



Health Council Membership Approves New Three-Year Strategic Plan

The Greater Cincinnati Health Council recently adapted a three-year strategic plan, covering the years 2008 to 2010, that outlines the Health Council's guiding principles, goals and actions.

The planning process was initiated earlier this year when the Health Council contracted with Marie Gemelli-Carroll of Starboard Strategy and Jo Anne Gibbons of The Gibbons Group to develop and administer an electronic questionnaire to senior management representatives at the Health Council's member hospitals. The questionnaire was also completed by the Health Council's own senior managers.

Gemelli-Carroll analyzed the questionnaire responses and made recommendations that included developing guiding principles as a tool for leading the organization and adding more specific and measurable goals, outcomes and action steps to the plan.

In addition to considering these changes, the Strategic Planning Committee reviewed the vision and mission statements (see box at right) and revised

them to more adequately reflect the health care industry's emphasis on best practices.

Also developed by the committee and contained within the plan is a list of guiding principles (see box below) that will aid the Health Council's leadership. While previous strategic plans included statements of strategic intent, the guiding principles are more specific. "Our guiding principles are a valuable and necessary addition to our strategic plan," says Susan Croushore, president and CEO of The Christ Hospital and chair of the Health Council's Board of Trustees. "They are integral to steering Health Council activities and serve as our moral compass as we make decisions regarding the Health Council's future direction."

The new plan also includes expanded focus areas. "Quality, access and cost-effectiveness have consistently been included in our plans, but the primary emphasis in our last plan was on workforce issues," says Health Council President Colleen O'Toole. She adds, "Although

workforce issues are still important, for the next three years our focus is clearly quality and patient safety."

Furthermore, the newly adapted strategic plan provides more specific detail about measurable goals and objectives, as well as action steps involved to achieve those goals.

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Greater Cincinnati Health Council MISSION

The Health Council creates and facilitates opportunities to collaboratively address issues that challenge delivery of comprehensive, high quality, high value health care and wellness services throughout the region. The Council helps maintain and enhance its members' ability to actively improve the health status of the Tristate community.

Greater Cincinnati Health Council VISION

Internal – Member hospitals rely on the Health Council to be the essential resource, trusted partner, and unique venue where members can collaborate with each other and with other stakeholders to improve the quality, value, and accessibility of health care in the Tristate community.

External – Greater Cincinnati is a thriving region where high-quality, high-value health care and wellness services are available and accessible to all. ■

The Greater Cincinnati Health Council's GUIDING PRINCIPLES

- Collaboration drives our progress.
- We are a trusted, reliable source of information about and spokesperson for member hospitals.
- Every member has a voice.
- All stakeholders are treated equitably.
- We value and continue to earn the trust of our members, our partners, and the communities we serve.
- We are unwavering in our continuing focus on improvement of care quality.
- We are committed to efficiency, transparency and accountability on behalf of our membership. ■

Hospitals to Begin Restricting Visits to Limit Spread of Respiratory Illnesses

As winter respiratory illnesses begin to arrive in the Tristate and a small number of flu cases is confirmed, many hospitals in southwest Ohio, northern Kentucky, and southeast Indiana will limit visitation as of Saturday, December 15. The goal of limited visitation is to minimize the spread of respiratory diseases to hospital patients.

For the hospitals that are limiting visitation, most are initiating the following restrictions:

- No visitation by anyone who is ill with any respiratory symptoms including coughing, sneezing, runny nose, fever, etc.
- No visitation by anyone under age 14

Hospitals' decisions about visiting restrictions vary with the types of patients they serve and the specific services provided. For example, those hospitals serving special patient populations such as burn, transplant or ICU patients may institute even more restrictive visitation policies.

Also, hospitals with obstetrical services may make exceptions to the restric-

tions for a newborn's siblings *who have received their flu vaccination* at least seven to 14 days prior to visiting. Hospitals may consider other exceptions on a case-by-case basis.

Area hospitals have been working to protect their patients as much as possible from being exposed to respiratory illnesses, including flu. The hospitals have also worked internally and with the Greater Cincinnati Flu Collaborative to ensure that nurses and others who care for the most susceptible patients have received the flu vaccine and won't inadvertently bring flu to their patients.

In addition, hospitals have put "respiratory etiquette" practices in place including making alcohol hand gel, tissues and face-masks available to patients and visitors in the emergency department and waiting rooms, and in some cases, separating an area in the waiting room for those with respiratory symptoms.

To prevent the spread of respiratory illnesses that include the flu, the Centers for Disease Control (CDC) recommends careful hand-washing, coughing and

sneezing into a sleeve or a tissue, and staying home from work or school when you are sick. The single most effective way to prevent the flu is to get a flu shot each year.

For more information on flu prevention, go to: <http://www.cdc.gov/flu/protect/preventing.htm>. For the most up-to-date information on flu shot availability locally, contact your physician, or call 513-931-SHOT, or go to: <http://www.931SHOT.org>.

Unless respiratory diseases are still highly prevalent in the Tristate, most area hospitals plan to discontinue visiting restrictions on or about March 15, 2008. ■

Strategic Plan

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Those goals include:

1. Improve quality of care and patient safety across member hospital organizations.
2. Increase access to health care and wellness services in the Tristate.
3. Enhance the operational effectiveness of member hospitals.
4. Expand opportunities for members to improve the benefits they provide to

the community beyond patient care and uncompensated care.

5. Manage the Council's internal operations to effectively support the accomplishment of the first four goals.

The new strategic plan was drafted by the Strategic Planning Committee, reviewed by the Board of Trustees, and approved by the Membership at its October 11 meeting. A summary of the 2008-2010 plan may be found at the Health Council's Web site - www.gchc.org. ■

In Memory of Jerry Ransohoff

Jerry Ransohoff, president of the Greater Cincinnati Hospital Council from 1957 to 1983, died on December 14 at the age of 90.

Jerry most recently attended the Health Council's 50th anniversary celebration in June. He also wrote a column for the July / August 2007 issue

of *Digest* in which he reflected on the Council's history.

Jerry is survived by his wife of 62 years, Sue Ransohoff, as well as several children and grandchildren. ■



Jerry Ransohoff



10 Years Ago . . .

On January 1, 1998, the Greater Cincinnati *Hospital Council* officially changed its name to the Greater Cincinnati *Health Council*. The basis for the name change was that the new name, as was written in the January 1998 *Digest*, "better reflects the Council's role in working with its members to provide high quality health services, with increasing emphasis on maintaining and promoting health."

In that same article, then-president Lynn Olman pointed out that the traditional meaning of "hospital" as a place that provides only acute care inpatient services no longer accurately described what Health Council member hospitals do. Olman said, "Today's 'hospitals' now provide home health services, long-term care, hospice care, occupational health and many other services to serve the full continuum of patient care."

Olman added, "The Council itself participates on behalf of its members in many collaborative projects intended to improve health care quality, community health status and the delivery of health care. The new name will better describe this strong focus on building a healthy community." ■

Study Indicates Aging Local Population

A recent review of population data gathered from the United States Census and the Ohio Hospital Association/ Greater Cincinnati Health Council shows that the wave of local residents reaching the age of 65 and beyond is beginning to arrive in full force in the Cincinnati metropolitan area, and the growth is only expected to accelerate as the “baby boomer” generation quickly approaches retirement age. The unique combination of an aging population and a retiring workforce could have a potential future impact on the health care community that may be felt at both the workforce level and at the patient level.

“A recent nursing survey estimates that 55 percent of nurses currently in the workforce intend to retire between 2011 and 2020,” said Mary Duffey, executive director of the Health Care Workforce Center. “Tristate hospitals and schools are working together to address this workforce challenge.”

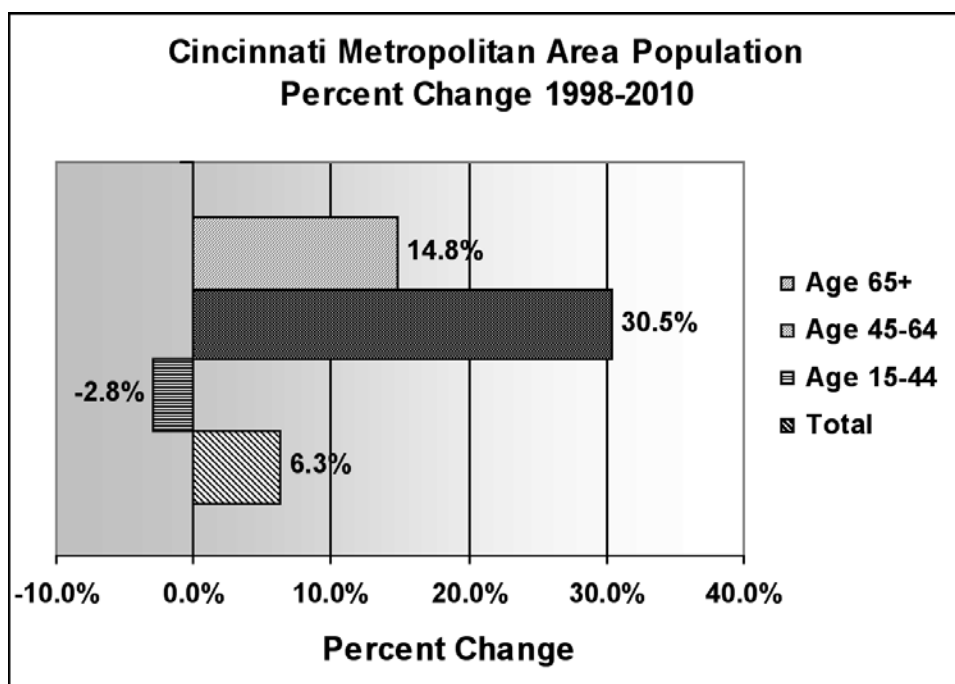
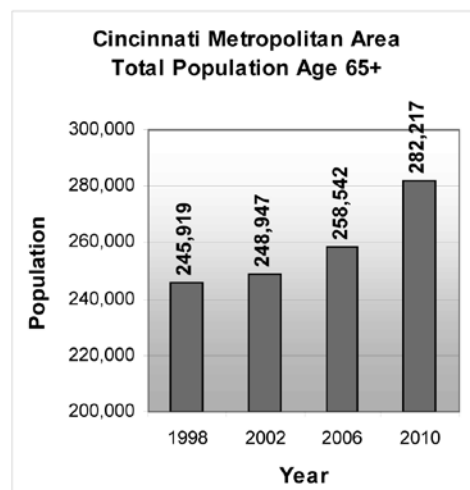
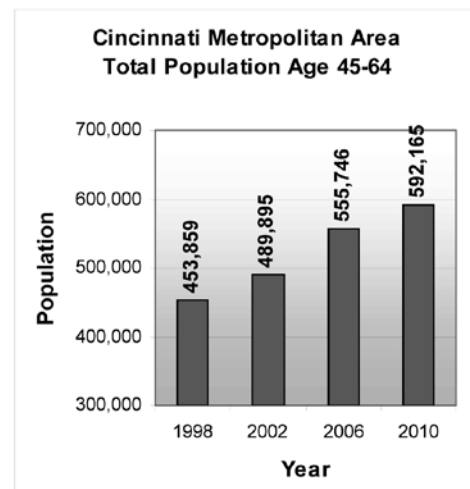
According to the Greater Cincinnati Health Council’s 2007 Semi-Annual Vacancy/ Turnover Study, an examination of 11 Greater Cincinnati Health Council member facilities revealed that 25.6 percent of their workforce was staffed by health care employees age 50 and over. The study also broke down the

age group summary for 11 individual hard-to-fill jobs in those facilities, and staff pharmacists, coders, and registered nurses topped that individual job list at 34.0 percent, 32.8 percent, and 27.7 percent, respectively, of health care employees age 50 and over.

People often use more health care services as they age, and the effect of an aging population will also be felt on the patient level. Local population results show that from 1998 to 2010, the Cincinnati Area’s population of 65 and over residents is expected to grow by 14.8 percent, and the population age group of 45-64 year olds is expected to surge with a growth rate of 30.5 percent.

Both growth rates far outpace the total overall Cincinnati area growth rate of 6.3 percent due to the slightly shrinking youth population. Figures show that from 1998-2010, the Cincinnati area’s younger population age group of 15-44 year olds is expected to decline by 2.8 percent.

Per raw numbers, in 1998 the Cincinnati area’s population of seniors over the age of 65 was 245,919, and by 2006 the total had climbed to 258,542, a growth of over 12,000 local seniors. By 2010, that number is expected to swell to over 280,000.

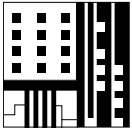


The 45-64 age group has been booming at an even quicker pace in the last eight years. In 1998, the Cincinnati area had 453,859 local residents within the 45-64 age bracket, and in 2006 that figure exploded to 555,746, a boost of over 100,000. By 2010, the Cincinnati area is expected to house over 590,000 local residents among the 45-64 age group, a growth of over 135,000 since 1998.

In order to ensure that health care facilities are prepared to meet challenges on both the workforce level and patient level, Duffey said that the recruitment of health care workers is a priority, but that it is also important to embrace opportunities to retain the aging workforce.

“We really value their expertise,” she added. ■

*Notes: All population figures are estimates
Sources: United States Census, Ohio Hospital Association, Greater Cincinnati Health Council*



Hospitals

Middletown Regional Hospital has moved to a new location and now operates as **Atrium Medical Center**. The address for the new location is: Atrium Medical Center, One Medical Center Drive, Franklin OH 45042-9813.

On October 11 **Dearborn County Hospital** opened a new rehabilitation facility at its Harrison Diagnostic Outpatient Center. Located at 1100 Harrison Avenue, the new facility offers comprehensive physical therapy, sports medicine and spine rehabilitation services.

On October 15 Frank Noyes, MD, orthopedic surgeon with Cincinnati SportsMedicine & Orthopaedic Center, performed the first computer-assisted osteotomy in Cincinnati at **Jewish Hospital**. Osteotomy is a surgical procedure that corrects varus malalignment, more commonly known as bow-leggedness. The computer-assisted surgery is performed using specially designed software and computers in the operating room.

The computer assists the surgeon taking precise measurements of bones and ligaments and creates 3-D models that allow the surgeon to better align the joints.

McCullough-Hyde Memorial Hospital installed a computer-based monitoring system on its use of electricity in spring 2007. The actual and projected savings in electricity and in costs for the first year of operation will be almost 60,000 kilowatt hours and more than \$25,000. This \$17,000 investment will pay for itself in its first eight months of use. Over five years, assuming there would be no increase in the cost of electricity, the hospital will save approximately 300,000 kilowatt hours of electricity and about \$125,000.

American Nursing Care, Greater Cincinnati's largest provider of home care services, and **St. Elizabeth Home Care/Private Duty** have formed a partnership to provide home care services in five Northern Kentucky counties. The new combined home care agency is St. Elizabeth-ANC Home Care. The agency began operations on December 3.

The Christ Hospital has been selected to participate in a multi-center clinical registry/study for a new treatment for pathological fractures of the spine due to cancer. The Food and Drug Administration (FDA) has recently approved this new cement and a new delivery system. The clinical registry will be done under the supervision of Thomas Brown, MD, an interventional neuroradiologist at The Christ Hospital.

In November **University Hospital** was recognized for its promotion of organ donations and participation in the national Workplace Partnership for Life initiative, sponsored by the U.S. Department of Health and Human Services. University Hospital provides a comprehensive solid organ transplant program that comprises liver, kidney, simultaneous kidney/pancreas, pancreas and heart transplantation. Approximately 420 people in Cincinnati are on the current waiting list for a donated organ, as well as 2,800 people in Ohio, 1,500 people in Kentucky and Indiana and 98,000 people in the United States. ■

Hospitals Providing More Free Care, Study Shows

Efforts to Raise Income Eligibility Thresholds May Be Partly Responsible

Recent efforts of local hospitals to make more people eligible for free or reduced-cost care may explain at least part of the strong increases in overall charity care costs noted in a recent study. The cost of the care Greater Cincinnati hospitals provided to those unable to pay rose more than 19 percent in 2006 to nearly \$202 million, according to the latest *Uncompensated Care Report* compiled by the Greater Cincinnati Health Council.

"The numbers are evidence of the strong commitment local hospitals have to their charitable missions," says Colleen O'Toole, PhD, Health Council president. "In recent years, hospitals have carefully examined their charity care policies, extending eligibility in many cases to a broader range of income levels," she said. While policies from

hospital to hospital vary, a family of four with a household income of \$80,000, for example, would in some instances meet the requirements to receive discounted care, she said.

While the percent increase is significant, O'Toole said, "the real message here is that more people are eligible for free hospital care." The survey includes data from 26 area hospitals and reports uncompensated care at cost. The totals are above and beyond Hamilton County tax levy funds, contractual adjustments, and other public assistance funds.

O'Toole noted changes over the years in those accessing free or reduced-cost care. "People think of the uninsured, unemployed and those living in poverty as the only recipients of free or reduced-cost hospital care," she said. "But in

many cases those benefiting might have insurance and are employed but may still face hospital costs that are beyond their means to pay. Hospitals are working hard to do a better job of identifying and helping to assist anyone who is in need."

The \$201,514,397 in uncompensated care covered a wide variety of hospital services for medically indigent patients in 2006, including emergency department care.

"Many hospital patients locally and nationally lack health insurance or other means to pay for needed care, and these numbers are growing," O'Toole said. "Hospitals do have a commitment to care for all members of the community regardless of ability to pay," she added. "Still, it's important to note that the growing number of people who are unable to pay for care makes it more difficult for hospitals to absorb these costs and still provide effective, affordable health care to all." ■

2008 Innovative Solutions Award

Bright Ideas, Bold Results

The Greater Cincinnati Health Council presents its third annual Innovative Solutions Award, sponsored by United Courier, at the Solutions Health Care Conference and Expo on March 6, 2008. Join us to celebrate, inspire and reward the hospital with the most innovative process improvement, patient care initiative or creative change project.

Nomination Process/Timeline:

- January 9, 2008: Staff members have until January 9, 2008 to submit their applications to their respective human resources departments. The human resources departments will then forward completed applications to their respective hospital CEO/COO.
- January 16, 2008: Hospital CEO/COO has until January 16 to choose one project from the pool of those submitted. The selected application must be returned to GCHC by 3 pm on January 16. Each hospital within a health system may submit its own application.

Evaluation Criteria:

- Project's use of creativity and innovation
- Project's benefit to the organization
- Applicability of project/process to other hospitals
- Effectiveness of implementation in hospital setting
- Presentation of application materials

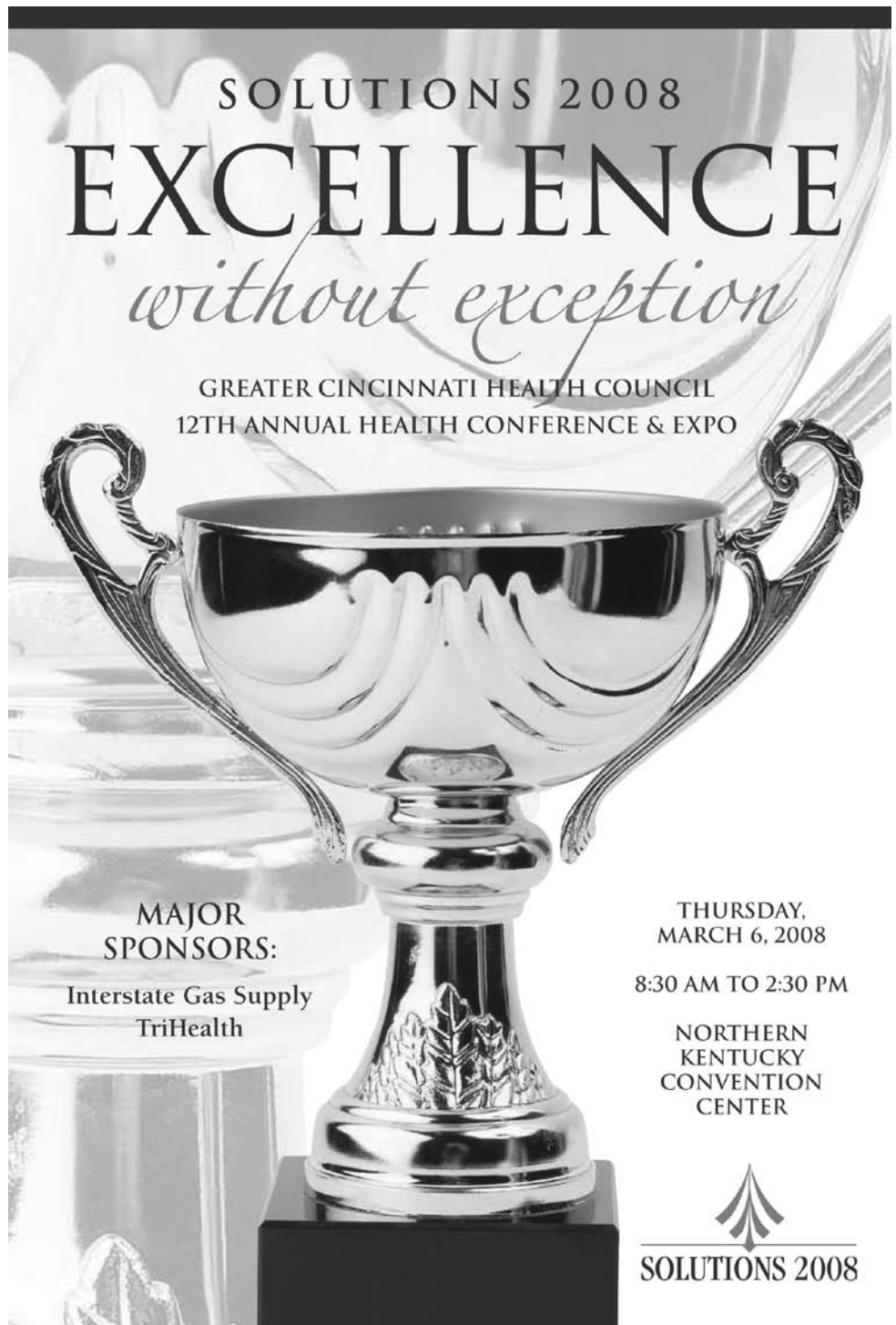
Winner:

- The 2008 Innovative Solutions Award winner will be announced at the Solutions conference on March 6, 2008.

All Nominees:

- Recognized at Solutions and given the opportunity to exhibit poster project.
- Receive a complimentary invitation for two to attend the conference on March 6, 2008 at the Northern Kentucky Convention Center.

Take advantage of this opportunity to inspire and reward valuable 'innovative thinkers' at your hospital. For more information, please contact Margaret Shank at 513.878.2866 or mshank@gchc.org. ■




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Dave Palm to Chair Cincinnati Aligning Forces for Quality Consumer Engagement Workgroup

Dave Palm, president and COO of the National Speaking of Women's Health Foundation, has been appointed chair of the Consumer Engagement Workgroup, a critical part of Cincinnati Aligning Forces for Quality (CAF4Q), a broad-based effort that aims to improve the quality of care that those with chronic illnesses, such as diabetes, asthma, depression and heart disease, receive in the Cincinnati area.

The Consumer Engagement Workgroup will help to educate patients about what it means to receive "best practices" care for their chronic condition and provide tools to assist them. The effort will also provide support for patients to better "self-manage" their own care. Research shows that those seeking care for many common chronic conditions get best-practices care only about half the time.

"Diabetes care is our first area of focus," Palm said. "We are currently talking directly with individuals with diabetes to better understand their perceptions about their own quality of care. From that research, led by consumer research experts at Procter and Gamble, we hope to fashion messages that will resonate with other diabetes patients in order to drive behavior change, both for them and for providers to whom they entrust their care."

"This is groundbreaking work," said Craig Brammer, senior research associate at the University of Cincinnati and project director for CAF4Q. "There is

not a lot of work that has been done in our community about how consumers gauge the quality of care they receive and about how to talk with consumers about quality. We are pleased to have someone with Dave's expertise and commitment leading this exciting part of the Aligning Forces effort."

In February, Cincinnati was selected by the Robert Wood Johnson Foundation as one of 14 regional health care markets prepared to accelerate improvement of care for chronically ill patients following a rigorous competitive process. Cincinnati Aligning Forces is a project of the Health Improvement Collaborative of Greater Cincinnati.

YMCA Takes Over Leadership of America On the Move in Ohio

The YMCA of Greater Cincinnati will now lead America On the Move in Ohio, a four-year-old program that provides free tools and support for individuals and groups wanting to implement small changes toward a healthier lifestyle, including increasing and tracking the number of steps taken daily.

The Health Improvement Collaborative of Greater Cincinnati began the program in 2003 in the Cincinnati area and later expanded its reach throughout the state of Ohio.

"We have been partners with America on the Move since its inception, so we are pleased to bring it into the YMCA of Greater Cincinnati's complement of health and wellness initiatives," said Sandy Walker, YMCA president. "We are building on the success of the past four years by expanding even further the program's outreach to area businesses, schools, community groups and individuals."

More than 900 groups consisting of more than 11,000 individuals have participated in the program to date. America On the Move in Ohio offers free tool kits to groups interested in beginning the program, organizes special events such as the month-long "September" action campaign, maps out walking trails throughout the area, and helps groups to launch a walking program. It provides free access to a Web-based tool to track steps by individual or by group. ■

In September **Karen Bankston, PhD**, senior vice president at Drake Center, was honored at Talbert House's 42nd Annual Luncheon with that organization's community service award.

Lynn Beck, a perinatal nurse sonographer in St. Elizabeth Medical Center's Women's Outpatient Services, has been selected as one of the nation's top five winners of the 2007 Future of Nursing Leadership Awards given by the Center for Frontline Nursing Leadership.

Diane Heckler recently joined Shriners Hospital for Children – Cincinnati as director of Professional Relations. Also, **Vanessa Nicely** has joined Shriners as director of Development.

West Chester Medical Center has named **Julie Holt, RN, MSN**, vice president of Patient Services and chief nursing officer. In this role, she will be responsible for all patient care areas for the hospital, which is expected to open in early 2009.

John Prout, president and CEO of TriHealth, was recently elected to a three-year term as Southwest district representative for the Ohio Hospital Association's Board of Trustees.

LuAnn Reed, MSN, CRRN, RNC, WCC and clinical manager of Drake Center's advanced wound care program, recently received the National Alliance of Wound Care's (NAWC) first *Outstanding Wound Care Certified of the Year Award*, along with NAWC's first *Outstanding Research in Wound Care Award*.

Andy Riddell, chief operating officer for CMH Regional Health System since March 2007, has been named president and chief executive officer of CMH.

The Christ Hospital has appointed **Rick Tolson** as vice president of Human Resources / chief Human Resource officer, effective December 3. Tolson is responsible for the ongoing development of The Christ Hospital's 3,500-person workforce, including the strategic direction of human resources functions and the implementation of employee-centered practices. ■

Health Council Staff Updates

Emily McGuire has joined the Health Council in the newly created position of Workforce Center project associate.

Melissa Kennedy has joined the Health Improvement Collaborative of Greater Cincinnati (a Health Council subsidiary) in the newly created position of director of Programming. ■

Committee Updates

The **Compensation Subcommittee** met in November to discuss a collaborative wage survey integration with the Greater Dayton Area Hospital Association (GDAHA). Starting in 2008, the Greater Cincinnati Health Council will merge its annual and semi-annual compensation survey with GDAHA.

The **Safety & Security Committee** met on October 18 and elected officers for the 2008-2009 term. The committee reviewed the results of the Psychiatric Patient Response Survey. This survey was sent to Emergency Department and Psychiatric Department staff to clarify the role that security personnel should play when a psychiatric patient becomes disruptive. The group also discussed bomb threat policies and the need for communication during an actual bomb threat between hospitals that are in close proximity to each other.

On November 6 the **Long-Term Care Committee** met for its fourth and final CEU-approved education program for 2007. Members gained knowledge and practical skills from *Clinically Based Survey Outcomes: How to Correct and Stay in Compliance*, presented by Kitty Garner of Omnicare and Janie Krechting of Well-spring Health Care Center at Evergreen Retirement Community.

The **Infection Control Advisory Group** has been collaborating on regional MRSA activity as the national media brought the issue to public attention. Seasonal flu activities are underway as the Healthcare Worker Immunization Program is in effect to increase health care worker immunizations by 20 percent this season.

The **Disaster Preparedness Committee** held its regular meeting at the Regional Operation Center (ROC) in Cincinnati. A tour of the facility was provided by Hamilton County EMA. A demonstration of the new Disaster WebPortal was provided to all the members. The portal will provide sharing of documents and plans, readily accessible information and forms, as well as survey functions, a platform for discussions on the forum, and an alerting function for the Hospital Disaster Coordinators.

There was also a presentation on the 2008 Assistant Secretary of Preparedness & Response deliverables for the hospitals and the region. Each southwest Ohio hospital will receive \$15,000 for individual purchases this grant cycle. Hospitals must be NIMS compliant to participate in the program.

Recent statistics for hospital capacity have been circulated to all the members of the **Hospital Status Advisory Committee**. No meeting was held this quarter. The group will continue to meet on an as-needed basis.

The **Emergency Department Leadership Committee** has discussed communication issues for daily operations and for disasters. A survey was conducted regarding the use of disposable blood pressure cuffs in the Emergency Departments.

The **Tri-State Trauma Coalition's** Regional Trauma Registry is active and has two quarters' worth of data from regional hospitals. Daniel Butler, MD, from Atrium Medical Center has been appointed to lead the Performance Improvement Committee starting in January 2008.

The **Health Careers Committee** met on November 27. Meeting highlights included:

- Indra Lahiri, PhD, founder of the Pennsylvania-based Workforce Development Group, provided an interactive phone presentation on the topic of diversity. Attendees discussed diversity of faculty members and students, ongoing systems to support a culture of diversity, and mentoring programs.
- More than 550 Tristate students attended the Health Career Expo 2007 at the Cintas Center.
- A recent **Health Council Workforce Center** task force has been reviewing the 1997 patient care assistant (PCA) recruitment recommendations. The group recommended that candidates be encouraged to job shadow a PCA before going through the PCA course. Attendees discussed the high turnover of PCAs after completing the course and entering the hospital environment. A shadowing experience may help potential PCAs get a realistic idea

of what the role of a PCA is before entering the educational process.

- The Committee discussed the prospect of a Health Council Web-based, centralized health care career exploration association for students and adults. This site would encompass all Tristate health career resources and all students would "register" on the site to facilitate tracking of students exploring health care careers. The Workforce Center will work with a marketing consultant to design a plan for this 2008 initiative.
- The next meeting is slated for April 27, from 8:30 – 10:30 am.

The **Nursing Workforce Initiative** group met on November 30. At the meeting it was reported that:

- The **Central Scheduling Task Force** has looked at Cleveland's program and secured a local vendor estimate to design a program here.
- TABE testing review information is now on the Health Council Web site.
- New to the Vacancy/Turnover Report are the age distribution summaries. Attendees received a copy of the 2007 semiannual report.
- Scheduled meetings for 2008 are April 23 and November 18.

A communications strategy for the release of 2006 uncompensated care data was a primary discussion topic at the recent meeting of the **Public Relations and Communications Committee** in early December. Committee members also discussed the upcoming release of hospital quality data, to be released early next year, and how to better communicate all of the many initiatives area hospitals are involved in to improve quality across their facilities. The group also discussed the topic of infections and how to educate the community about this topic.

November's meeting of the **Quality/Accreditation Committee** focused on a number of important topics, including new leadership standards for 2009, credentialing of physicians, MRSA, the new Physician Impact Project and the IHI "Protecting 5 Million Lives from Harm" Campaign. In addition, several hospitals reported on recent Joint Commission surveys. The committee will meet four times in 2008 and Dora Anim, Health Council assistant vice president, will begin staffing the committee in January.

continued next page

Calendar

February 12, 2008

Becoming a Nurse Educator

Select Tristate nurses and senior nursing students will be invited to explore future careers as nurse educators. This event will take place at Great Oaks from 5 to 6:30 pm. For more information, contact Mary Duffey at (513) 878-2862.

March 6, 2008

Solutions 2008:

Excellence Without Exception!

Join us in the quest for quality at the Health Council's twelfth annual health conference and expo, which will take place from 8 am to 3 pm at the Northern Kentucky Convention Center. The event will feature nationally renowned speakers Sister Mary Jean Ryan, FSM, chief executive officer of SSM Health Care; James Bagian, MD, PE, director of the

VA National Center for Patient Safety; and Eric Chester, president and CEO of Generation Why, Inc. The fee is \$125 for members, \$150 for non-members and includes lunch. For more information, call Lisa Sladeck at (513) 531-0200.

March 19, 2008

CNO Breakfast

This is a networking event for chief nursing officers at member hospitals. The purpose of the gathering is to share best practices and identify regional initiatives. For more information, contact Mary Duffey at (513) 878-2862.

For more information on education programs, contact the Health Council at (513) 531-0200. Registration is available for upcoming education programs at www.gchc.org. ■

Committee Updates (continued)

On November 2 the **Pharmacy Committee** hosted representatives from the Board of Pharmacy for a discussion session with member hospitals. Pharmacy directors who attended the session had an opportunity to talk to Betty Jones and Ann Abele on several topics such as the pharmacy tech legislation, diverting drugs, security and ordering of drugs, as well as technology. Also present was Michael Doherty, representative from the James L. Winkle College of Pharmacy. He detailed the latest enrollment figures for the College and explained how students are trained to practice in hospital pharmacy settings.

The **Physician Impact Project Committee** will focus on ways to assist physicians by standardizing a number of quality and patient safety practices across local hospitals. Various hospitals will be represented as the group selects a focus area and begins drafting a work plan. The committee will meet monthly starting in January 2008. ■

Greater Cincinnati Health Council

If it involves health,
we're involved.

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