

INSIGHT

Volume 8 • Issue 2 • Summer 2022



Affecting Hospitals Today



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Insight Submission Policy

The ND Hospital Association is pleased to accept submissions for Insight. Submissions should be reasonable in length due to space considerations. In order to ensure the quality of our publication, editing for grammar, spelling, punctuation and content may occur. Articles, photos, and advertising should be submitted in electronic form.

To submit, please email NDHA at:
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WELCOME TO THE SPRING ISSUE OF *INSIGHT*

As I write this, over 55% of the U.S. population is in a location with a medium or high COVID-19 community level, being driven by the BA.2 subvariant. Although levels in most North Dakota counties are still low, there are a few counties in the medium level. While

North Dakota hospitals remain vigilant for potential surges, the letup in hospitalizations provides our health care workers with a much-needed reprieve from the last two years.

Although COVID-19 seems to be easing a bit, the concerns left in its wake are real and need to be addressed—particularly the impact it has had on the financial position of our hospitals and the mental and physical toll on health care workers. The reality is that there are more than 1,300 open full-time nursing positions in the state and reliance on contract nurses has had a significant impact on the hospitals' operating margins. The thirty-eight facilities responding to NDHA's nurse vacancy survey reported that upwards of 4,500 RNs, LPNs, and CNAs will be needed in the next five years to adequately meet the needs of our hospitals. The results of the survey will not only provide data for member hospitals to use in workforce planning, recruitment, and retention efforts, but will assist us in our advocacy efforts.

The issues facing our hospitals are complex and do not have easy answers. As we finalize our legislative platform going into the next session, we will be looking at the most critical issues, like workforce shortages, behavioral health treatment funding, and Medicaid reimbursement. These challenges will require multi-faceted approaches to policy, partnership, and practice.

The problems facing our hospitals have remained in sharp focus during the legislative interim. In April I went before the Acute Psychiatric Treatment Committee to provide testimony in response to a report presented to the committee by Renee Schulte Consulting, LLC. The committee, in studying a long-term plan for acute psychiatric hospitalization, hired Schulte to determine the number of acute care beds needed in the state and to make recommendations for treatment requirements, private provider contracts, and the future use of facilities at the State Hospital campus. Along with recommendations for a new State Hospital, increased data collection and analysis, and involvement of private providers to meet the state's need for expanded treatment services, Schulte's report concluded that there were enough psychiatric hospital beds in the state to treat individuals with acute mental illness.

While NDHA supports reform to promote access to mental health care by optimizing telehealth psychiatric service, improving data collection and analysis, and better defining levels of care for mental health, we do not agree with the report's conclusion that North Dakota has adequate psychiatric beds available. Our hospitals widely report difficulty in finding available acute psychiatric inpatient beds, and the shortage results in extended wait times for patients.

The next committee meeting will be held in Bismarck on June 15. A CEO from one of our Critical Access Hospital members and the Chief Medical Officer from another will testify on behalf of NDHA at that meeting to convey to the committee the acute psychiatric needs and challenges of their communities. We will continue to monitor and provide input on the study throughout the rest of the interim.

While attending AHA's 2022 AHA Annual Membership Meeting in April, I spent time with John Flink, NDHA's Federal Affairs Consultant. John, who had been representing NDHA's interests in Washington since 2011 has retired, and we wish him the best. We have retained Erik Rasmussen, former vice-president at the American Hospital Association, as our Federal Affairs Consultant.

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I also took the opportunity while in DC to meet with Senators Cramer and Hoeven and Representative Armstrong's staff. We thanked them for the resources and flexibilities Congress has provided to help hospitals respond to the COVID-19 crisis. We expressed our appreciation for their help in ensuring access to medical care in rural communities, including their support in passing legislation that extended the FCHIP demonstration. We had great discussion and appreciated the time the delegation so generously gave to us.

Closer to home, Alan O'Neil, CEO of Unity Medical Center in Grafton, was elected NDHA Board Chair, and William Heegaard, MD, President of Essentia Health's West Market based in Fargo, was elected Chair-elect. I want to welcome new directors recently appointed to the Board: Tiffany Lawrence, Interim President & CEO, Sanford Fargo; Debra Mohesky, Interim CEO at CHI St. Alexius Health, Bismarck; and Todd Forkel, CEO of Altru Health Systems.

The NDHA Leadership Conference held in Bismarck in May was a great success. About 50 attendees heard from nationally

known speakers Benjamin Anderson, Ralph Llewellyn, and Jamie Orlikoff, as well as other leaders in the healthcare industry. Attendee reviews of the conference were wholly positive. We plan to hold another leadership conference next year.

The Nurse Leadership Conference is up next. NDHA joins with NDONL to offer CNOs and nurse managers education in topics of leadership, workforce, finance, and business skills. The event will be held June 22-23 in Bismarck.

NDHA has been busy addressing many issues on several fronts, and with the legislative session coming up in a short seven months, we do not expect it to slow down.

Enjoy the rest of the magazine.

*Tim Blasl, President
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MENTAL HEALTH NEEDS OF HOSPITAL WORKFORCE

By Jena Pierce

The COVID-19 pandemic has disrupted lives and impacted everyone across the globe for over two years. The mental health concerns for the general public have increased, but what has the pandemic done to the mental well-being of healthcare workforce? A new study set out to determine the impact on hospital workforce and to see if there was a difference between rural and urban environments.

A PARTNERSHIP



DAN KELLY

Dan Kelly was the CEO of McKenzie County Healthcare System in Watford City, North Dakota. He led his organization through the first wave of COVID-19 in his rural community of 6,200 people, with his staff serving a county of 14,700 people. Kelly retired from his position in 2022.

"Early in the pandemic," said Kelly, "there were some studies coming out of other countries about workforce, but they only looked at physicians and nurses, and nothing was coming out of the U.S. We wanted to look at all healthcare workers within the state of North Dakota and we wanted to understand what the impact was going to be in a rural community, versus urban."



DR. SHAWNDA SCHROEDER

Kelly reached out to Brad Gibbens, acting director of the Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences (UND SMHS). Kelly knew CRH had experience conducting research studies and could provide assistance with this interest area.



KRISTEN LEIGHTON

Gibbens put Kelly in touch with Dr. Shawnda Schroeder*, who at the time was the associate director of research and evaluation at CRH and was a trainer with the Mountain Plains Mental Health Technology Transfer Center (MHTTC), and Kristen Leighton, a research analyst at CRH. They rounded out the research team with Mandi-Leigh Peterson, a senior

research analyst with CRH. Leighton and Peterson are part of the North Dakota Healthcare Workforce Group within SMHS.

THE STUDY

The study was geared to assess the levels of anxiety, depression, stress, and professional quality of life among all hospital staff in North Dakota during the COVID-19 pandemic.

Before the pandemic, healthcare workforce had a history of dealing with depression and anxiety. Kelly was curious how the added stress of the public health crisis impacted an already stressed workforce.

It makes perfect sense that we have individuals that are saying they are starting to experience burnout, stress, depression, anxiety.

"I think what made this of interest," said Kelly, "is this particular pandemic brought its own set of stressors in a very precise period of time. At first, the healthcare workers were the heroes. We were getting accolades. Then, societally, we were turned against. We were shunned and ridiculed. We were working short staffed, we didn't have proper supplies, initially there was no vaccine, and we did not know what tomorrow would bring."

Kelly continued, "Then add to all of that the reality that you may incur this illness yourself, or worse, bring it home to your family. It makes perfect sense that we have individuals that are saying they are starting to experience burnout, stress, depression, anxiety."

The study was conducted in May and June of 2021, after the initial wave of COVID-19 throughout North Dakota. Over 800 people responded to the survey.

Within a hospital, everyone plays an important role, and everyone has felt the effects of COVID-19, so it's important to include all those voices.

"I think what really sets our study apart," said Leighton, "is that we chose to include not just physicians and nursing staff, but really everybody involved in the hospital system. Within a hospital, everyone plays an important role, and everyone has felt the effects of COVID-19, so it's important to include all those voices."

MEASUREMENT INSTRUMENTS

The areas of anxiety, stress, depression, and professional quality of life were examined. Each area was chosen for two reasons: these were the areas being examined by other researchers in the international arena and they can be measured utilizing clinically validated instruments. The tools included:

- Anxiety: Generalized Anxiety Disorder 7-Item Scale (GAD-7)
- Depression: Patient Health Questionnaire (PHQ-9)
- Stress: Perceived Stress Scale (PSS)
- Professional Quality of Life (ProQOL)

Schroeder said, "These are some of the most commonly recognized tools for assessing mental health and wellness that are publicly accessible, and the first three are clinically validated tools. The

ProQOL is not the most common for mental health diagnoses but is common for measuring quality of life in your profession."

Kelly explained, "The ProQOL is a survey instrument that really demonstrates the impact working in the healthcare field has on the healthcare workforce, and that looked at three components: compassion satisfaction, secondary traumatic stress often termed 'compassion fatigue', and burnout."

THE DATA

"Our sample size was really great," said Leighton. "I really appreciate those healthcare workers who took the time to respond to our survey. Having a large sample size is really important in research. It helps to ensure that the results are generalizable and applicable to the most amount of people."

Most respondents were women, and most were between 25-56 years of age. Many were nursing staff and other direct care staff. The general findings show the hospital staff who had direct contact with COVID-19 patients had higher levels of anxiety, depression, and stress than those without direct contact. However, staff in rural areas demonstrated higher levels of compassion satisfaction and lower levels of burnout than their counterparts in urban hospitals.

The study did not answer "why" there are differences between rural and urban staff compassion satisfaction and burnout, but the team believes this difference exists because of rural staff are caring for their community, people they know, and that fact becomes a protective measure.

Kelly shared, "There is much more of a cohort in rural healthcare. We don't have 200 physicians on our staff. Our employees know our providers and likewise. We only have 200 employees total, so there is more of a sense of support that comes from a family. You are going to church with these folks, you are at the store with them. There is more the sense of togetherness in a rural facility you likely can't get in a larger urban facility."

HEALTHY COPING MECHANISMS

"The data tell us how healthcare workers have been impacted by COVID-19, but what I think is more interesting is the idea that our results can be instrumental in providing support for our healthcare workers and their mental wellness," said Leighton.

It is vitally important that individuals work to find healthy ways to cope, but also as important is having the healthcare organizations provide support and show employees that they are appreciated and valued.

"At an organizational level, promote the reality that the workers are providing a valuable service," Kelly said. "This can be done through announcements during the day, sending an email, demonstrate you care for your workers. Buy them food. If you can show you are supportive of your workers, that helps to offset some of the stress and anxiety that occurs."

The Mountain Plains MHTTC created a toolkit specifically to address these issues: Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic. It provided some system level and individual recommendations.

Schroeder said, "The toolkit was developed under the premise that there is likely burnout and fatigue and stress being experienced by providers, but it did not have definitive research to make those connections. After completing this study, we know coping mechanisms can only start at the individual level if at first the system is supporting them and allowing staff the time and space to engage in self-care."

PUBLISHED STUDY

An article on the study was published in the Journal of Rural Health in April 2022. Titled Anxiety, Depression, Stress, Burnout, and Professional Quality of Life Among the Hospital Workforce During a Global Health Pandemic, the article is available for public access.

"Without the Center for Rural Health and the Mountain Plains MHTTC covering the open access fee," said Schroeder, "it would not have the community response that it should. Because of this, the article is accessible to rural providers, hospital CEOs, and the community free of charge."

Schroeder continued, "Hospitals need these studies to make data-driven decisions, and it is not feasible to require them to pay to access journal articles to provide better care. Now all of the hospital staff who participated in the survey, all of the hospital CEOs in the state, and all of the hospital workforce can access this with no cost barrier, no paywall, and they can read it and see what the results were."

RALLYING SUPPORT

A collective cry can be heard in rural communities. Healthcare workforce needs support. Support from each other, support from healthcare organizations, and support from the community. The mental health stresses will continue, along with a continued shortage in workforce.

"We are recommending finding ways the health system itself can support the workforce," said Schroeder. "Find ways the community can support the workforce. This can be a strong rallying factor in rural areas as well."

SHARING THE STUDY

Invitations to share the study at conferences and with different organizations have been received. The North Dakota Rural Health Association helped in sending Kelly and Schroeder to New Mexico to present at the National Rural Health Association's Annual Rural Health Conference in May.

They also presented at the Dakota Conference of Rural and Public Health in June in Grand Forks.

**Dr. Shawnda Schroeder is currently an assistant professor in the Department of Indigenous Health at UND SMHS.*

Jena Pierce is the communications manager at the Center for Rural Health at the University of North Dakota School of Medicine & Health Sciences in Grand Forks.



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Warning Signs and What You Can Do

Be Alert to Signs of Trouble



Potential warning signs include:

- Increasingly erratic, unsafe, or aggressive behaviors.
- Hostile feelings of injustice or perceived wrongdoing.
- Drug and alcohol abuse.
- Marginalization or distancing from friends and colleagues.
- Changes in performance at work.
- Sudden and dramatic changes in home life or in personality.
- Financial difficulties.
- Pending civil or criminal litigation.
- Observable grievances with threats and plans of retribution.

Appropriate Intervention



Help ensure the safety of you and your colleagues by:

- Being aware of drastic changes in attitude toward others.
- Taking note of any escalations in behavior.
- Providing any information that may help facilitate intervention and mitigate potential risks.

Reach Out for Help



Concerned? Witnessed disturbing behavior?

Contact your supervisor or your human resources department to alert them of potential dangers and enable them to mitigate any emerging risks.

You are the first line of defense. Report suspicious activity.
In an emergency, always call 9-1-1 or contact local law enforcement.

Lori Wangler

JOINS NDHA AS EXECUTIVE ASSISTANT

Lori Wangler joined the North Dakota Hospital Association as Executive Assistant on February 28, 2022.

Wangler has a Bachelor of Science in Business Administration and has worked in accounting and auditing, data management, writing, and website design for state agencies, trade associations, and nonprofits.

During her years in Bismarck, she has been a teacher, trainer, and volunteer for a variety of charitable organizations, including Ministry on the Margins.

“I’m excited to join the team at NDHA to add my skills to the mix,” Wangler says. “This is a great team to work with and I look forward to new opportunities to serve the membership.”

Welcome to the Team Lori, we are excited to have you!



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NORTH DAKOTA'S 1915(i) MEDICAID STATE PLAN AMENDMENT BRINGS BEHAVIORAL HEALTH SUPPORT CLOSER TO HOME

North Dakota's 1915(i) Medicaid State Plan Amendment, approved by North Dakota's 66th Legislative Assembly in 2019 and by the Centers for Medicare & Medicaid Services (CMS) in 2021, allows for the provision of additional home and community-based behavioral health supports and services to citizens of North Dakota in their community of choice. These services, several of which are being offered for the first time in North Dakota, were developed to fill gaps in the existing behavioral health service delivery system, as identified in the 2018 Human Services Research Institute (HSRI) study and report "North Dakota Behavioral Health System Study: Final Report" (www.hsri.org/publication/north-dakota-behavioral-health-system-study-final-report).

Individuals eligible to receive 1915(i) services:

- Are aged 0+, and
- Are enrolled in Medicaid or Medicaid Expansion, and
- Are diagnosed with a qualifying Behavioral Health condition, and
- Have a WHODAS 2.0 Assessment score of 25+, and
- Have a household income which falls at or below 150% of the Federal Poverty Level, and
- Reside in a Community-Based Setting (meet the Home and Community-Based Settings Rule)

Individuals may request assistance with a 1915(i) Enrollment Application at any Human Service Zone (formerly County Social Services) or they may access the application online at <https://www.nd.gov/eforms/Doc/sfn00741.pdf>, complete it fully, and submit it to any Human Service Zone.

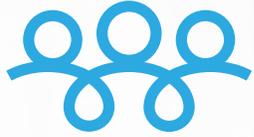
Continuing to build a robust network of both traditional and non-traditional community providers is critical to expanding the reach of these important services to all areas of our state, and to growing North Dakota's behavioral health workforce to meet the present need. Organizations of all types are encouraged to consider becoming 1915(i) Medicaid providers. Examples of currently enrolled providers include statewide human services providers, churches, local human services providers, housing authorities, community action agencies, housing providers, a Native American service agency, mental health providers, a domestic violence shelter, a foster care agency, and a private practice. There is no "typical" 1915(i) provider. Expansion of the 1915(i) provider base will not only result in more choice and services closer to home for individuals in need of behavioral health support, but it will also allow community provider agencies to generate additional revenue and diversify their funding sources.

An exciting opportunity will be available in the coming months, allowing both existing and potential providers committed to becoming 1915(i) providers to receive intensive training and technical assistance specific to 1915(i) and Medicaid. This training and technical assistance will focus on four key areas: group provider enrollment, individual provider enrollment, policy and business model updates or development to incorporate Medicaid best practices, and billing and claims submission. Participating agencies will benefit not only from the expertise of the trainers, but also from the chance to network with and learn from the experiences of other providers from around the state. Monthly cohorts will be limited to allow for maximum levels of engagement. Interested organizations, or those wishing to receive additional information, are encouraged to contact Monica Haugen, Behavioral Health 1915(i) Program Administrator, at mohaugen@nd.gov.

Services currently offered through 1915(i) include:

- Care Coordination
- Peer Support
- Family Peer Support
- Non-Medical Transportation
- Training and Support for Unpaid Caregivers
- Supported Education
- Supported Employment
- Pre-Vocational Training
- Housing Support
- Benefits Planning
- Respite
- Community Transition Services

Additional 1915(i) information may be found at www.behavioralhealth.nd.gov/1915i or may be requested by e-mailing nd1915i@nd.gov.



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INTALERE IS NOW VIZIENT



As was announced in April 2021, Vizient has acquired the assets of Intalere becoming the Group Purchasing Organization (GPO) of over 5,000 members nationwide. Vizient completed the implementation on March 31, 2022. Vizient and its sister organization, Provista, are working with the vendor community to insure the former Intalere members are connected to the appropriate Vizient agreements.

NDHA's subsidiary HSI solutions is one of a handful organizations in the country to be affiliated with Vizient as a Channel Partner. This designation provides HSI solutions the ability to represent their members within the Vizient framework ensuring their voices are heard with access to senior members of the Vizient organization. Account Executive, Dan Gannon, and Director of Supply Chain, John Schreier, meet weekly with Vizient's Jason Ellis, Senior Director of Member Value & Performance, to review the progress of the implementation, address member concerns, and learn about Vizient's numerous programs.

Vizient is more than a group purchasing organization. Vizient is the nation's leading healthcare performance improvement company. Vizient has programs in strategic growth, operations and quality, supply chain, pharmacy, and more.

The Clinical Team Insights program is focused on strengthening the members' delivery of quality care by aligning cost, quality, and market performance. This data driven program helps the member to identify improvement opportunities within their organizational structure by optimizing the clinician's scope of practice by combining data insights, education, and networking with other like facilities.

Vizient recently introduced a new agreement with Guideway Care that focuses on changing patient behavior to improve outcomes, lower costs, and increase revenue. By working with the health care provider, Guideway Care connects with patients to uncover the countless social issues that challenge patient care. Guideway Care coordinates with the patient to identify gaps, increase adherence, and follows through with the patient to make sure the right action takes place.

HSI solutions is pleased to announce that Langdon Prairie Health, formerly known as Cavalier County Memorial Hospital, located in Langdon, North Dakota, became the first acute care facility in 2022 to acknowledge Vizient as their primary group purchasing organization. The HSI solutions team has partnered with the supply chain team and senior administrative staff to enhance cost reduction opportunities for the facility and the patients they serve.

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The deadline for the Fall Issue is October 2nd, 2022.

OCTOBER 2022



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Clinic Flow Solution

Focuses on patient safety, streamlining workflow and improving patient flow in ambulatory care environments. Providers receive real-time information regarding patient wait times, status, provider location and requests.

CareBoard™

An electronic whiteboard solution designed to improve the patient care experience, reduce preventable medical errors and provide real-time dash-boards with actionable information, all while leveraging available health systems & assets.

Senior Living Solutions

A complete, UL 1069 nurse call solution that combines the reliability of a wired nurse call system with the flexibility of wireless emergency call system. OneCare is designed for senior living, skilled nursing and other post-acute care facilities.

Nurse Call System for Critical Access

Is the perfect nurse call solution for both micro and critical access hospitals.

Behavioral Health Solutions

Purpose-built systems for psychiatric settings are designed to improve patient and staff safety by minimizing self-harm risks, while maintaining the staff's ability to provide an immediate response to patient calls and emergencies.

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North Dakota Hospital Association's wholly owned subsidiary providing solutions for your healthcare organization.

HSI Solutions provides a wide array of products, services, and solutions designed to support healthcare organizations with the daily challenges they face. HSI Solutions has its own team that can provide local support with supply chain expertise, medical collections, and a Strategic Business Partner program that provides a host of solutions tailored to the individual needs of members.

- Collections
- Business Linx
- Supply Chain
- Strategic Business Partners

HSI solutions is the strategic marketing affiliate of Vizient, the nation's leading healthcare performance improvement company. Vizient provides data-driven insights and comprehensive solutions to help members decrease care delivery costs, achieve measurable quality improvement outcomes and strengthen market performance.



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