



NEWS DIGEST

A Publication of KHA for Kentucky Hospitals and Health Systems

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Member News

KHA Hosts New CEO Orientation



John Dubis (left), Executive Vice President and Chief Operating Officer of St. Elizabeth Medical Center, meets Dr. Owen Nichols (right), who will be the Chief Executive Officer of NorthKey Community Care as of December 1. The New CEO Orientation provided a great opportunity for new administrators to network with their peers.



David Henry (left), Administrative Resident of Ephraim McDowell Health, and Kanute Rarey (right), Chief Executive Officer of Carroll County Memorial Hospital at the New CEO Orientation.

On Wednesday, November 4, KHA hosted an orientation program for hospital chief executive officers that were either new to their position or new to the state. The program was designed to focus on the many benefits offered to member hospitals. Ten administrators participated in the learning session and heard from members of the KHA staff as they discussed KHA's organization and governing board, KHA forums, committees, allied societies, KHA strategic and legislative priorities and KHA's recent accomplishments.

Attendees also learned about KHA's data services, workforce initiatives, emergency preparedness efforts and about the Kentucky Hospitals' Circle of Friends political action committee.

For more information, contact **Pam Mullaney**, at KHA (502-426-6220 or 800-945-4542 or e-mail at pmullaney@kyha.com).

Association Activities

Hospital Administrators Participate in CAH Conference

Eleven critical access hospital (CAH) representatives from across Kentucky participated in the National Rural Health Association's annual CAH conference. The program, held in Savannah, Georgia, focused on education in performance improvement for CAHs. Included were seminars on changing CMS policies, swing bed operations, emergency department improvements and many other topics. The annual CAH conference is a great opportunity for Kentucky administrators to get updates on policy changes and network with other CAH administrators from across the nation.

MRSA Collaborate Commitment Form Due November 30

The rate of MRSA (methicillin-resistant *Staphylococcus aureus*) infections, attributed as both health care acquired (HA) and community acquired (CA), has increased at alarming rates in recent years. Consequently, the problems with MRSA are receiving a great deal of attention from the public, media and regulators. In an effort to assist hospitals and other stakeholders in our community with taking a pro-active approach to the occurrence of MRSA, KHA has partnered with the University of Louisville School of Public Health and Information Sciences, the University of Kentucky, the Kentucky Department for Public Health and Health Care Excel to develop a statewide MRSA Collaborative aimed at improving identification, treatment and containment.

As part of KHA's efforts, we are asking every hospital to sign a statement indicating your hospital's commitment to the MRSA Collaborative and to reducing the occurrence of MRSA in your hospital and community. As part of that commitment, hospitals are being asked to take a number of actions.

MRSA Collaborative participants will:

- Sign a commitment letter and

identify a team leader designated to serve as the contact person for your facility and lead MRSA improvement efforts

- Participate in the Hospital MRSA Survey
- Implement key components of the Kentucky MRSA Toolkit (available in December) including:
 - Update infection control policies
 - Implement competency checklists
 - Provide education materials for patients and families
 - Educate about antimicrobial stewardship
- Participate in data collection to support analysis of improvement

A copy of the Commitment Form is available online at www.kyha.com/documents/MRSACommitment.pdf. Please complete and return the form by November 30. For further information, contact **Elizabeth Cobb** at KHA (502-426-6220 or 800-945-4542 or via e-mail at ecobb@kyha.com).

KHA Obtains Favorable Changes to Workers' Comp Hospital Fee Schedule Regulation

The Department of Workers' Claims has issued revised amendments to the workers' compensation hospital fee schedule that incorporates nearly all of the recommendations made by KHA at a recent public hearing on the rule. At the August public hearing, KHA strongly opposed the Department's original proposal to require that hospitals supply invoices for all implants and durable medical equipment (DME). The rule proposed to carve out those items from being paid under the facility-wide cost-to-charge ratio, and pay them separately at the lower of invoice cost or manufacturer suggested cost plus 20 percent. That proposal would have cut reimbursement appreciably and imposed a significant new administrative burden on hospitals.

In addition to filing comments, KHA staff had several follow-up meetings with the Department. As a result of these efforts, the Department filed a revised regulation that **eliminates its proposal for submission of invoices and tying payment to invoice cost** for implants and DME. The new rule also includes several KHA-recommended changes to preclude workers' compensation third party administrators (TPAs) from reducing a hospital's billed charges for "unbundling" or otherwise challenging the amount of the charge as "non-allowable" prior to applying the cost-to-charge ratio. The only exception is for charges associated with treatment for an injury that is not compensable under workers' compensation, and any remaining portion of the bill must be paid.

The Department also has changed the adjusted cost-to-charge ratio add-on from a uniform 12 percentage point increase to the facility-wide base cost-to-charge ratio (taken from Medicare cost reports) to a percentage of each hospital's base cost-to-charge ratio. Specifically, the adjusted cost-to-charge ratio will be 132 percent of each hospital's base cost-to-charge ratio except for hospitals with more than 400 beds or those that are designated as a Level I trauma center, whose ratio will be 138 percent of their base, in recognition of the large volume of complex care they provide to workers' compensation patients. The existing limits on the adjusted ratios are being reduced such that no hospital's adjusted cost-to-charge ratio can exceed 50 percent unless the hospital has 65 percent Medicare and Medicaid patients, 400 beds, or is a Level I trauma center, in which case the cap is 60 percent.

An analysis of this change indicates that it is close to being budget neutral with existing aggregate inpatient workers' compensation payments. Nearly 90 percent of the 82 hospitals that reported workers' compensation inpatient charges in 2006 to KHA are expected to experience a change of \pm \$20,000 or less. The Department's elimination of invoices, the payment cut for implants, and their willingness to prohibit unbundling, which is being used to deny

Association Activities

legitimate charges, makes the revised regulation a success for hospitals.

The Department also accepted KHA's comment to reduce ambulatory surgery center (ASC) payment from 80 percent of charges – it is being reduced to 70 percent of the average adjusted cost-to-charge ratio of all hospitals in the same county as the surgery center. The revised regulation will now be reviewed by the Administrative Regulation Review Subcommittee and the Interim

Joint Committee on Labor and Industry before becoming final later this year.

Many thanks to the hospitals that submitted individual comments supporting KHA's recommendations. For additional questions, contact **Nancy Galvagni** at KHA (502-426-6220 or 800-945-4542 or via e-mail at ngalvagni@kyha.com).

Federal Update

Kentucky Federal Medicaid DSH Allotment Slated to Increase

The Centers for Medicare and Medicaid Services (CMS) has released preliminary information indicating that Kentucky's 2009 federal Medicaid Disproportionate Share Hospital (DSH) allotment will be increased by four percent over last year's allotment. Under the Medicare Modernization Act (MMA), the federal allotment for Kentucky and 31 other states was frozen at the 2004 amount until such time that the pre-MMA allotment, adjusted annually for inflation, exceeded the 2004 amount. This test has now been met by Kentucky and all but one of the other "non-low DSH" states. Not only will Kentucky's federal allotment be increased this year, but in subsequent years the state's federal allotment will be calculated by increasing the previous fiscal year allotment by the CPI-U increase for the prior fiscal year.

CMS has set Kentucky's federal allotment for FY 2009 at \$142,041,536, an

increase of \$5,463,136 from the prior year frozen amount. When matched with state funds (which come from the provider tax), total DSH spending will increase from \$194.7 million to \$202.5 million, generating \$7.8 million in new funding. Under Kentucky's DSH law, this funding is split into three DSH pools: acute care, psychiatric and teaching. (See the table below for the anticipated funding allocation.)

The increased federal DSH allotment is considered preliminary until it is published in the *Federal Register*. Once official, the higher pool sizes would be applied to each hospital's indigent care factor to determine DSH payment. A hospital's indigent care factor, which represents their share of the total indigent cost reported by all hospitals, is not affected by the increase in the state DSH allotment.

If you have any questions, please contact **Nancy Galvagni** at KHA (502-426-6220 or 800-945-4542 or via e-mail at ngalvagni@kyha.com).

	2009 DSH with 4 percent CMS Increase	DSH Allocation under Frozen Allotment	Difference
Acute Care	\$88,955,715	\$85,534,341	\$3,421,374
Psychiatric	\$38,644,696	\$37,158,361	\$1,486,334
Teaching	\$74,939,924	\$72,057,619	\$2,882,305

*Calculated using a state match of 70.13 percent

Federal Update

CMS Clarifies Guidance on Hospital Standing Orders

At the urging of the AHA and others, the Centers for Medicare and Medicaid Services (CMS) issued revised interpretive guidelines clarifying that standing orders and written protocols for drugs or biologicals may be used in hospitals. Memoranda containing the original guidelines were sent to state survey agency directors earlier this year.

In a letter to CMS, the AHA warned that the original language was counter to accepted standards of care and would impede hospitals' progress on quality improvement initiatives and could lead to patient harm. Among CMS' clarifications, the agency stated, "*§482.23(c)(2) With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders by hospital policy and in accordance with State law, and who is responsible for the care of the patient as specified under §482.12(c).*"

The guidelines are available online at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09-10.pdf>.

President Bush Signs Off on Program to Ease Physician Shortage

President Bush signed the hospital-backed legislation extending the Conrad J-1 program through March 6, 2009. The program, which had expired in June, allows state health departments to request J-1 visa waivers for up to 30 foreign physicians per year to work in federally-designated health professions shortage areas (HPSAs) or medically underserved areas (MUAs).

In addition to extending the program,

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the legislation (P.L. 110-362) doubles to 10 the number of physicians per state who may serve in facilities that are located outside medically underserved areas but which treat patients from those areas.

For further information, please contact **Sarah S. Nicholson** at KHA (502-426-6220 or 800-945-4542 or via e-mail at snicholson@kyha.com).

Congress Passes Legislation to Ease Burden on RHCs

On October 1, Congress presented the President with **H.R. 1343**. The bill contains language fixing the inconsistency between the rural health clinic (RHC) standard that shortage areas cannot be more than 3 years old and the Health Resources and Services Administration (HRSA) policy of only updating shortage areas every 4 years.

Failure to approve this change would have resulted in hundreds of RHCs each year being faced with possible decertification because the clinic was in an "outdated" shortage area. KHA wants to thank all of you who took the time to write to your Representatives and Senators urging them to take action on this issue. Please contact your Representatives and Senators today and thank them for supporting H.R. 1343.

Concerns still remain regarding the impact of the proposed rule issued by CMS on June 29 cutting RHC payments and putting in place decertification of RHCs that no longer operate in a shortage area. We are awaiting a response from CMS on comments filed in August.

For questions, contact **Elizabeth Cobb** at KHA (502-426-6220 or 800-945-4542 or via e-mail at ecobb@kyha.com).

State Update

Medicaid DSH Checks Mailed to Hospitals

The Department for Medicaid Services (DMS) has notified KHA that Medicaid disproportionate share hospital (DSH) payments for federal fiscal year (FFY) 2009 have been mailed to hospitals. Under state law, DSH payments are divided into three pools: psychiatric hospitals, university teaching hospitals and acute care hospitals. Diagnosis related group (DRG) hospitals, critical access hospitals, rehabilitation hospitals and long-term acute care hospitals are all paid from the acute care pool with each hospital receiving a prorata portion of the DSH funds based on its percent of total indigent costs reported by all hospitals in the pool. Therefore, changes in payment to any one hospital in the pool will affect the DSH payments of all other hospitals in the same pool.

For hospitals paid out of the acute care pool, the payments being made at this time by DMS reflect 80 percent of the pool's total DSH amount. The entire pool amount cannot be paid out at this time because CMS has not yet officially published Kentucky's federal DSH allotment and because of the need to account for the new DRG rates that took effect in October, 2007, but which have not yet been approved by CMS.

Indigent inpatient costs for DRG hospitals are determined by applying a calculated per diem from DRG payments to indigent inpatient days. DMS initially used DRG payments with the 17 percent add-on to the old weights; however, that methodology was replaced by new DRG rates last October. Application of the new DRG rates to calculate indigent inpatient costs will affect a change in DSH payments to some hospitals by as much as 20 percent and will change the overall total amount of reported indigent care that is used to set the indigent care factor for all hospitals, not just the DRG hospitals, that are paid out of the acute care pool. Once CMS approves the Medicaid State Plan amendment containing the new DRG methodology, the remaining portion of the acute care DSH pool

will be paid with inpatient indigent care costs calculated at the new DRG rates.

Keep in mind that hospitals whose new DRG rate is lower than the rate used to make this initial round of DSH payments (with the 17 percent add-on) may not receive an additional DSH payment when the new rates are used to calculate indigent costs for DRG hospitals. However, DMS's decision to hold 20 percent of the acute care pool's DSH payments is intended to mitigate the need for any hospital to pay back funds to the state.

If you have any questions, please contact **Nancy Galvagni** or **Steve Miller** at KHA (502-426-6220 or 800-945-4542 or via e-mail at ngalvagni@kyha.com or smiller@kyha.com).

Kentucky Trauma Advisory Committee Meets

The Kentucky Trauma Advisory Committee (KyTAC) had its first official meeting on Tuesday, October 21. **Dr. Andrew Bernard**, a Trauma Surgeon from the University of Kentucky, is the Chair. **Charlie O'Neal**, the Executive Director for the Kentucky Board of EMS, is Vice Chair. **Dick Bartlett**, Emergency Preparedness/ Trauma Coordinator for the Kentucky Hospital Association, is the Secretary.

There are representatives on the KyTAC from the **University of Kentucky Hospital** and **University of Louisville Hospital** (both verified Level-I Trauma Centers), **Frankfort Regional Medical Center**, **The James B. Haggin Memorial Hospital**, **Kosair Children's Hospital**, **Livingston Hospital and Healthcare Services**, **Marcum and Wallace Memorial Hospital**, **Pikeville Medical Center** and **Taylor Regional Hospital** (a verified Level-III Trauma Center).

The group has formed four committees to focus on areas of program development. A Kentucky Homeland Security grant application for seed money was not approved, so the KyTAC is looking at other sources to help underwrite anticipated program costs.

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For further information, please contact **Dick Bartlett** at KHA (502-426-6220 or 800-945-4542 or via e-mail at dbartlett@kyha.com).

State Legislative Committees Hear Proposed Legislation to Mandate Use of Certified Surgical Technologists

Two state legislative committees have heard a legislative proposal from the Association of Surgical Technologists and the Kentucky Community and Technical College Systems that would mandate that licensed health facilities employ only **certified** surgical technologists. Under the proposal, that is similar to **HB 668** that was defeated in the 2008 Session of the Kentucky General Assembly, surgical technologists would be required to complete an accredited education program and maintain the Surgical Technologist Certification administered by the National Board of Surgical Technology and Surgical Assisting to work in a hospital. If a facility could not find a certified surgical technologist, the facility would be required to document in the file that they made a "diligent and thorough effort" to find a certified surgical technologist. Current practitioners would be grandfathered.

Testifying at the Interim Joint Committee on Licensing and Occupations on October 10 and the Interim Joint Committee on Health and Welfare on October 15, were **Valerie Thompson**, President of the Kentucky State Assembly of Surgical Technologists and the Program Directors of the Madisonville, Bowling Green, Owensboro, Paducah and Lexington Community and Technical Colleges, which have programs to train surgical technologists. Also, testifying in favor of the legislation were **Sandra Smith**, RN, BSN, Baptist Hospital East, representing the Association of Operating Room Nurses and **Hermann Kaebnick**, M.D. a Vascular Surgeon from Louisville. Their presentations insist that the certification requirement is needed for quality care and to curb infections.

Testifying on behalf of KHA were Vice Presidents **Sarah S. Nicholson** and **Kim Dees**, who presented concern that the requirement of surgical technologists to be certified could result in a shortage of technologists and increase costs associated with surgical services. The legislation also requires the hospitals to verify that certified surgical technologists complete 15 hours of continuing education (CE) annually.

For further information or to let KHA know the impact the proposal would have upon your hospital, please contact **Sarah S. Nicholson** at KHA (502-426-6220 or 800-945-4542 or via e-mail at snicholson@kyha.com).

Kentucky Pension Health Care Subcommittee Workgroup Preparing Report

The Kentucky Public Pension Workgroup Health Care Subcommittee met on October 3 in Frankfort. This group is exploring options to the funding crisis in public employee health care benefits. The group looked at employer options and alternative strategies for funding Medicare Part D for their retirees.

Kathryn Friedman of Independent Pharmaceutical Consultants (IPC), Inc., a consulting firm that specializes in group prescription drug benefit plans in the public and private sector, stated that the Centers for Medicare and Medicaid Services (CMS) is seeking to prevent the further erosion of the employment-based retiree coverage with the implementation of Medicare Part D. Public employee retirement system administrators have many options and look to retain as much control as possible and limit the rate of cost increases for retirees. Retirement plans can obtain the retiree drug subsidy, contract with a prescription drug plan on a group basis, offer a wrap-around benefit to supplement the Medicare benefit or become an employer group waiver plan for direct contract with a prescription drug plan.

IPC, Inc. recommends the employee group waiver plan (EGWP) as the best option. Friedman stated that it is more administratively efficient and the national enrollment is limited to participating groups. It gives flexibility to directly affect plan design options, allows an option to reduce premiums through CMS subsidy and offers the maximized financial benefits from a negotiated pharmacy benefit manager (PBM) arrangement. For the state of Kentucky to be an EGWP, they must complete and file a notice of intent to bid, file their formularies, contract with CMS and coordinate all eligibility for the plan.

For further information, please contact **Sarah S. Nicholson** at KHA (502-426-6220 or 800-945-4542 or via e-mail at snicholson@kyha.com).

State Data Reporting Update

The databases for the first two quarters of 2008 have been officially closed. KHA has received the Data Submission Verification Reports from our data aggregator, COMPdata, for this period, produced on October 8. This information has been forwarded to the Cabinet for Health and Family Services (CHFS), Office of Health Policy, as a requirement of KHA's contract with the Cabinet. There were over 500,000 Emergency Services cases which were not admitted or did not have outpatient surgery reported for the first two quarters.

Eighty percent of our hospitals successfully submitted inpatient cases at or above 95 percent error-free. Another 4 percent of our hospitals had an error-free rate of 85 percent - 94 percent. Those facilities who have not successfully submitted data for the first quarter, second quarter or both, may expect to receive further communications from the Office of Health Policy.

If you have questions regarding your facility's status, please contact **Chuck Warnick** at KHA (502-426-6220 or 800-945-4542 or via e-mail at cwarnick@kyha.com).

Member News

David Gray Honored by Boy Scouts

David Gray, President of Hardin Memorial Hospital, was recently honored by the Boy Scouts of America. Gray received the Distinguished Citizen Award for his service to the Hardin County Community. The award was presented at the Sixth Annual Distinguished Citizen Award Dinner on October 28 in Elizabethtown.



Baptist Hospital East Earns National Recognition for Nursing Excellence

Baptist Hospital East has achieved Magnet designation for excellence in nursing services by the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program®.

Only five hospitals in Kentucky have achieved Magnet designation, which recognizes health care organizations that demonstrate excellence in nursing practice and adherence to national standards for the organization and delivery of nursing services. Applicants undergo a rigorous evaluation that includes extensive interviews and review of nursing services.

Research shows there are clear benefits to hospitals that are awarded Magnet status and to the communities they serve.

ANCC is the largest and most prominent nursing credentialing organization in the United States. Baptist East's Magnet status is valid for four years.

Hospital Staff Helps Buy Equipment

Employees of St. Elizabeth Medical Center have donated about \$1 million

to a campaign to help buy new imaging technology.

The money will be used to buy one of the world's first 320-slice CT scanners and a mobile health screening van. The \$3.4 million scanner, the most powerful device of its kind, created three-dimensional images of organs in less than one second. It also detects subtle changes in blood flow and paper-thin blockages in blood vessels, according to St. Elizabeth.

The \$1.5 million van will be used to bring diagnostic screenings to the community, making the tests available to people who cannot travel to the hospital. The mobile screenings test for diseases such as diabetes, heart disease, stroke and osteoporosis.

Caldwell County Hospital Groundbreaking

Officials broke ground on September 29 for the new \$31 million Caldwell County Hospital in Princeton.

The 69,000-square-foot hospital will be located in Princeton's busiest commercial area. The hospital will replace one that opened in 1951, which was designed for inpatient care. Much of the hospital's current caseload is outpatient.

Previous studies projected that by 2020 hospital employment would increase from 199 to 220, payroll from \$5.5 million to \$6.6 million, and local taxes by nearly \$30,000 a year.

Two Kentucky Hospitals Recognized by Modern Healthcare

Modern Healthcare magazine recently announced its latest awards and honors program, which recognizes workplaces in health care that enable employees to perform at their optimum level to provide patients and customers with the best possible care and services. To determine those workplaces, *Modern Healthcare* entered into a partnership with the Best Companies

Group, a firm that conducts regional "best places to work" programs across the country. Organizations and companies from all segments of the healthcare industry with a minimum of 25 full-time employees were eligible.

Central Baptist Hospital in Lexington and King's Daughters Medical Center in Ashland were recognized as two of the best health care companies to work for in the nation. There were lists ranking providers, suppliers and payers, as well as an overall health care list.

Central Baptist ranked 14th overall and 10th on the provider list. King's Daughters Medical Center ranked 5th overall and was the 4th best provider.

On behalf of *Modern Healthcare*, the Best Companies Group conducted two surveys of health care organizations and companies that volunteered to participate. The first survey was a questionnaire for a participating employer. The second was a satisfaction survey of a participating company's employees.

Top 100 Performance Improvement Leaders

Six Kentucky hospitals have been named in the 2007 Thomson Reuters 100 Top Hospitals®: Performance Improvement Leaders study:

- **Small Community hospitals (25 to 99 acute-care beds) Category**
Baptist Hospital Northeast in La Grange
- **Medium Community Hospitals (100 to 249 beds) Category**
Murray-Calloway County Hospital in Murray
Ephraim McDowell Regional Medical Center in Danville
Saint Joseph East in Lexington
- **Large Community Hospitals (250 or more beds) Category**
Hardin Memorial Hospital in Elizabethtown
Western Baptist Hospital in Paducah

Member News

The list has been compiled annually by Thomson Healthcare (formerly Solucient) since 1993.

Objective statistical national comparisons were used to measure improvement of clinical outcomes, patient safety, efficiency, financial stability and growth, according to Thomson Reuters.

Our Lady of Bellefonte Hospital Named Best Practice Organization

Our Lady of Bellefonte Hospital (OLBH) was recognized as a 2008 Professional Research Consultants (PRC) Best Practice Hospital in nine separate categories based on exemplary patient satisfaction surveys.

Based on the perception of patients, OLBH performed in the top 10 percent of all hospitals nationwide in the areas of overall inpatient care, the performance of the hospital's 4-Center, inpatient cardiology/telemetry, inpatient pediatrics, outpatient cardiology, mammography, endoscopy, lab and radiology services. PRC is a nationally-known health care marketing research company headquartered in Omaha, Nebraska.

The honors received by OLBH are based on research conducted by PRC to obtain the opinions of OLBH patients via telephone for a confidential interview to assess their perceptions of their care.

**If You Have News
or
Staff Changes . . .**

If your facility has staff changes, please contact **Marlene McWhorter** at KHA (502-426-6220 or 800-945-4542 or via e-mail at mmcwhorter@kyha.com).

If your facility has news, please contact **Ginger Lamm** at KHA (502-426-6220 or 800-945-4542 or via e-mail at glamm@kyha.com).

Susan Stout Tamme Honored for Excellence in Nursing

Baptist Hospital East President **Susan Stout Tamme** was recognized as Nurse of the Year at the annual Doctor's Ball in Louisville.

The story of Tamme's own rise from staff nurse to the helm of one of Kentucky's busiest hospitals is a powerful recruiting tool for nurses. Through her efforts, she has helped build



Baptist East from a 257-bed medical/surgical hospital to a medical center offering specialized care for cancer, stroke, joint replacement and heart disease.

Three Kentucky Hospitals Recognized For Outstanding Organ Donation Practices

Over the last several years, the Joint Commission, Health and Human Services, organ procurement organizations such as the Kentucky Organ Donor Affiliates (KODA), and, of course, hospitals have all taken steps to have effective donation standards, policies and practices in place to improve organ and tissue donation. Three Ken-

tucky hospitals are soon to receive a major recognition for their efforts in improving and achieving remarkable results in organ and tissue donation.

Baptist East Hospital, Jewish Hospital, and the University of Louisville Hospital will be receiving the United States Department of Health and Human Services Medal of Honor at the upcoming Organ Donation and Transplantation National Learning Congress in Nashville. This award is given to hospitals that achieve and sustain a donation rate of 75 percent or more of eligible donors.

For more information on organ donation, visit www.kyorgandonor.org or contact KODA (800-525-3456).

New CEOs

- **Tracy P. Byers** has been named Chief Executive Officer of **Muhlenburg Community Hospital** in Greenville.
- **Stuart Locke** is now the Chief Executive Officer of **Southern Kentucky (SKY) Rehabilitation Hospital** in Bowling Green.
- **James Spruyt** has accepted the Chief Executive Officer position at **Cumberland Hall Behavioral Health Services** in Hopkinsville.

Calendar

- 20 Nursing Assistants' Recognition Program**
8:00 AM – 5:00 PM
KHA Headquarters
Louisville
Contact: Mandy Miller
- 20 Tobacco-Free Press Conference**
10:00 AM
Crowne Plaza/Campbell House
Lexington
Contact: Elizabeth Cobb

- 21 Executive Assistants' Luncheon**
11:00 AM
Churchill Downs
Louisville
Contact: Carol Walters
- 24 LEP/SI Committee Meeting**
9:30 AM – 3:00 PM
KHA Headquarters
Louisville
Contact: Pam Mullaney
- 27-28 Thanksgiving Holiday**
KHA Headquarters Closed