond Regional Medical Center**.

St. Francis-Emory Healthcare was recognized by the National Safe Sleep Hospital Certification Program as a National Silver Certified Safe Sleep facility.

Dr. Daniel Suh, a neurosurgeon at **Memorial Health**, became the first in southeast Georgia to perform GammaTile Therapy, a rare treatment for brain cancer patients.

Northside Hospital was named a Best Company Work-Life Balance and Best Company Perks & Benefits for 2021 from Comparably.

Coffee Regional Medical Center's Wound Care & Hyperbaric Clinic received RestorixHealth's Wound Center of Excellence award.

Tanner Medical Center/Carrollton received the Get With The Guidelines® - Stroke Gold Plus Quality Achievement Award from American Heart Association/American Stroke Association.

Northside Hospital gained approval for construction of an outpatient surgery center in Braselton.

Encompass Health opened **Rehabilitation Hospital of Henry**.

Joe Ierardi, CEO of **Wayne Memorial Hospital**, was named CEO of the Year by GHA's Council on Auxiliaries and Volunteers.

Floyd Medical Center officially became **Atrium Health Floyd**, resulting from a strategic combination of the Floyd health system and Charlotte, North Carolina-based Atrium Health.

Emanuel Medical Center was re-designated as a Level IV Trauma Center.

Wellstar Paulding Hospital achieved Magnet® recognition for nursing excellence.

November

Northeast Georgia Medical Center was named a Most Wired Hospital by the College of Healthcare Information Management Executives (CHIME).

Emory Rehabilitation Hospital was named the No. 1 rehabilitation hospital in Georgia on Newsweek's list of America's Best Physical Rehabilitation Centers 2021.

Augusta University Medical Center was recognized by the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) as one of 90 ACS NSQIP participating hospitals that achieved meritorious outcomes for surgical patient care in 2020.

Wanda Sims was named interim CEO of **Roosevelt Warm Springs Rehabilitation and Specialty Hospitals**.

St. Mary's Hospital received the American Heart Association's Gold-Plus Get With the Guidelines® Stroke Quality Achievement Award for the 12th year in a row.

St. Mary's Sacred Heart Hospital received the American Heart Association's Silver-Plus Get With the Guidelines® Stroke Quality Achievement Award.

Jonathan S. Lewin, MD, executive vice president for health affairs of Emory University, executive director of the Woodruff Health Sciences Center, and CEO and chairman of **Emory Healthcare**, announced he will step down from his leadership positions and will join the Emory University faculty after a new executive vice president for health affairs is selected and joins the Emory team.

Wellstar Paulding Hospital was designated a Level IV trauma center by the Georgia Department of Public Health.

Southeast Georgia Health System announced that **Scott Raynes, MBA, MA**, will become president and CEO of the health system in January 2022, succeeding **Michael D. Scherneck**, who retired in 2021.

December

Hilary H. Gibbs, MEd, was named vice president and chief development officer for **South Georgia Medical Center**.

Tift Regional Medical Center opened its new emergency room and patient tower.

Wayne Memorial Hospital held a ribbon cutting for its newly expanded Infusion Center of the Nancy N. and J.C. Lewis Cancer & Research Pavilion.

Editor's note: GHA's goal is to promote the great work of our hospitals. If you have news to share or would like to submit an article for consideration, please send to estewart@gha.org.



Features

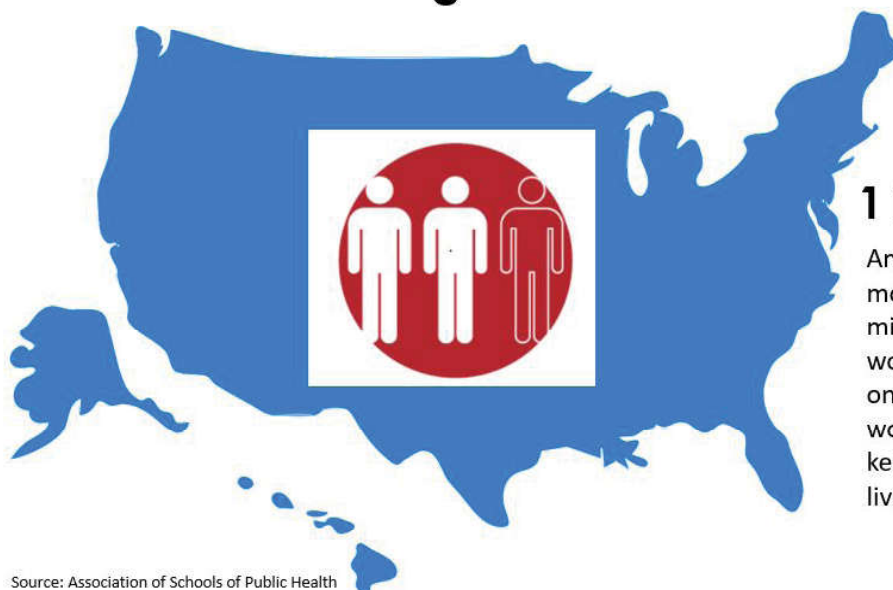
The Changing Workforce | Generational Shifts and Implications

By Heather Eastman, Senior Consultant and
Keith Ohrstrom, Area Senior Vice President, Health & Welfare Consulting
Arthur J. Gallagher & Co.

The last 18 months have proven to be exceptionally challenging for our health care systems and employers generally. While the challenges are generally attributed to the pandemic, the truth is that most of the major workforce issues we are facing existed long before we knew the term “COVID-19.” They are forces that were already well underway. The pandemic didn’t create these challenges, but it did act as an accelerant, forcing us to tackle significant obstacles in a radically compressed time frame (months rather than years.)

It is not a surprise that the impending shortage of public health workers has been a major topic of conversation over the last decade. A 2008 “Association of Schools of Public Health” report forecasted the need for more than 250,000 new health care workers to meet the growing demand by 2020. We fell far short of that goal. Further burdening this known shortage is an aging health care workforce in which many workers are retiring and an aging patient population generating a greater need for care. On top of fighting talent wars due to the

Protecting Your Health



1 in 3 Missing

America was short more than a quarter million public health workers in 2020 – one third of the workforce needed to keep the world we live in healthy.

Source: Association of Schools of Public Health

A massive generational shift in the workforce is underway. It is projected that, by 2025, 75% of our workforce will be comprised of Millennials and Gen Z.

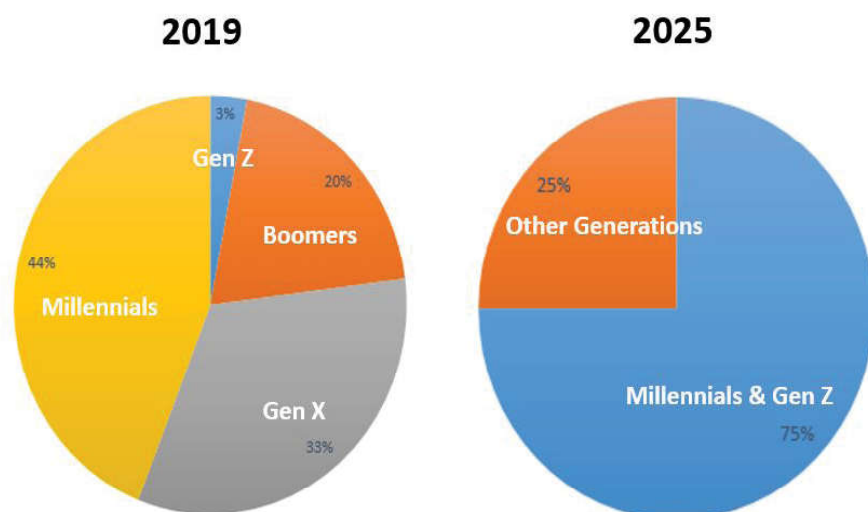
health care worker shortage, we ran headfirst into the pandemic. Health care workers were force to put their own lives at risk, working long shifts and under challenging conditions. Burnout, fatigue, mental health, and physical health weighed further on an already difficult situation as workers exited the workforce. Caregiving challenges prompted women to exit the workforce at rates disproportional to men in 2020, shrinking the workforce even more. As if that isn't enough, amidst our critical health care worker shortage, a massive

generational shift in the workforce is underway. Specifically, it is projected that, by 2025, (within just 4 short years) that 75% of our workforce will be comprised of Millennials and Gen Z.

With substantial demographic shifts employee expectations change. Values shift. Priorities are re-ordered. Innovation and adaptation are necessary to compete for talent and for operational continuity.

As we navigate the generational shift, it's important to note that we are living through an exceptional time in history, with five generations working side-by-side in our workforce. This extraordinary environment creates a mix of diverse views, wants, needs and learning styles. Understanding and responding to our multi-generational workforce has become key in developing strategies to attract, engage, motivate, and retain the talent to support organizational wellbeing.

Generations in the Workplace



Source: The Executive Growth Alliance

Know Your Workforce

Developing a deep understanding of your workforce is critical to support an inclusive and productive culture as well as inform a strategy for recruitment, engagement, and retention.

A workforce analysis provides a wealth of information to help tailor communications, plan professional development, facilitate succession planning, inform total rewards offerings, drive recognition programs, develop training platforms and content and plan for thoughtful talent acquisition strategies.

Understanding the generational landscape of your organization can help pinpoint where your organization is vulnerable today or in the future and provides insight into retention patterns. A workforce analysis can identify the need for retention strategies in key positions and help guide succession planning. As you review the generational demographics

Gallagher's proprietary **Workforce Evaluation** analysis tool provides you with unique insight on your employee population – helping you design Total Rewards strategies specifically tailored to the generational, career phase, and general demographics of your organization.

of your workforce, take a deep dive into the metrics of age, tenure, and role. Viewing your group through a lens of life stage and role helps you to identify where you may have concentrations of certain employees. If you find, for example, that 75% of your project managers fall into the pre-retiree group, this valuable insight will help you to begin planning for replacement hiring, training and/or promoting new project managers. Using these methods, understanding the generational demographics of highly technical, specialized and/or hard-to-fill roles can help you intentionally develop junior employees as a strategy in winning the “war for talent.”

Generational demographics also can inform predictive analytics. With normal turnover and potentially accelerating retirements, do you know how many of your staff will need to be replaced in the next five years? How many managers are nearing retirement? Have you developed a succession plan that leverages this predictive information?

Beyond use for resource and succession planning, understanding the priorities and values of your employees will help ensure a compelling total reward offer that ensures retention and engagement. Predictive analytics also can help you evolve your total rewards to meet the needs of a changing workforce.

Generational Considerations in Total Rewards

Employers of choice design and communicate pay, benefits, recognition and wellbeing programs in a way that meets the needs of employees and inspires trust and loyalty. Total rewards are important, not only for the engagement and retention of current employees, but also for building a reputation as an employer of choice in the competition for talent.

With multiple generations in the workplace, total rewards require flexibility and must appeal to a broad range of life and career stages and intrinsic values. A successful total rewards formula enables choice and flexibility for employees and supports organizational goals to ensure retention of key employees, engagement and productivity, as well as succession and resource planning.

Recruitment | Employee Value Proposition

A successful recruitment strategy typically focuses on the early career group that will comprise your main new-hire pipeline. A secondary focus may center on the established demographic of individuals with highly technical or specialized experience in high demand. Finding the right balance of compensation, benefits, career development and work-life balance will appeal to both early career and highly technical groups through a

clear employee value proposition.

This value proposition is a combination of the value of the work, pay, benefit choices, career development and the employer's understanding of employee's life-stage needs. The central question for an applicant is whether the value proposition is enough for them to exchange their time, knowledge, and energy to join this organization.

For the early career group, the layout of a career development pathway is very important. Organizations that offer robust training, education and career paths likely will recruit the best talent from this age cohort. For the established group, hiring them into positions that show respect for their expertise with commensurate pay represents an important part of the recruitment package.

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Retention

Once hired, it is critical for retention that the employee value proposition presented during the recruitment process be part of the employee's everyday experience. Gallagher's findings show the cost of turnover in terms of separation, replacement hiring, on-boarding and training, and lost productivity can run anywhere from 25 to 75 percent of the lost employee's salary, so the importance of investment in retention efforts cannot be overstated.

With each generation drawn to different focuses and needs in compensation, benefits, and career development, building flexibility and choice into the total rewards strategy is the key to success in retaining a diverse generational workforce. It's possible that an organization already offers a myriad of programs and options, but they may not be communicated or highlighted in a way that resonates with the different generational audiences.

Giving managers a toolbox diverse enough to address the values of multiple generations and recognize employees in meaningful ways is critical.

Building flexibility and choice into the total rewards strategy is the key to success in retaining a diverse generational workforce. For example, an organization may have three or four medical plan options presented and communicated based on employee cost.

However, highlighting the features based on life stage may be more effective in providing choice based on individual needs. A high-deductible health savings plan that offers a lower employee monthly contribution may be attractive to the early career employee who doesn't frequently use medical benefits. Such plans may also be attractive to the pre-retiree who can afford the high deductible and who finds the ability to save for medical expenses on a tax-free basis in retirement a positive feature. Offering a full coverage plan with low deductibles and wide coverage may be the right choice for the mid-career employee with a young family and high medical care usage.

Recognition

The best practices in the recruitment and retention of multiple generations in the workplace require well-designed and flexible recognition programs. Organizations typically offer a handful of traditional recognition opportunities, such as annual merit increases and an "employee of the month/year" program. Because those limited programs do not allow much flexibility, managers sometimes find alternate ways to recognize their high potential or flight-risk employees with off-cycle pay increases or the creation of special job titles.

Giving managers a toolbox diverse enough to address the values of multiple generations and recognize employees in meaningful ways is critical. Recognition might include spot bonus programs, instant non-cash rewards, or training and career development opportunities. The recently published 2021 Deloitte Millennial and Gen Z Survey confirms what we know about the value Millennials and Gen Z employees place on social advocacy and impact. Time off to pursue a passion or support a charity or cause can be effective recognition strategy for this cohort.

For established employees, recognition may focus on benefits that reflect their tenure. Besides paid time off programs that are often tenure-based, recognition could include such things as enhanced matching in the retirement plan or a lowering of medical contributions. Recognition may also include establishing a formal mentoring program that uses the experience and talent of these employees.

For pre-retirees, use of phased retirement programs may be attractive. Such programs offer employees a clear pathway that gradually moves them to the next phase of their lives and provides the organization with a structured knowledge transfer mechanism.

Rewards

Organizations will be successful in creating successful reward programs if and when they are able to differentiate their rewards in substantial ways. The best reward programs use a layered approach, including performance-based individual, group, team and organization rewards, as well as a mix of long- and short-term incentives.

For those early in their career and seeking to establish financial stability, cash rewards might offer the most value. Those in mid-career and in the midst of balancing work and family might highly appreciate time off. For those later in their careers or planning for retirement, increased contributions to retirement plans might be more attractive.

Offering a variety of reward and flexibility to meet the needs of individuals across generations is the key to ensuring that rewards are meaningful.

Communication

Ensuring employee understanding and appreciation of the total rewards investment is key to enhancing engagement and obtaining return on a company's investment in employees. Total rewards programs are most effective when communication is carefully and thoughtfully crafted with a strong understanding of the workforce and generational values.

To be successful, the communication must be consistent and should remind employees of the employment value proposition.

If the value proposition is not reinforced throughout their employment, employee engagement and organizational credibility and retention may struggle.

To ensure effective communication to a generationally diverse workforce, consider using multiple messaging channels. Because generations extract information and learn differently, sending messages on paper may be useful to one group, but ignored by another. For example, early career employees who grew up on various social media sites and in constant communication with their devices may benefit from forms of electronic messaging where a late career employee may respond better to paper communications being sent to their home.

Ultimately, understanding your workforce, crafting communications appropriately and communicating often and in multiple ways will help ensure that your message resonates to support workforce and organizational wellbeing.

A Generational Approach


While much of the COVID-19 story is still unfolding, we see a cross-generational appreciation and concern for financial stability, understanding and use of leave programs, flexible scheduling, and remote work. Those aspects, coupled with need for better access to mental health resources and telemedicine, and a forced adoption of new technology and working arrangements, may have brought generations closer together through this sudden shared experience.

Will the values that have defined the generations historically hold true, or will we find values and characteristics shifting as a result of a new way of working and living?

Will the shift in workplace generational demographics create a need for redesign

of succession programs, development, and training of high potential and future leaders? Will the new reality identify a weakness in effective knowledge transfer with a rapid departure of highly tenured employees? Whatever long-term changes the pandemic brings, generational diversity will continue to demand that organizations tailor their strategy and programs to meet the varied needs of their diverse workforce.

Now more than ever, leaders must develop strategies for workforce planning, recruitment, engagement, and retention to face the future with confidence.

This article was contributed by GHA Partner Gallagher. 

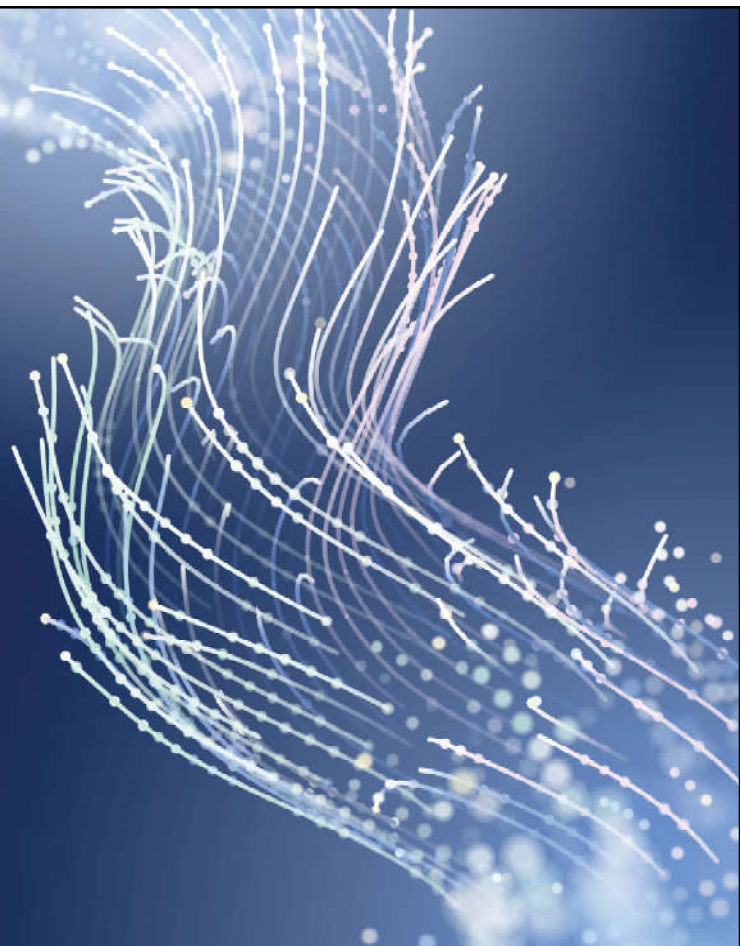


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Anna Franklin, MD

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Discharge Planning: Preparing for Patients' Anticipated Needs

By Toni Cesta, Ph.D., RN, FAAN

Editor's note: As hospitals are aware, an essential component of the patient care process is discharge planning, which helps ensure that patients transition smoothly from one level of care to another. Proper planning improves patient care by ensuring patient safety, reducing unnecessary readmissions, and helping patients understand their role in the care planning process.

Toni Cesta is a frequent speaker on GHA's educational webinars and is a primary thought leader on case management and discharge planning. twentyfourseven is pleased to be able to share an excerpt from her latest book, "The Case Manager's Survival Guide: Winning Strategies in the New Healthcare Environment."

Toni has provided a brief background on discharge planning rules and requirements. The excerpt follows. twentyfourseven thanks Toni for providing this additional education to our members.

Introduction

In 2019, CMS adopted certain elements of new proposed rules they had introduced in 2015. Some of these new rules will require case management departments to change some of their discharge planning components.

General Federal Guidelines for Discharge Planning

CMS defines discharge planning as "a process used to decide what a patient needs for a smooth move from one level of care to another. This is done by a social worker or other health care professional. It includes moves from a hospital to a nursing home or to home care. Discharge planning may also include the services of home health agencies to help with the patient's home care."

Note that CMS describes discharge planning as a process, not an outcome. **The process begins at the point of admission and continues until the patient is safely in the community.** As discharge planners, case management professionals have the responsibility to ensure that the patient's discharge is timely, safe, and appropriate.

Patient Goals and Preferences Must Be Considered

The planning process must incorporate the patient's goals and preferences, and alternative options may need to be considered when the patient's goals diverge from the initial discharge plan. The patient's caregivers must also be included in the development of the discharge plan to ensure everyone is on the same page.

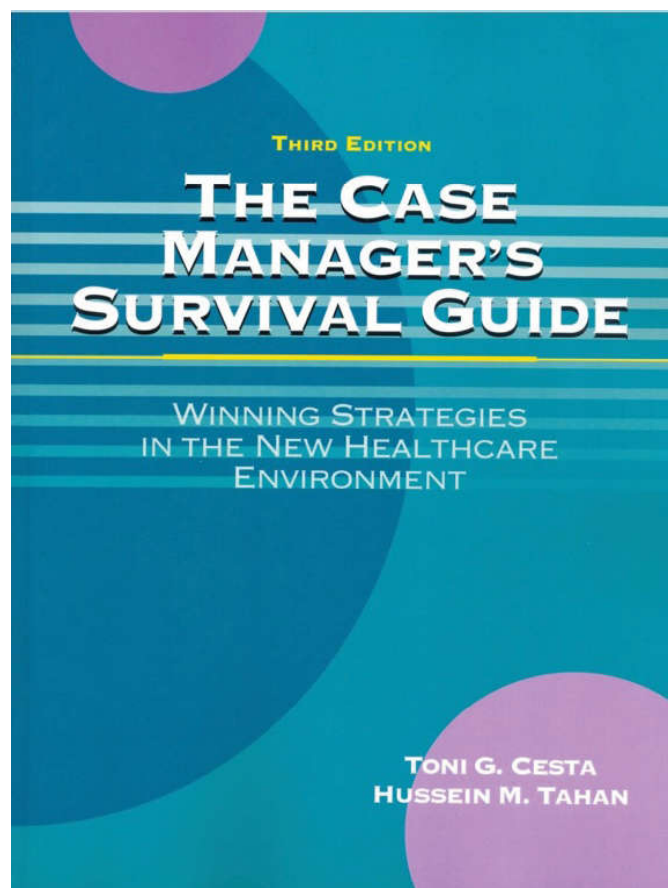
EXCERPT from The Case Manager's Survival Guide: Winning Strategies in the New Healthcare Environment

Toni Cesta and Hussein Tahan 2017
A DESTech Publications Book Transitional Planning and Case Management

Chapter 6

In these times of fixed payments and increased financial risk, whether they are the result of prospective payment systems, managed care reimbursement systems, bundled payment methods, or value-based purchasing, healthcare organizations no longer can afford to keep patients at one level of care for an extended period of time, especially one that is of high acuity, intensity and cost. Without ongoing assessment for timely transfer to a more appropriate level of care, these organizations risk either no reimbursement for services rendered or denial of payments for all or a portion of these services. Transitional planning, traditionally known as discharge planning, is the process case managers apply daily, in conjunction with utilization and clinical care management. This process ensures that the interdisciplinary healthcare team provides patients with appropriate services in the most appropriate setting (i.e., level of care) as delineated in the standards and guidelines of regulatory and accreditation agencies (federal and private). This chapter focuses on the transitional planning process and its relationship to case management.

Transitional planning places the case manager in a pivotal position in the patient care delivery process, especially where decisions are made to ensure quality, safe, efficient, cost-effective, fair, equitable, patient-focused and continuous care and transitional plan. Transitional planning is defined as a dynamic, interactive, collaborative, and interdisciplinary



process of assessment and evaluation of the healthcare needs of patients and their families or caregivers during and after a phase/episode of illness. Transitional planning also includes planning and brokering of necessary services and resources (e.g., durable medical equipment) identified based on the patient's condition. In addition, it ensures that these services are delivered in the patient's next level of care (i.e., setting) or after discharge from a hospital. This process is systematic and aims to facilitate the transition of patients from one level of care to another more appropriate, necessary, and reimbursable level without compromising the quality and continuity of care or the services being provided.

Transitional planning places the case manager in a pivotal position in the patient care delivery process.

Transitional planning is a team effort. There are three distinct groups of individuals involved in a patient's transitional planning process. These are:

1. The patient and the patient's family, caregiver or designated healthcare proxy;
2. An interdisciplinary team of healthcare providers from within the healthcare organization caring for the patient: the case manager, and other relevant providers, such as the physician(s), nurse(s), social worker, physical therapist, occupational therapist, speech pathologist/therapist, pharmacist, psychologist, nutritionist, and financial counselor/ screener or reviewer;
3. Representatives from agencies that are external to the organization caring for the patient, such as payer-based case manager or other payer representative, home care, skilled nursing facilities, hospice, durable medical equipment, and transportation.

Not every member of the transitional planning team is involved to the same degree in every patient's care. This is true to either of those internal or external to the organization caring for the patient. Some members may only be involved based on their specialization and as they relate to the needs of patients and/or patient's family. For example, a patient with cardiovascular disease would not routinely require the services of a speech pathologist/therapist, whereas a patient who had suffered a stroke would. The case manager usually

ensures that the appropriate members of the healthcare team are involved in the transitional planning process as warranted by the condition of the patient and needed resources.

TRANSITIONAL PLANNING OR DISCHARGE PLANNING

Transitional planning was not born by happenstance. Over the years and as in any evolutionary process, some sociopolitical and economic factors contributed to the advent of discharge planning and later to its evolution into transitional planning. Discharge planning was not a component of case management until the late 1980s, when healthcare organizations began to view unnecessary use, fragmentation, and duplication of resources as wasteful and cost-ineffective. In addition, certain pressures such as the prospective payment system in acute care settings forced hospitals to reduce the patients' length of stay, which was basically accomplished through discharging patients expeditiously either to home or another less acute care setting.

The shift to transitional planning did not occur until legislative changes in reimbursement and care delivery (i.e., the Omnibus Budget Reconciliation Act [OBRA] of 1986 and the Balanced Budget Act of 1997 and most recently the Patient Protection and Affordable Care Act [PPACA] of 2010) took place, coupled with the increased incidence of managed care in the 1990s, bundled payment methods of the 2010s, value-based purchasing and the PPACA of the late 2000s and the most recent years. Only then did transitional/discharge planning evolve to a necessary function of every acute care hospital, every case management program, and ultimately every healthcare setting across the continuum of healthcare delivery.


Rather than discharge planning, the term transitional planning better demonstrates the essence of this process and its intent. This can be substantiated in three ways. First, transitional planning describes the act of transitioning patients from one level of care into another within or outside the acute care organization (i.e., from intensive care to intermediate step-down, or regular floor, and then discharge), whereas discharge planning basically focuses on discharging patients from acute care settings to another facility or to home, discounting the different levels of care within the acute care setting. Second, transitional planning means the beginning of a new phase of care, whereas discharge planning denotes ending care. The use of the term discharge planning, then, is not truly reflective of case management because case management also includes the act of managing patients' transitions across the healthcare continuum and services instead of focusing on the care provided in a single episode, setting or level of care. Third, transitional planning, as a terminology, reflects the way managed care and value-based purchasing reimbursement function, that is, reimbursement based on the level of care provided, the outcomes of that care and the transitioning of patients from one level to another, less complex level until the patient is ready for discharge from the service or the setting without encountering any complications such as those known as never events.

Driving Forces for Transitional Planning
Transitional planning as a function performed by case managers is important for several reasons, some of which follow.

- Existing pressures and limits on hospital length of stay
- Shift in reimbursement methods, with fee-for-service (FFS) being the least popular mechanism
- Focus on improved and cost-effective resource management and allocation methods
- Demand on healthcare providers and agencies to justify why the care is provided in a certain setting and at a specific level of care
- Managed care organizations (MCOs) denying reimbursement for a portion of or all services provided
- Ensuring the identification of the patient's and family's potential needs for referrals to specialty healthcare providers and for community resources after hospital discharge or transition from an acute care setting to another of lesser acuity
- Availability of varied and numerous options for patients after discharge from an acute care setting such as subacute care, acute rehabilitation, home care, skilled nursing facilities, assisted living facilities, Meals on Wheels, day care centers, and so on
- Physicians are no longer the sole decision-makers as to what types of services a patient may require and in what setting
- Heightened awareness and knowledge of healthcare consumers of their benefits and entitlements and their demand for patient-centered care
- Scrutiny by MCOs and accreditation and regulatory agencies
- The current perception of utilization management and discharge planning as "real" and essential clinical work and not a "nuisance" or external to patient care delivery and management
- Managing patients in an increasingly complex environment characterized by multiple payers, providers, sites, and settings
- Value-based purchasing where performance on specific core measures (e.g., patient experience of care, readmission to acute care for same condition within 30 days of

discharge) may result in reimbursement penalties and loss of revenue for the provider

- Transparency of how a provider or healthcare organization performs on specific quality, safety and cost measures. Today such is available on the internet in the public domain and easily accessed by potential consumers of healthcare services, resulting in their ability to compare providers and organizations and ultimately decide where to go for care. Such ease of access to important information is also placing pressure on healthcare insurance plans to associate with providers with competitive performance

Toni Cesta is a partner and health care consultant in Case Management Concepts, LLC, a consulting company that assists institutions in improving care and reducing costs by designing, implementing and evaluating acute care and community case management models. She is the author of eight books and a frequently sought-after speaker, lecturer, and consultant. 

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Best Practices for Outsourcing Accounts Receivable to Maximize Revenue Collections



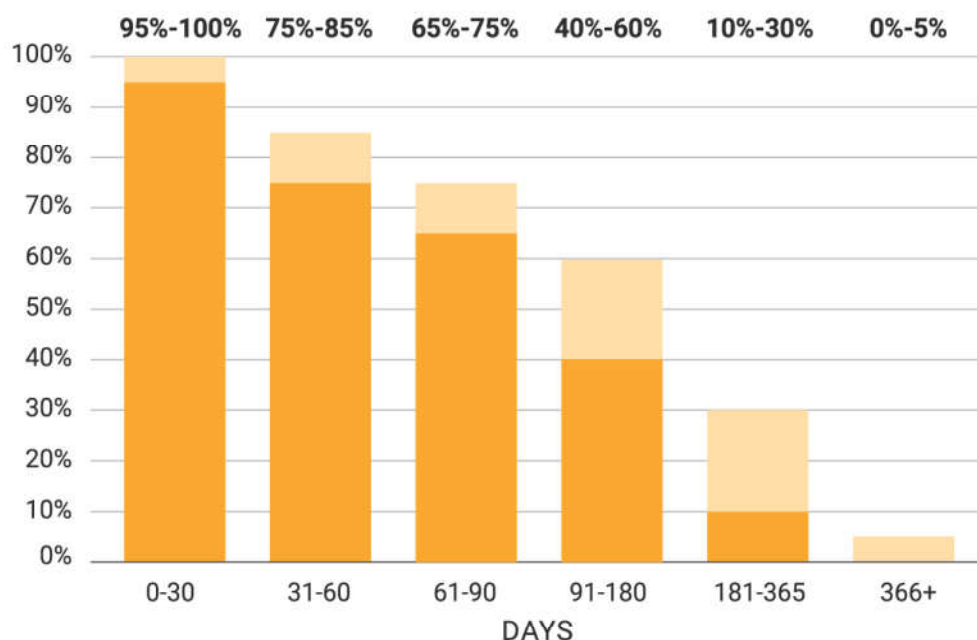
By Jeff Nieman, CEO, Meduit
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To recover from the financial impact of COVID-19 and build a resilient revenue cycle, health care providers must take a proactive approach to resolving aged accounts receivable (AR) by actively working outstanding accounts early in the revenue cycle process. Left unworked, those accounts will age out, becoming less collectable over time.

The Problem

Many providers are leaving some portion of unresolved insurance accounts untouched due to staffing shortfalls, budget constraints or simply an influx of volume. As shown in the chart below, the collectability of AR decreases as those accounts age. Eventually, these aged accounts will be written off to bad debt.

The collectability of accounts receivable by age is approximately as follows:



Insights and Tips

Best practices dictate working AR every 30 days. If a provider does not have the staff available to review AR every month, consider outsourcing at the right time to balance internal team efforts with maximum cash generation. Though some providers may view outsourcing as an unnecessary cost, the financial benefits of outsourcing aged accounts outweigh the cost substantially.

What percentage of AR has your organization worked in the past 30 days? To find out, run a report that identifies that percentage, then segment that information to see which categories of accounts are not getting worked. Revenue cycle experts typically see some pockets of unworked AR that often fall into categories of small balance accounts, denied accounts and/or aged accounts. Unworked accounts effectively can be outsourced, typically generating quick cash with a very high return on the investment.

Case Study 1:

Increasing Collections by FIVE Times

A mid-sized regional hospital was under-resourced in its business office due to lack of qualified AR resolution employees available in its local marketplace. A segmentation of the hospital's AR revealed that once accounts reached 120+ days, the hospital staff was only working 2% of the accounts each month and collecting 15%, which equated to nearly \$300,000 per month in collections.

To resolve these accounts, the hospital's business office worked them in-house for 120 days and then outsourced them at day 121. Within the first 30 days of the project starting, the outsource partner had worked 53% of the accounts that were over 120 days. The hospital staff historically would have been able to work only 4% of the accounts over the same time period.

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Within 60 days, 79% of the 53% of accounts worked by the outsource partner had been resolved. These accounts were either paid, sent to self-pay for the patient portion or written off for a total resolution of 42% of the AR. Collections increased by five times, or nearly \$1.5 million, per month with similar result trends projected for the following 60- to 90-day time period.


Case Study 2: More Staff Muscle; More Cash Faster

To resolve small balance accounts, a multi-hospital system tapped health care revenue cycle artificial intelligence (AI) technologies of an outsource partner to resolve accounts that were not getting worked in a timely manner.

An AI-driven web bot was deployed on small balance, aged insurance accounts to do both claim status and to work pre-authorization, eligibility and timely filing denials, including writing of appeals. The business office was understaffed and able to work a fraction of these “lower value” claims only on a monthly

basis. The combination of the bot working more accounts and then re-deploying the existing staff to the accounts that the bot couldn’t work resulted in a 10-percentage point increase in recovery rate on these aged accounts within 6 months of the initial deployment of the bot. The overall recovery rate for this business is the highest it has been in the 5+ years of tracking recovery rates.

Conclusion

While it did cost the providers money in both case studies, the total return was far greater than the investment. For providers without enough staff to work AR inventory every 30 days, providers should consider prioritizing accounts by propensity to pay to utilize internal resources smarter and consider outsourcing at the right time to recover cash before the accounts are written off to bad debt, or age out and become less collectable. The financial reward to the organization will more than offset the cost. 



Maximizing Medicaid Eligibility to Manage the Self Pay Patient Population



By Jeff Nieman, CEO and Christine Adams, Vice President of Client Engagement, Meduit

More Americans have lost their health insurance during the COVID-19 pandemic than ever before in U.S. history, according to a recent study. Due to job losses between February and May 2020, 5.4 million former workers became uninsured. These record-breaking increases in the number of uninsured have taken place during the country's worst public health crisis in more than a century and the sharpest and deepest economic downturn since World War II.

The growing population of uninsured Americans has put an unprecedented strain on the health care system. In addition, this patient population is not only vulnerable to COVID 19, but also can experience a lack of access to care that can help prevent and treat chronic diseases such as cancer, diabetes, depression and more, according to the American Hospital Association.

It is in this challenging environment that the nation's hospitals need to assess and, in many cases, quickly upgrade their expertise and capacity to determine:

(a) Medicaid eligibility across varying state requirements to ensure patients are not slipping through the eligibility cracks and

unnecessarily forcing the hospital to take a financial hit; and

(b) Eligibility for many other patient support programs at grassroots community levels that can positively impact clinical and financial outcomes.

Patients Losing Coverage – Hospitals Losing Reimbursements

Approximately 5%, or 3.8 million, of the patient population drop from public coverage every month, resulting in \$38 billion in uncompensated care. This is in spite of the fact that more patient encounters qualify for reimbursement than ever before due to the passage of the Affordable Care Act (ACA). Expanding Medicaid services as authorized by the ACA carries immense benefits for patients, hospitals and the states.

States that have expanded Medicaid have made the greatest progress in increasing health coverage and are better situated to weather the COVID-19 pandemic. In states that did not expand Medicaid, hospital closures have spiked. States that have expanded Medicaid have seen their hospital closure rates decline.

States that Expanded Medicaid	States that Did Not Expand Medicaid
81% of patients surveyed qualified for Medicaid	25%–50% of patients surveyed qualified for Medicaid
69% of patients qualifying for Medicaid also qualified for additional benefits	96% of patients qualified for Medicaid also qualified for additional benefits
67% of patients who did not qualify for Medicaid still qualified for additional benefits	78% of patients who did not qualify for Medicaid still qualified for additional benefits

(Source: Pointcare.com)

As shown in the chart on the next page, an analysis of 235,000 uninsured patients revealed that in states that expanded Medicaid coverage, 81% of patients in the survey group qualified for Medicaid, and of that population, 69% also qualified for additional benefits. Of those who did not qualify for Medicaid, 67% still qualified for additional benefits.

In states that did not expand Medicaid, 25% to 50% qualified for Medicaid and 96% of those patients also qualified for additional benefits. For patients who did not qualify for Medicaid in these states, 78% still qualified for additional benefits.

Patient Benefits Beyond Medicaid

In some areas of the country, as many as 50 state and private programs may be available to the patient, and program rules and availability change on a regular basis. While every state is different, these numerous federal and state public and private programs provide support for patients beyond Medicaid.

It is to the hospital's clinical, operational, and financial advantage to understand all the programs and eligibility requirements, and it is definitely good for the hospital's qualifying patients. As part of the eligibility assessment process, the hospital can and should be helping patients access these types of programs, which can include:

- State Health Plan for Children (CHIP)
- Primary Access Care Program (PCAP)
- Emergency Services for Undocumented Immigrants
- Family Planning Services (Title X)
- Women's Health Check (WHC)
- Children's Special Health Program (CSHP)
- Infant Toddler Program (ITP)
- Ryan White Part B Program (RWPB)(MCM)
- Indian Health Services (HIS)
- Vaccines for Children (VFC)
- SSI+Medicaid
- Medicare
- Social Security Disability Insurance (SSDI)
- Women-Infants-Children (WIC)
- Head Start Program
- AIDS Drug Assistance Program (ADAP)
- Food Stamp Program (aka Supplemental Nutrition Assistance Program (SNAP))

How to Maximize Medicaid Eligibility

Based on assessments of hundreds of hospital and health system operations across the country, the following can be considered required practices to ensure that hospitals are not letting potential Medicaid patients slip through the cracks.

Assessing Medicaid Eligibility Expertise

In terms of how to achieve those Medicaid eligibility required practices, hospitals can build them internally or enhance them if they already have an operation that would provide a solid foundation, using this article as a guide. Or they can partner with a qualified external vendor expert, which would provide flexibility for the hospital to focus internal staff on more complex management and administrative work. Here is a checklist to help assess the most effective vendor partner:

QUALIFY PATIENTS	<ul style="list-style-type: none">• Identify and interview each potential Medicaid patient at the bedside, assess for all other qualifying programs, collect documentation.• Patients should be provided with a summary of the programs and potential benefits for which they might qualify.
COMPLETE APPLICATION(S)	<ul style="list-style-type: none">• Complete the Medicaid application on behalf of the patient, submit it electronically and collect all needed materials such as tax forms that may be required, as well applications to other programs.• If the patient receives a denial in error, hospital reps should be prepared to advocate on the patient's behalf to overcome the denial.
COMMUNICATE SYSTEMATICALLY	<ul style="list-style-type: none">• Once approved, that information should be communicated to all hospital stakeholders and the patient so the patient knows what benefits can be accessed and when.• Ongoing communications systems and processes should be in place to reach all stakeholders at the right times in the right channels on the right technology platforms as needed, with the patient at the center of that communications infrastructure.
PROVIDE RIGOROUS REPORTING	<ul style="list-style-type: none">• To effectively manage overall clinical, operational, and financial processes, regular reporting is key (usually end-of-month cadence).• Complete, actionable, and timely reporting also helps support broader executive-level decision-making on everything from strategic direction to program changes and enhancements. It creates a full-circle quality improvement cycle for the entire hospital organization.


A Five-Point Checklist: Assessing a Medicaid Eligibility Partner

A more proactive and sophisticated Medicaid eligibility program (whether built anew, upgraded internally by the hospital or in

partnership with an outside vendor) can help drive access to complete health care for millions of patients in need, changing their lives for the better and ensuring maximum reimbursement for the hospital.

1. FULL ENROLLMENT CAPABILITIES	<ul style="list-style-type: none">• Look for a vendor that delivers end-to-end self-pay enrollment solutions that encompass qualifying, verifying and communicating coverage, and robust performance reporting.
2. PERFORMANCE-BASED PRICING	<ul style="list-style-type: none">• The vendor should offer contingency-based pricing, so the hospital only pays when the patient is qualified and the hospital is reimbursed.
3. MEDICAID AND BEYOND	<ul style="list-style-type: none">• Because there are so many additional state and private programs that may be available to the patient, hospitals should select a vendor that has the capability of connecting with all federal, state and private programs for which the patient may qualify and stay current on changes across programs as they occur.
4. APPEALS EXPERTISE	<ul style="list-style-type: none">• Knowing one's way around the complexities of the appeals process is important, and even more important is the ability to effectively advocate for patients who have been wrongly denied, and win.
5. CULTURE AND COMPATIBILITY	<ul style="list-style-type: none">• The vendor must understand the importance of the patient experience and take a compassionate, caring approach to interacting with your patients to ensure patient satisfaction.

Key Takeaways:

- COVID-19 has resulted in an increasing number of patients losing health coverage and hospitals losing revenue associated with uninsured patients, making effective Medicaid eligibility functions even more important and a potential source of new revenue.
- In addition to Medicaid, there are dozens of federal, state and private programs that cover the uninsured that need to be effectively leveraged for hospital patients.
- Based on best practices at hospitals across the country, there are specific required capabilities in order for a hospital to tap the full potential of an effective Medicaid eligibility process, which can be built in-house or outsourced to a qualified vendor.
- Getting the right program in place will help hospitals improve clinically, operationally and financially while helping the most vulnerable patients access quality care to improve their lives. 

Alleviating Staff Shortages

Among many other obstacles, the COVID-19 pandemic has exacerbated an already existing workforce shortage. Hospitals all over the U.S. are struggling to fill vacant positions as they work to recruit and retain enough staff to be able to care for their patients. Qualivis, a GHA Georgia Hospital Health Services (GHHS) vendor partner, is a staffing agency working to provide solutions to the shortages.

Qualivis details a few best practices for filling crisis jobs. The first is accepting that a higher hourly rate is necessary to compete for talent. GHA recognizes that many hospitals are having to pay extremely high, unsustainable hourly rates. Leaders at the state level earlier this year asked the Federal Emergency Management Agency (FEMA) to set a maximum rate for contracted health care workers so that hospitals don't have to compete for workers based on salary. GHA, the governor's office, and stakeholders continue to work on this issue. To that end, GHA is developing a workgroup to tackle workforce issues and address the factors that contribute to it.

Qualivis also recommends acceptance of a reduced credentials list, including allowing

staff from other departments to fill in where possible. Hospitals should also develop an expedited orientation process to be able to bring on staff more quickly. Finally, hospitals should work to guarantee 48 hours to any agency or temporary staff to provide relief for core staff and reduce the need for additional temporary staff.

Finally, never underestimate the value of supportive leadership. Temporary staff often travel from home and are away from everyday comforts. Offer mental health resources and stay in constant communication to keep them informed and help reduce uncertainty.

Especially in times of crisis, GHA supports efforts to increase the number of qualified clinical staff for hospitals to respond to emergencies and other statewide health care demands, and we are thankful for organizations like Qualivis that help fulfill this important need.

Qualivis is a national provider of accountable workforce solutions delivered in partnership with state hospital and health care associations. 



GHA Logo Rebrand Symbolizes Hope and Dedication



The color blue represents bravery, dedication and trust. In the past year, we have seen our health care workers exude bravery in treating and saving thousands from coronavirus. As we approach the end of the year and look to 2022, GHA is slightly rebranding its logo to represent our appreciation to health care workers. We are excited for the future and to work with our hospital members to advance health care.

2022 GHA Meetings

Patient Safety & Quality Summit

Jan. 4-5
Greensboro, GA

Annual Summer Meeting

July 11-13
Amelia Island, FL

Annual Trustee Conference

Jan. 7-9
Greensboro, GA

Center for Rural Health Annual Meeting

Aug. 17-19
St. Simons Island, GA

Helping Members: GHA Facilitates Community-based Care Coordination and Collaborative Community Health Goal Setting

Hospitals continually strive to improve patient care and safety. New ideas and innovation are important in achieving this goal. Have you ever left a meeting that was full of vibrant discussion and excellent brainstorming, leaving you with an energetic plan on how to bring about positive change or handle a specific issue at your facility? But, once back to your day-to-day activities, you quickly become too busy and overwhelmed to follow that plan. Perhaps you plan another meeting, but this just repeats the cycle. The Georgia Hospital Association has tools to help members establish concrete plans of action, including those involving like-minded providers and stakeholders who all have an interest in improving patient care by achieving common goals.

Alliant Quality Partnership

Through a series of partnerships and contracts, GHA has developed resources to provide a concierge-like service to interested members. Through funding from the Centers for Medicare & Medicaid Services (CMS) GHA has contracted with Alliant Quality to provide resources to help hospitals as they work to help communities improve behavioral health outcomes; increase patient safety; improve chronic disease self-management; and increase quality of care transitions. Also through the Alliant partnership, GHA is providing personalized assistance with regard to quality reporting and measure improvement, holding monthly calls with participating hospitals,

learning about their needs and progress to assess the next best steps to help them.

Georgia Hospital Health Services

Georgia Hospital Health Services (GHHS), a GHA subsidiary that partners with companies for the benefit of our members, offers several resources to help hospitals execute planned strategies and campaigns. JVION and Audacious Inquiry (AI) are two artificial intelligence-based companies that facilitate collaboration and shared goal setting in the community health field. JVION's readmissions report provides in-depth analysis on admissions, allowing hospitals to identify common reasons for readmissions so they can easily address them. Audacious Inquiry's GA Notify provides automated provider alert notifications on those admissions, allowing hospitals to carry out strategies to improve care coordination and community collaboration.

Healthcare Preparedness Program

Through its successful partnership with the Georgia Department of Public Health (DPH), GHA has been able to ensure that funds and resources are available to members for various needs, especially in the area of emergency preparedness.

"The partnership between GHA and DPH not only provides us with necessary resources to protect the public but also enables us to better coordinate care during all sorts of

emergencies,” said Ben Rigas, environmental safety officer and emergency preparedness coordinator for Floyd Medical Center. The Healthcare Preparedness Program (HPP), a primary source of federal funding, is a national cooperative agreement that helps ensure that hospitals have what they need during emergencies and disasters. The HPP recently funded the Regional Coordinating Hospital Command Center Initiative, in which DPH distributed funds to Georgia’s Regional Coordinating Hospitals (RCHs) to help update their command centers. RCH Command centers are typically activated when an emergency exceeds local hospital capacities or when a national, statewide, or region-wide emergency occurs. With the recent grant funds, the RCHs were able to purchase items such as radios, televisions, A/V video conferencing equipment, and laptops. Having updated equipment is imperative to ensuring timely and accurate communication during emergencies. The RCHs last received grant funds to update their command centers in 2006.

“Our collaboration with GHA and the Department of Public Health has enabled Children’s Healthcare of Atlanta to continue to promote our mission to make kids better today and healthier tomorrow through supporting prevention, response and recovery programs within the State of Georgia and allowing for more effective and efficient coordination during an emergency situation,” said Kristopher S. Mattson, Children’s Healthcare of Atlanta emergency preparedness manager.


Special Pathogen Assessment Center Grant

In 2015, six Georgia hospitals (Hamilton Medical Center, Floyd Medical Center, Piedmont Athens Regional, Augusta University Medical Center, Memorial Health

University Medical Center, and Emory University Hospital Midtown) volunteered to be designated as Ebola Assessment Centers under the Ebola grant. By doing so, they agreed to meet certain federal requirements as approved by the CDC and Georgia DPH. These hospitals maintained readiness for infectious disease outbreaks such as Ebola by providing staff training, purchasing PPE, and enhancing physical infrastructure for infection control.

During the COVID-19 pandemic, it became clear that the Ebola Assessment Centers would be useful for all infectious diseases, not just Ebola. The Ebola Assessment Centers were renamed Special Pathogen Assessment Centers. The Special Pathogen Assessment Center Grant provided funds for hospitals to maintain their readiness to assess, treat, or transfer patients who may have an infectious disease. Hospitals were able to purchase infection control systems, crash carts, negative pressure and isolation room equipment and supplies, vaccine freezers, communication devices, and patient monitoring equipment.

The Coalition Infectious Disease Planning opportunity allowed for the hiring of a consultant who helped each of Georgia’s 14 health care coalitions by creating a customized infectious disease plan that met federal requirements.

GHA is pleased to be able to partner with DPH to provide these important resources to our member hospitals. Without the GHA-DPH partnership, these expenses may otherwise be shouldered by the hospitals alone. 

Thank You, GHA Sponsors!

2021 proved to be another difficult year for Georgia Hospital Association members. Our hospitals, no strangers to the bizarre new world created by COVID-19, have continued to lean on each other during tough times. They also rely on the support of GHA sponsors, and that is why GHA is thankful for your guidance and insight as you helped our members make it through another year of the pandemic. We are grateful for your critical expertise, leadership, and all you have done for our members. On behalf of the GHA Board of Trustees and our 150+ member hospitals, thank you.

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