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# Chicago Hospital News

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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

## 2010: A LOOK AHEAD

### 2010 Brings Distinct Challenges to Hospitals

Containing costs while improving access to care is the classic challenge facing modern-day hospitals. Add to it skyrocketing unemployment, pending healthcare reform, sub-par patient record keeping and an aging population, and you have the ingredients for a trying year ahead for hospital administrators.

According to Dr. Enrique Beckmann, CEO of Chicago's MetroSouth Medical Center and board-certified pathologist with 30 years experience, these challenges are forcing hospitals to make critical adjustments.

**Unemployment:** With a staggering 10 percent national unemployment rate as of January, job-

lessness continues to be the most significant issue facing hospitals, says Dr. Beckmann.

"When Americans lose jobs, they lose their health insurance, which means they stop seeing their doctors," Dr. Beckmann says. With the number of uninsured nearing 50 million people, according to a Kaiser Family Foundation report, the effect on healthcare providers can be catastrophic if providers haven't developed mechanisms to offset these losses.

"Fortunately for MetroSouth," says Dr. Beckmann, "we have taken an enterprising approach in marketing our doctors, hospital services and service lines. Understanding your staff's niches and talents and being able to cap-

italize and take advantage of those allows you to promote not only their skills but the hospital as well."

**Expanded Medicaid Coverage:** In the face of pending legislative changes that could potentially add millions of Medicaid enrollees, hospitals must increase access points for their services. "MetroSouth has been aggressive in recruiting primary care physicians and adding outpatient clinics," says Dr. Beckmann. "To date, we've added five new outpatient centers and 12 new primary care physicians. In 2010, we will open three more centers and add nine new primary care physicians and internists." MetroSouth has also significantly



Dr. Enrique Beckmann

expanded its OB and women's services.

**An Aging Population:** The average American now lives to be

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## 2010 Tax Planning and 2009 Tax Time

BY AMY R. THOMPSON



Amy R. Thompson

As you gather your tax documents and deductions for year 2009 it's also a good time to plan for year 2010. Keeping in mind what possible deductions are available to you will help you plan for the upcoming tax season – and possibly help you find other deductions you can use to lower your 2009 taxes.

Think about any expenses you incur for work. While your employer may reimburse you for some of these expenses, there

may be others you can deduct. Just keep proof of the expense.

Examples include:

- Travel, transportation, meal, or entertainment expenses
- Safety equipment, small tools, or supplies
- Uniforms or protective clothing required by your employer
- Dues to professional organizations
- Subscriptions to professional journals
- Certain job hunting expenses
- If you have a home office, you may be able to deduct a portion of your mortgage interest,

property taxes, utilities, and repairs, etc.

- Educational expenses
- Business use of your personal telephones, cellular phones, and internet fees

The rules for deducting and substantiating these expenses vary. Please call our office to discuss how to maximize your tax benefits.

Save those receipts for charitable contributions! The IRS requires contributions of \$250 or more to be substantiated in order to be deductible. The amount of

*Continued on page 6*

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# EDUCATION

## Education: The Key to the Transformation to the Electronic Health Record (EHR)

In order to ensure a smooth transition from the paper medical record to the electronic health record (EHR), organizations must invest in the education and training of their workforce. Health information is the lifeblood of medical care. Timely, complete, and accurate health information is essential to quality patient care. Health information is useful if workers are trained to process and manage it. The information processed in an electronic environment will vary from one facility to the next and certainly from one EHR vendor to the next. However, care will still have to be given to every aspect of the medical record to ensure achievement of the expected results which the EHR demands. Employees who are trained and educated properly can expect to perform well on the job. In moving from paper to the electronic health record, the healthcare workforce will need education and training to perform well.

What are the core competencies a work-



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force should be trained on? Examples of some basic core competencies may include the following: ability to recognize inaccurate data; utilization of data collection tools; the ability to differentiate between the content of an electronic record and the content of the paper based record; recognition of the personal health record versus the electronic record; and the recognition of a complete record. Training should also include the content of the EHR and where to find key information.

Organizations will still have to address record content, policies and procedures, document management, forms management, approval of professionals who can document in the EHR, how information is analyzed, what constitutes a complete medical record, etc. These are just a few of the areas where the workforce will need education and training to ensure smooth transitioning to the EHR. Just as the Joint Commission addresses core competencies to ensure compliance with its standards, health care organizations must educate and train the workforce on core compe-

tencies in the EHR environment.

The benefits in training the workforce are significant to quality patient care. Below are some important issues to keep in mind:

- Properly educated and trained staff is a key component to the successful transition from paper to electronic health records.
- Investing upfront in staff education will save on the back end. Organizations spend much money on outsourcing, primarily due to a lack of qualified staff to perform tasks.
- The higher-level skill set required to function in the EHR environment is a motivating factor for the employer to invest in workforce training.
- Investing in the training of existing staff (instead of hiring experienced staff) demonstrates the employers' commitment to the organization's own workforce and also ensures a certain level of dedication and loyalty from current staff.

While the training investment is in the employee, the expected return on investment is measured in patient and customer outcomes. A well-trained employee in EHR is expected to yield for the organization a positive return on investment such

as 1) greater patient and customer satisfaction, as employees provide better service to internal customers (department to department); 2) reduction in time to locate information and release information; and 3) fewer data errors due to the addition of edit checks. Other outcomes will emerge as staff members become more comfortable with the new information environment.

Whenever an employee is underperforming in his or her job, managers often ask two fundamental questions: 1) is the poor performance due to a lack of skill or a lack of will? We often find that most employees have the 'will' to do a good job, but often lack the 'skills' necessary to do a good job. In my experience as a manager, organizations who invest in the education and training of their workers, to ensure a smooth transition from the paper record to the electronic record, can expect to have much success with the transformation process, and a competent, energized workforce.

*Gerri Smothers, President & CEO, Professional Dynamic Network, Inc., can be reached at (708) 747-4361 or Gerri@pdnseek.com.*

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