

PRESIDENT'S MESSAGE Keith Mosley – 2018 MOSHE President

It's hard to believe it is already summer with above average temperatures. I hope you and your families are enjoying the summer. The Chapter continues to provide exceptional educational programs for our membership thanks to the education committee. We are also seeing continual growth in the chapter thanks to our membership committee and all of you that are encouraging our peers to get involved.

MOSHE is dedicated to improving the quality of health care in Missouri through the professional development of individuals in the supporting and allied fields.

I would again like to encourage my fellow Facility Managers to look into the Energy Star and Energy to Care Program. It is a great resource to benchmark energy usages and look to the best in class to see how we may be able to reduce our energy consumption and operating cost in our facilities. Congratulations to Bonnie Hoerner, Dave Pederson, Debra Lueckerath, Shawn Bailey and Martin Grabanski, the lucky recipients of the ASHE Region 8 Scholarship drawn at the May 2, 2018, MOSHE Education Program. MOSHE will reimburse for conferences attendance (or provide waivers), travel including taxi, parking and hotel not to exceed \$1,000.00 per person. The eligible candidates for this scholarship must be active MOSHE Member, had attended a minimum of 4 MOSHE Education programs in the prior 12 months and must be an active ASHE member.



Keith Mosley, 2018 MOSHE President

ASHE TO UPGRADE ENERGY TO CARE PROGRAM

From the field

Energy to Care, the American Society for Healthcare Engineering's free energy benchmarking and awards program for health care facilities, will be gaining additional functionality such as real-time energy tracking. ASHE and the American Hospital Association issued a request for proposals (RFP) this week, the first step of expanding the program's features. The RFP is available on the Energy to Care website under the resources tab.

Energy to Care Website (www.energytocare.org)



LEGISLATIVE UPDATE Daniel Landon, Senior V.P. of Governmental Relations Missouri Hospital Association

The Missouri General Assembly's 2018 state legislative session ended May 18. Legislators enacted a number of new laws designed to benefit hospitals and support their work to improve the health of their patients and communities.

Legislators upgraded a 17-year-old safeguard in state law created to ensure that Missouri hospitals receive payments in keeping with the \$1 billion in provider tax they pay annually to state government. The tax is called the Federal Reimbursement Allowance, or FRA, and is used to furnish the state share of \$3 billion in Medicaid payments. The new safeguard emphasizes greater transparency and accountability, particularly for FRA-funded payments flowing through Medicaid managed care plans.

Another new law allows state hospital licensure regulations to automatically update to synchronize with federal standards.

Previously, state law prevented state regulations from staying current with external standards such as the federal Medicare Conditions of Participation. The change dovetails with a 2017 state law to block duplicative or inconsistent federal and state hospital standards as of July 1, 2018.

"New law allows state hospital licensure regulations to automatically update to synchronize with federal standards."

The General Assembly also enacted legislation allowing a

hospital to redefine its premises to encompass property that is "catty-corner" across an intersection from the main hospital property.

The General Assembly also addressed concerns about insurers' payment of out-of-network providers and restrictions on emergency department coverage. The new law was negotiated among legislators, hospitals, other providers and insurers. It clarifies that the "prudent layperson" law requiring insurers to cover hospital emergency care based on the patient's symptoms will be applied without regard to the final diagnosis. Also, an insurer's payment denial based on the absence of an emergency medical condition must involve a medical record review by a board-certified physician.

Legislators also passed legislation to expand and clarify Medicaid coverage of services delivered via telemedicine.

The Missouri Hospital Association has published a <u>summary</u> of the outcomes of legislative proposals affecting hospitals and health care. The governor has until July 14, 2018, to sign or veto most of the bills enacted during the 2018 legislative session.



UPCOMING EVENTS

July 11: MAC Downtown – Art Room, Happy Hour, 3-6 p.m. Evening Program - Professional Development, Leah C. Lorendo, Ph.D., CCC-SLP and Thomas C. Gregory, M.A. <u>Click here to Register</u>

August 15: EPNEC

Barrier Management Symposium Full Day Seminar <u>Register to attend</u> <u>Sponsorship</u> <u>Registration</u>

September 10: Innsbrook Resort

Golf Outing and Education Program <u>Sponsorship</u> <u>Registration</u>

October 3: Forest Hills Country Club - Annual One Day Seminar – Survey Preparedness Keynote: Tim Markijohn <u>Register to Attend</u> <u>Sponsorship</u> <u>Registration</u>

November 7-9: Missouri Hospital Association Annual Conference Tan-Tar-A

December 5: Meet and Greet, Location MAC West

MHA REGIONAL MEETINGS WITH LAW ENFORCEMENT

Jaclyn Gatz, MPA, CHEP Vice President of Safety and Preparedness, Missouri Hospital Association

MHA continues to address workplace violence through advocacy, partnerships and practice changes. In April and May, MHA hosted four regional meetings with the primary objective of facilitating shared learning related to regulatory and legal issues among hospitals, EMS and law enforcement. Case-based discussions highlighting HIPAA, EMTALA, and appropriate procedures for collecting and documenting narcotics and firearms were introduced through facilitated discussion. A total of 186 participants attended, including 37 law enforcement partners. While there were disagreements, effective discussions occurred between hospital staff and law enforcement on how particular situations should be handled. Hospital staff gained a better understanding of the following.

- how police officers view their obligation to ensure public safety
- the patient also may be a victim or suspect
- the role of law enforcement to create and promote safe communities, and hospital staff should not be determining what is illegal, specifically related to narcotics

Police officers indicated they better understood the following.

- why hospitals cannot always share information
- how hand-offs can create problems
- the steep penalties associated with EMTALA violations
- behavioral health resource limitations
- the challenge of using technology, such as body cameras and HIPAA considerations

Next steps include statewide data collection, a policy repository and ongoing education to be outlined and updated on MHA's S.A.F.E.R. <u>web page</u>.



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