

NAHQRS

Nebraska Association for Healthcare
Quality, Risk, & Safety



Nebraska Association for Healthcare
Quality, Risk and Safety

<http://www.nahqrs.org/>

Volume 2
Issue 4



Kathi Kelly, RN, BSN, CPHQ
President, NAHQRS
Director of Quality Programs, Risk Manager,
Privacy Officer
Memorial Health Care Systems
Seward, Nebraska

Our organization continues to grow into a great organization.

I am very thankful for all of our members and contributions made to advance NAHQRS.

Currently the Board of Directors is in the process of revising our bylaws.

This is a tedious job and I wish to thank Betty for her time and effort to get all of the recommendations incorporated into the revision. The Board meets on July 22nd to review the bylaw's changes and hopefully will have a draft for your review and discussion at the August meeting.

HELP!!! One of our major fund raisers is the Vendor Show at CIMRO's annual Quality Forum. This is an important project because it is one of our significant fund raisers. The money from this project helps pay for speakers and send members to national conventions. I need one more member to come forward and help with this project. Tina Mazuch volunteered to help lead this effort. Please contact Tina or me if you are interested. The main responsibility is to secure vendors and keep the vendors informed about the day of the show. If you like to have a fun challenge, give this a try!

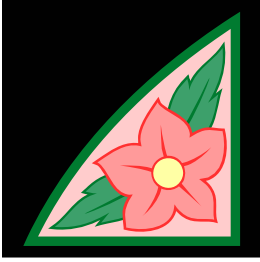
This has been a very busy year for the Board of Directors and Teams.

Some of the efforts that we continue to work on include:

- **CEUs for speakers**
- **Facility membership**
- **Selection process for members to attend national conventions**
- **Securing great speakers**
- **Website**
- **Meeting speakers**
- **NHA annual conference - Cy Wakeman is our guest speaker for the conference**
- **Increasing membership**

Thank you again for all of your help to advance our organization.

Kathi



Kubik's Corner

A final tribute to a past dear Member

Denise Kubik passed from our presence last month, but not from our hearts...

Flowers were sent from NAHQRS in memory of Denise.

An additional memorial of \$120 was sent to the American Heart Association in her memory from NAHQRS members.

Gail sent a card to Robert Kubik (Denise's husband) on behalf of NAHQRS expressing our sympathy and indicating that the memorial was sent.

The AHA will also send an acknowledgement to the family.

A message from the Family of Denise is shared with us from Cathy Broz. It reads:

Nebraska Association of Healthcare Quality

Thank you so much for your kindness during our time of loss.

The beautiful arrangement was greatly appreciated and for your kind words on the card.

Mom loved what she did.

The family of Denise Kubik

Some Members' Thoughts (believe me; there are many other feelings like these still in our hearts that are can not be contained here):

"The thing I remember most about Denise was her smile. We shared many conversations about our kids and grandkids. When I think of Denise I think about short skirts and the color black."

"Denise was one of the nicest people I have ever met and was always so happy and full of life and always had such a big smile on her face. I always felt that Denise would do anything for a friend or a peer and she was always volunteering for something it seems. I have lost friends and relatives in the past but for some reason losing Denise like this just seems like such a big surprise and is a truly sad day."

"I remember how animated and passionate she was for some of the littlest things, not to mention the big things. I always felt good when I was around her."

"Denise was such a warm and friendly person. She had a way with people that put them at ease and had such a welcoming manner about her. Her smile lit up the room. We have been fortunate to have such a quality advocate at work for us in Nebraska for so many years."

"For those of us "old timers" who used to work closely with Denise when she was with TSCN and NAHQ, this was a shock and a definite loss. Her passion for quality was truly contagious."

"There are too many stories to tell about Denise. She had a Big Heart, a generous, kind, spirit, a huge funny bone, patience, and was one of the smartest persons with the ability to take a complex subject and put it into the everyday language of the common person. She is missed."

Historian Report

Another cause to celebrate . . .

On June 10th Delinda Lampe, Pat Hoidal, and myself represented NAHQRS in Lincoln when Governor Heineman signed a proclamation designating June 15-19 as Healthcare Risk Management Week.

I wish all of you could attend this ceremony some time.

It is quite an honor to represent our organization and be able to explain how we work to ensure safe and quality healthcare for all Nebraskans.

You should have all received the signed proclamation via e-mail. I hope you have it framed and hung where you can see it everyday. We will be proclaiming Quality Week later this fall and it would be awesome to have you there.

While we work hard in Nebraska to fulfill the NAHQRS mission, we look to be recognized at the national level as well. I recently submitted our state entry for a national newsletter/website quality award. I will keep watch to see if we are selected for an award.

Thanks to all who work hard to support our organization.
I will be watching to see how this unfolds.

Donna Jorgensen
Historian

NAHQRS Member Bio

No Member Bio's this Newsletter

Have a new Job?

Get a new phone number?

Change your email address?

Forgot to tell your best friends?

If you have changes that we should know about – just click on the link below to forward those changes to the people who really care.

Cathy Broz

dchqi@bwtelcom.net



NHA Update

Monica Seeland, RHIA

Vice President Quality Initiatives

The Nebraska Coalition for Patient Safety (NCPS) is sponsoring its first educational conference on August 18, 2009, at the Holiday Inn & Convention Center in Kearney, Nebraska. The keynote speaker is David Marx, JD, *The Just Culture*. We are excited that Mr. Marx is coming to Nebraska and want to acknowledge MMIC, one of the Coalition's financial sponsors, for providing financial assistance to bring him here. Steve Smith, MD., President of the board of the Coalition will provide an update of the Coalition's activities through our first year and-a-half of collecting data about patient safety events in Nebraska. In the afternoon, four breakout sessions will be held: Infection surveillance and prevention; use of the surgical safety checklist; medication reconciliation; and 5 questions a day for safety/beyond RCA to sense-making. For a brochure, go to:

http://www.nhanet.org/events/events.htm?topic=detail&events_id=1144&cat=NHA+Events.

Hospital Compare data will be refreshed on July 9, 2009. This data will include 30 day readmission rates as well as the mortality data and data on heart failure, acute MI, pneumonia and surgical care infection prevention. Hospital specific data for each hospital in the nation can be downloaded from the Hospital Compare web site. The information includes your hospital's percentage of compliance with each of the measures. If you would like to see your hospital specific information, you can download it from the Hospital Compare web site or contact Monica Seeland at mseeland@nhanet.org. Considering all the discussion about health care reform, and paying for quality, each hospital should be familiar with their compliance and how they compare to other hospitals in Nebraska and the nation.

If you have any questions or suggestions for future topics, please contact Monica Seeland at 402-742-8152 or mseeland@nhanet.org.

“Education’s purpose is to replace an empty mind with an open mind.”

Malcolm Forbes



Resources for better healthcare

New Opportunities to Participate in National Patient Safety Initiatives

Submitted by Janet Dooley, RHIA, CPHQ, CIMRO of Nebraska

The Centers for Medicare & Medicaid Services (CMS) has recently expanded the QIO 9th Scope of Work to include assistance to rural providers as part of the current Patient Safety Theme. QIO activities under the rural-focused projects will focus on the following three components: 1) reducing rates of pressure ulcers in hospitals, 2) reducing rates of pressure ulcers in nursing homes, and 3) reducing rates of and use of physical restraints in nursing homes.

Pressure ulcer reduction has been addressed by the Joint Commission, the Institute for Healthcare Improvement (IHI) through the *5 Million Lives Campaign* and the *Advancing Excellence in America's Nursing Homes Campaign*. IHI reports, "Each year, nearly one million people develop pressure ulcers resulting in costs exceeding \$1.3 billion, and the human suffering is inestimable." CMS data for Quarter 2 2007, reports a national pressure rate of greater than 12 percent in nursing homes. The pressure ulcer rate in acute care facilities ranges from 0.4 percent to 38 percent. In FY 2007, CMS reported the incidence of new pressure ulcers in hospitals to be around seven percent.

CIMRO of Nebraska will partner with 18 rural Nebraska hospitals to share best practices, tools and evidence-based research to assist with pressure ulcer prevention in selected Nebraska communities. The project will be conducted as an IHI-like collaborative, including several learning sessions. Additional technical assistance will be offered via online educational sessions, teleconferences, toolkits and on-site visits. Proven change methodologies will be shared to foster a culture of patient safety and ultimately improve quality.

In addition to hospitals, CIMRO of Nebraska will be partnering with seven nursing homes to work on reducing their use of physical restraints. Eight nursing homes will also be involved in the reduction of pressure ulcers. Participating homes will be provided education individually and through networking opportunities creating an "all teach, all learn" environment addressing the needs of residents through a quality improvement framework. When hospitals and nursing homes are located in the same community, there will be additional opportunities for collaboration across care settings in pressure ulcer prevention.

Rural Nebraska hospitals and selected nursing homes will soon be receiving an invitation to join these national patient safety initiatives. Invites will be sent to senior leaders and quality improvement contacts; the projects are slated to begin later this summer. This is a great opportunity to be involved in a national patient safety initiative and we hope you consider participation. Contact CIMRO of Nebraska at 800/458-4262 if you have questions or would like additional information.

Nebraska Surgical Safety Checklist Campaign Update

Hospitals across the state are signing up to test the Nebraska Surgical Safety Checklist in their organization. Several hospitals are moving toward implementation. As of July 6, 2009, thirty-six facilities have committed to test the checklist and thirteen have completed their test. CIMRO of Nebraska and the Nebraska Hospital Association applaud your efforts and ask that you share your experiences with us. If you have adapted the WHO Surgical Safety Checklist to fit your organization's needs and are willing to share, please send a copy to jdooley@neqio.sdps.org. We will post updates and success stories to the CIMRO of Nebraska Web site. A teleconference call to share experiences will be held later this summer. For more information about the Nebraska Surgical Safety Checklist Campaign, contact Janet Dooley at the above e-mail address or Monica Seeland, Nebraska Hospital Association, at mseeland@nhanet.org.

This material was prepared by CIMRO of Nebraska, the Quality Improvement Organization for the state of Nebraska, under a contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 9SOW-NE-PS-68/0709

"The weirder you're going to behave, the more normal you should look.

It works in reverse, too. When I see a kid with three or four rings in his nose, I know there is absolutely nothing extraordinary about that person."

~ P.J. O'Rourke

10th Annual Safety Healthcare Conference

September 18th 2008

***Sandhills Convention Center,
North Platte, Nebraska
8:00 AM to 4:00 PM***

Please email Dari Olson at dolson@chmccook.org for more information or a registration sheet.

Dari Olson, CHSP HEM
Safety Director
Community Hospital
1301 East H St
McCook, NE 69001
p. - 344-8362
f. - 344-8546



To view the **SONAR** website, Calendar of Events, Member Hospitals, & Resource Links visit:

<http://www.chmccook.org/sonar.htm>

SONAR Mission Statement: To assist health care facilities in education, networking, and resources to meet regulatory compliance.

If you would like to join **SONAR** or have additional questions or comments please contact:

Dari Olson, **SONAR** Chairman
Safety Director, McCook Community Hospital
Phone 308-344-8362
Email: dolson@chmccook.org

Quality – Risk Management – Patient Safety

The following three articles are submitted by Shari Lock, RN

sharilock@catholichealth.net

Performance Improvement

In the 1990's the Centers for Medicare & Medicaid Services developed legislation requiring hospitals develop and implement quality assessment and performance improvement programs. This was finalized and implemented in 2003. This initiative has been included in the Critical Access Hospital Regulations under tag C336 which generally says; The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis, treatment and outcomes of the care provided. The regulation suggests that an "effective quality assurance program" would include; ongoing monitoring and data collection, problem prevention, identification and data analysis, identification of corrective actions and measures to improve quality on a continuous basis.

The first step to a success quality program in a critical access hospital is to develop a culture of quality in the organization. A great analogy to understand this would be; a quality program could be a tapestry hanging on the wall in the lobby of your hospital like a manual on a shelf or a culture of quality is established is like all of the carpeting in your hospital.

The leadership of the organization must learn about quality, attend conferences, network with other leaders across the state and understand quality. They can identify the financial incentives and recognize the importance to patient safety and quality of care. Leadership would understand that many national organizations support quality in healthcare and develop policy, guidelines and standards for hospitals to follow. Some of these organizations include; National Quality Forum, National Hospital Alliance, Association for Healthcare Quality and Institute for Healthcare Improvement. Most importantly, the leadership must embrace quality and demonstrate or role-model it for their staff. They must identify operational strategies and goals to implement quality in their facilities. Finally, the leadership of the facilities can make quality an expectation for department directors and ask all staff to be accountable.

The leadership buy-in to quality is the first step in developing and implementing a successful quality program. This culture of quality must be an integral part of the organization. It must be identified as a priority and included in strategic and operational planning. It can be written into job descriptions and used in evaluating performance. Finally, it should be communicated through, board reports, committee minutes or narrative and data reports format for all hospital staff to understand. Create a culture of quality in your facility, flowing like carpeting throughout.

TeamSTEPPS

TeamSTEPPS is a teamwork system designed for health care professionals that is:

- A powerful solution to improving patient safety within your organization
- An evidence-based teamwork system to improve communication and teamwork skills among health care professionals
- A source for ready-to-use materials and a training curriculum to successfully integrate teamwork principles into all areas of your health care system
- Scientifically rooted in more than 20 years of research and lessons from the application of teamwork principles

- Developed by Department of Defense's Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality

TeamSTEPPS provides higher quality, safer patient care by:

- Producing highly effective medical teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for patients
- Increasing team awareness and clarifying team roles and responsibilities
- Resolving conflicts and improving information sharing
- Eliminating barriers to quality and safety

TeamSTEPPS has a three-phased process aimed at creating and sustaining a culture of safety with:

- A pre-training assessment for site readiness
- Training for onsite trainers and health care staff
- Implementation and sustainment
 - Methods to reduce patient falls
 - Efforts to improve medication safety
 - Communication techniques like hand offs between clinical staff departments

MAC and RAC Summary

Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) requires the Centers for Medicare and Medicaid Services (CMS) to take the necessary steps between now and 2011 to implement Medicare Contracting Reform (MCR). MCR will bring standard contracting principles to Medicare such as competition and performance incentives. Part of this process is to identify and secure contracts with Medicare Administrative Contractors (MAC) and Recovery Audit Contractors (RAC)

MAC-Medicare Administrative Contractors

- CMS is replacing its current claims payment contractors - fiscal intermediaries and carriers - with new contract entities called Medicare Administrative Contractors (MACs)
- Medicare Administrative Contractor MAC-for Nebraska is Wisconsin Physicians Service Health Insurance Corporation (WPS)
 - Nebraska is J5 area
 - Awarded in September 2007
 - Nebraska's MAC for Part A and Part B Medicare Fee for Services claim
 - Mutual of Omaha will be a subcontractor for Part A print/mail services, data programming
 - Headquartered in Madison, Wisconsin

RAC-Recovery Audit Contractors

- Demonstration- March 2005-March 2008 to detect and correct improper payments
 - California, New York and Florida, then Massachusetts, South Carolina and Arizona
- Identified \$1.03 billion in overpayment, 693 million returned to the Medicare Trust fund
 - Most overpayments occurred when providers do not comply with Medicare's coding or medical necessity policies
 - 22% appeals, with 7.5% overturned
- RAC project will become permanent, with 4 contractors chosen
 - Diversified Collection Services, Inc of Livermore, California

- CGI Technologies and Solutions, Inc. of Fairfax, Virginia
- Connolly Consulting Associates, Inc. of Wilton Connecticut
- **HealthData Insights, Inc. Las Vegas, Nevada-Nebraska RAC**
- RAC is guided by Medicare policies, regulations, national and local coverage determinations and manual instructions when conducting claim reviews. Must follow Medicare coverage, coding or billing policies
- Goal is to identify improper payments made on claims of health care services to Medicare beneficiaries. Overpayments or underpayments.
- RAC's paid on a contingency fee basis on both overpayments and underpayments they find:
 - Claims denied
 - due to improper coding
 - inaccurate assignment of medical necessity
 - insufficient documentation
 - duplication of charges
 - billing for services already included in other payments
 - Services most likely to be identified for overpayment included
 - Wound debridement
 - Surgical procedures in the wrong setting
 - Respiratory diagnosis with ventilator support
 - Extensive OR procedures unrelated to the principle diagnosis
 - Rehabilitation services following an orthopedic procedure
 - Heart Failure admissions
 - Lessons learned to be shared
 - Types of issues undergoing review on each of RAC's websites
 - Each RAC will employ a full-time medical director to help review claims
 - CMS does not mandate the use of any specific utilization review screening criteria such as InterQual or Milliman, they do require a utilization review process
- Providers may consider an internal assessment to ensure that submitted claims meet the Medicare rules
 - Identify/create a utilization team
 - Identify hospital policies, and processes for utilization review
 - Implementing procedures to promptly respond to RAC request for medical records
 - Plan a systematic appeal process for RAC's
 - If provider disagrees with RAC determination, filing an appeal before the 120 day deadline
 - Keeping track of denied claims and correcting these previous errors
 - Determine what corrective actions need to be taken to ensure compliance with Medicare and to avoid submitting incorrect claims in the future
 - Evaluate medical necessity and clinical documentation on a regular basis/as part of quality or compliance program
 - Identify a current set of acute care guidelines to use for guiding medical necessity and decision-making
 - Identifying where improper payments have been persistent by reviewing RAC's web-sites and identifying patterns of denied claims within own practice
 - Monitor governmental reports

The following article is submitted by Kathy Corbett, RN, MSN

kcorbett@NebrWesleyan.edu

Newsworthy

As committed quality improvement and patient safety health care professionals, I know you will be very interested in this Institute for Healthcare Improvement (IHI) site that I stumbled upon while looking for material for my graduate student class in healthcare administration leadership and management.

The IHI has an Open School component that is free to persons interested in learning more about quality improvement and patient safety in health care.

The site includes valuable information that is shared in a school format of pretest, material readings, and a post-test. A score of 75% is required to pass each course.

The Open School course site tracks the completed courses for you.

There are multiple courses available.

IHI is also working on developing an IHI certification, both a beginners, and an advanced which is to be available later this year.

Taking the courses available at the IHI Open School site will count towards the certification.

For those of you interested in learning more about another great IHI initiative go to www.ihl.org and click on the IHI Open School area, click on courses and follow the directions to 'Take a free course now'.

You will need to create a separate log-in and password to access the courses which will then be available to you.

Please share this site with others.

IHI and Don Berwick have worked hard to provide us with valuable information to help improve the healthcare system for better outcomes and safety of patients, which is what NAHQRS is all about.

Have fun with this site!

Reminder:

Please send me your application and dues (\$50) for 2009 if you have not already done so.

Thank you!

**Cathy Broz, RN, BSN
Quality Coordinator
Dundy County Hospital
1313 North Cheyenne
Benkelman, NE 69021
308-423-2204 ext. 205
dchqi@bwtelcom.net**

Job Postings

Quality Improvement Advisor - Position Opening

CIMRO of Nebraska, an EOE Medicare Quality Improvement Organization, is now seeking a full-time Quality Improvement Advisor in our Lincoln office to manage planning and implementation of quality improvement and patient safety projects.

The Quality Improvement Advisor is a specialist in quality improvement, an educator, a facilitative leader, a consultant, an innovator, and a monitor of project quality. In this role, you'll work on several projects, including reducing pressure ulcers in both hospitals and long-term care facilities, reducing healthcare associated infections, and other hospital and community health projects.

Strong preference will be given to candidates that have experience in a quality or patient safety role for a hospital or health system, knowledge of infection control systems and practices and are RN-prepared, with a current license. Qualified candidates must have experience implementing quality improvement initiatives in a hospital setting (CPHQ a plus), demonstrated ability to manage multiple projects, and proficiency using a PC and a variety of software applications. Desired qualifications include: demonstrated ability to manage customer relationships and expectations; general management and leadership skills; excellent oral presentation and written communication skills, including technical writing; working knowledge of basic statistics and research methodologies. Candidates must demonstrate experience working in a team-based environment and a commitment to quality improvement. Position requires some travel, including occasional overnight stays.

Send resume by mail or email to:

Greg Schieke, MBA
Senior Vice President
CIMRO of Nebraska
1230 O Street, Suite 120
Lincoln, NE 68508
gschieke@neqio.sdps.org

Dalton Boggs & Associates, an executive search firm that specializes in healthcare, has been retained by a 600+ bed two campus hospital in Kentucky to find a Director of Quality Management. These facilities are a part of a seven hospital faith based, not-for-profit health system based in Kentucky. Additionally, there is a large ambulatory care facility located in the same city as the two large hospitals that includes an emergency room, ambulatory surgery, and full service diagnostics. This system has won numerous awards for quality of care, patient satisfaction, and employee satisfaction. They have a history of strong financial performance and are known for the commitment to their mission.

The Director of Quality Management is responsible for leading, planning, directing, and coordinating all Performance Improvement/Quality related initiatives (including Core Measures), Physician Peer Review/Medical Staff Quality, Clinical Patient Safety, and all Accreditation for both facilities and the ambulatory center. The Director will be responsible for the oversight of all data collection, management, and presentation for quality/performance improvement and patient safety initiatives as well as managing the Quality Plan for the three facilities. The Director will report to the system Vice President of Performance Management & Medical Staff Services.

All inquiries will be held in the strictest of confidence. An extremely competitive compensation, benefits, and relocation package is available. If you know of anyone who may want to receive some additional information about this exciting opportunity, please have them call, contact or submit a resume in confidence to:

David Boggs
Dalton Boggs & Associates
4500 Bowling Blvd., Ste 100
Louisville, KY 40207
Office: 502.228.4030
Toll Free: 877.228.4030
Fax: 800.775.9403
Email: davidb@daltonboggs.com
Website: www.daltonboggs.com



Exceptional Opportunity...

Director, Quality and Infection Control

Our client, **The George Washington University Hospital**, has retained our services to identify qualify and attract an outstanding and talented healthcare professional to serve as the **Director, Quality and Infection Control**.

The Hospital

A Tradition of Quality

When it comes to choosing a hospital, one thing is clear: quality counts. And a century-long tradition of providing medical care in a comfortable and convenient environment means peace of mind for the thousands of patients who are cared for by the doctors and nurses at The George Washington University Hospital each year. Just minutes from Washington, D.C.'s tourist sites and government headquarters, The George Washington University Hospital serves a diverse group of patients — from area residents to visiting dignitaries and heads of state.

When the new George Washington University Hospital opened in 2002, physicians and nurses at GW began treating patients in a technologically advanced hospital. With millions of dollars of medical equipment and a completely wireless network, GW offers advanced and innovative healthcare in a warm, friendly environment.



The Position



The Director of Quality and Infection Control is responsible for the ongoing strategic development, implementation, and management of the hospital's Quality and Infection Control functions. The responsibilities include achieving national patient safety goals and national hospital core measures, the development of quality improvement plans and reports, as well as managing the survey process for Joint Commission accreditation and required licensure.

The Candidate

The desired candidate profile includes at least five years leadership experience with direct responsibility for a health care quality improvement program which includes both clinical and non-clinical processes. The required educational background includes a Masters degree along with CPHQ certification. The Director of Quality and Infection Control should possess a strong understanding of how to use data to measure and drive improvement. Outstanding leadership skills along with a demonstrated understanding of and ability to work with regulatory bodies including the Joint Commission are a must.

The Location

Washington, DC -- our nation's capital -- is unlike any other travel destination in the world. Its storied history extends back to the founding of our country, and virtually every neighborhood offers a glimpse into the past. National monuments dominate the skyline, recognizing the sacrifice of those American heroes -- from our founding fathers to the brave men and women in the armed forces -- whose resolve and sacrifice helped to shape our country into the great nation it is today.



The rapid expansion of DC over the last century has further created a rich and diverse culture, represented by people from across the globe. The city hosts numerous museums, art galleries, theaters, recreational parks and much more... almost all of which is easily accessible by foot or public transportation.

Washington, D.C. continually ranks as one of the most visited destinations in America. The city is currently undergoing a renaissance. New attractions, exhibits, hotels and restaurants are opening all over the city, and there is a feeling of excitement in the air. Add these new places to the fascinating cultural and historic sites which visitors of all ages have loved for generations, and you will know why almost 20 million people travel to the nation's capital every year.

Sightseeing is not the only thing on the nation's capital. Why not take a ride on a D.C. Duck, or take a bicycle or scooter tour of the city with a licensed guide? There's plenty to do, including golf, tennis, boating, hiking and much more!



Contact Information

If you or anyone you know has the experience, motivation, and commitment to be a part of an organization that provides exceptional medical care and quality outcomes, please contact:



Jim Okun

Vice President, Search Division

800-410-2009 ext. 241

813-870-9500 ext. 241

813-870-9051 Fax

jokun@missionsearchusa.com

www.missionsearchusa.com

All inquiries will be held confidential. George Washington University Hospital and Mission Search encourage diversity in the workplace

Next Meeting August 7, 2009

Great Plains Regional Medical Center, North Platte

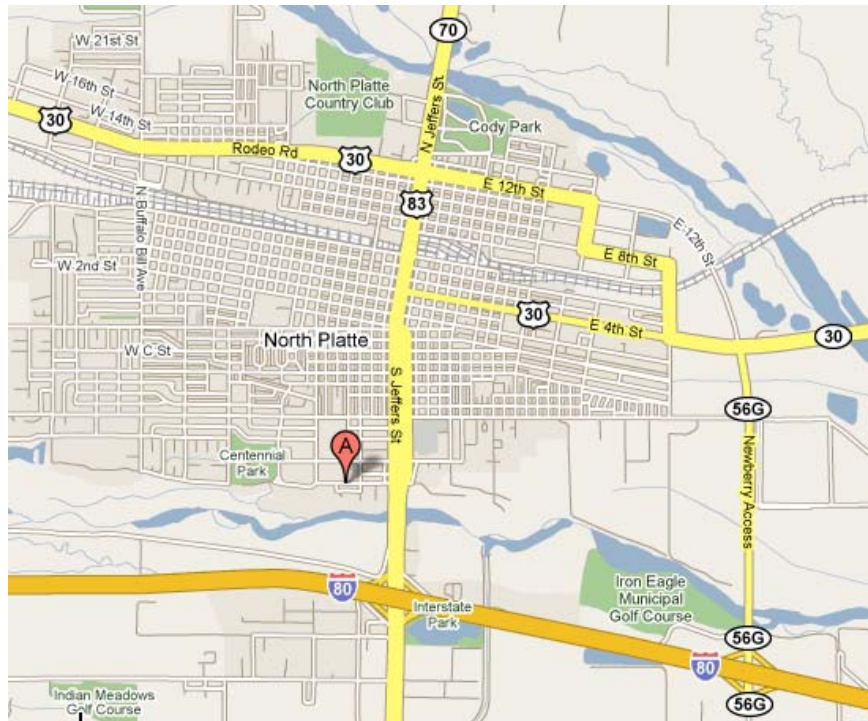
Great Plains Regional Medical Center

601 W. Leota
North Platte, NE 69103

Website: <http://www.gprmc.com>

Click on the link
below to bring
up web map:

<http://maps.google.com/maps?hl=en&q=Great%20Plains%20Regional%20Medical%20Center&um=1&ie=UTF-8&sa=N&tab=wl>



Future NAHQRS Meetings

October TBD, 2009 Lincoln

February 5, 2010 TBD

June 4, 2010 TBD

December 6, 2009 York

April 2, 2010 TBD

August 6, 2010 TBD

Next publish date is September 2, 2009

Comments on this newsletter, or future articles for submission or information, or other tidbits for publication can be sent to Bill Redinger at: wredinger@sfmtc-gi.org

Future Newsletter publish dates:

- November 6, 2009
- January 5, 2010
- March 2, 2010
- May 4, 2010
- July 6, 2010