Presidents Message

Kate Homan

For those of you who attended the Coeur d'Alene conference last year you were able to hear this year's HFMA Chair Kari S. Cornicelli, FHFMA, CPA speak. Her talk at the Chapter Leadership meeting revolved around the theme of "Leading the Change". To lead the change it is important that healthcare financial professionals keep our knowledge current and be a valued resource for our colleagues, so I challenge you to set a goal for yourself. Take the initiative and become a subject matter expert on a healthcare finance topic that interests you and will benefit your organization. HFMA offers many opportunities to achieve this goal.

I am excited to help our chapter lead the change as well. We have a very dedicated group of people that volunteer their time to represent you on the Idaho HFMA Board and in the officer positions and committee chairs. They are working hard to lead the change in our chapter. Part of the change for 2014–15 is to engage more of our members and ask that they volunteer to help us improve an already great chapter. We are looking for
members who would like to be a part of one of the following committees: Programs and Education, Membership, Sponsorship, Social Media, and Newsletter. If you are interested in working with some great people and helping improve the success of our chapter, please contact me with the name of the committee in which you are interested.

I would also like to recognize the great job that Norilina Harvel did last year. Norilina has accepted a position in Colorado so we will miss her on the Board of Directors next year as Past President. Under her leadership our chapter was selected for the following awards:

- Awards of Excellence for Membership Growth and Retention Silver. A special thanks to Kathy Ball and Joanne Andreas for all their hard work and dedication.
- John M. Stagl Silver Awards of Excellence for Education. As the program chair for last year I want to thank Michele Marcum for all her help and would also like to thank those members who offered suggestions on education topics. This award is one that you should all be proud of, as it shows your dedication to education and your willingness to improve your knowledge so you can help lead the change.

I am looking forward to my year as President of the Idaho HFMA Chapter. Please feel free to contact me if you have ideas that will help lead our chapter in change. I look forward to seeing many of you in McCall, Sun Valley and Boise at our education meetings.

Kate Homan,
President
Chapter Officers

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President-Elect: Kevin Smith
Secretary: Lenne Bonner
Treasurer: Lisa Kirk

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Kathy Ball
Jason Gibbons
Jason Haugen
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The GemStatement Editor
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Join the Idaho HFMA Board and Officers for Lunch. We are adding a new event to the Boise meeting that allows the Idaho HFMA membership to join the board, committee chairperson and officers for lunch to learn about volunteer opportunities that are available and to provide for a venue for you to assist us on ways we can all work together to improve our chapter. We are planning to have the lunch on a Wednesday and then start the meeting at 1:00. More information about the date and time will be coming soon so watch your inbox for details. The 2015 leadership is excited to hold this event and is looking forward to spending time with our membership.
Please join us in welcoming our Newest Members

Lori L. Stoltz | Chief Financial Officer | Benewah Community Hospital
St. Maries, ID | 208-245-5551 | lstoltz@bchmed.org

Randall Leininger | Director Business DevelopCent | Hawes Financial Group | 541-393-3191 | rleininger@hawesfinancial.com

Arpine Margaryan | Accountant | Kootenai Health
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Karen Feldkamp | Accountant | Kootenai Health
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Elise Burton | Associate Director of Revenue Services | Optum 360
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Michael D. Borge | Decision Support Analyst | Kootenai Health
541-212-1413 | michael.borge@dignityhealth.org

Daniel Griebling | Lean Six Sigma Program Manager | St. Joseph Regional Medical Center | 208-750-7452 | daniel.griebling@sjrmc.org
Lisa Kirk, Lenne Bonner and Kate Homan of our Idaho Chapter of HFMA attended LTC in Washington DC and submitted the following report.

This year’s HFMA LTC conference in Washington DC was another outstanding networking and educational event offered by National HFMA that brought chapters from all over the country together to discuss ways to improve their chapter.

Some of my best take-aways were from the membership meetings. There is so much we can learn from other chapters about not only increasing our membership but also engaging more of our existing members to become active participants. We all know the healthcare market is changing and with that, our membership demographic also changes. It is imperative that we stay on the forefront of this change so that our chapter meetings are focused appropriately to our member’s interests.

During strategic planning time, our chapter addressed the need to include more of our chapter members when we decide on content that will be presented at the Idaho chapter events. We welcome all members to become active participants in planning meeting topics and encourage members to get involved to make our chapter meetings as beneficial as possible for all attendees.

I left the HFMA LTC meeting excited about the changes that are ahead for the Idaho HFMA chapter!

Thank you,
I really enjoyed my experience at 2014 LTC. The excitement of the HFMA leaders was contagious. I mostly attended the sessions relating to the Program Chair and got some ideas for topics, speakers and different ways to set up the meetings to reach all members. Not only is LTC a great learning event to help our Chapter, it is also a great way to network with colleagues. I have set up projects at our hospitals with two different consultants I met at the conference since I have been home. Additionally, it provides an opportunity to bond with your own chapter leaders. We had a productive chapter planning session that will hopefully set our chapter up for huge success in our upcoming year!

I feel honored to have had the opportunity to attend LTC this year and be part of such a great group of financial leaders from across the United States.

Lenne Bonner, CPA  
Chief Administrative Officer  
Clearwater Valley and St. Mary’s Hospitals and Clinics  
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It was another exciting year at the National HFMA Leadership Conference. Lenne Bonner, Secretary and Lisa Kirk, Treasurer and I were able to attend some great training sessions. The training provided us with tools to improve our leadership, ways to improve our chapter, and ideas for educational opportunities. Our strategic planning allowed us to present new ideas to the board of directors during our June and July meetings. We left
the conference with new ideas and renewed excitement about the events we are planning for 2014-2015.

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Saint Alphonsus Health System

Lisa Kirk, Lenne Bonner, Kate Homan and Michele Marcum.

Lisa Kirk, Michele Marcum & Lenne Bonner @ LTC
REGISTRATION NOW OPEN: Idaho Telehealth: Gateway to the Future

The Idaho Telehealth Task Force will present a full day conference in Boise on Wednesday, August 2oth titled “Idaho Telehealth: Gateway to the Future”. Registration is now open at http://www.idahoahec.org/ Remote access registration is available for those unable to attend in person. Remote viewers will be able to view live webcasts of all conference sessions and all registered attendees will receive links for recordings of all sessions.

This conference is being sponsored by the Northwest Regional Telehealth Resource Center, Virtual Care Works, St. Luke’s Health System, Saint Alphonsus Health System and Syringa Networks. The Idaho Telehealth Task Force is an open grass-roots collaborative made up of diverse stakeholders who meet quarterly for education and partnership to plan and carry out activities that strengthen access to healthcare throughout Idaho.

The keynote speech for the Idaho Conference will be by Jonathan Linkous, CEO of the American Telemedicine Association (ATA). A plenary address on “Return on Investment of Telehealth” will be given by Jayeed Siddiqui, MD, MPH; TeleMed2U, Chief Medical Officer. Additionally there will be a payers panel with senior leadership from Optum Idaho, Blue Cross of Idaho, PacificSource, Regence Blue Shield and IDHW Medicare/Idaho Medicaid. This panel will be facilitated by John Rusche, MD, FAAP, Minority Leader, Idaho House of Representatives. For further information about the Task Force contact Lynda Bennett, Project Director for Idaho AHEC.

For conference registration or to view full agenda and speaker bios for Idaho Telehealth: Gateway to the Future see AHEC website.

Thanks to our partners for making this event possible:
UPCOMING LIVE WEBINARS

Learn about timely healthcare finance topics and earn CPEs. Most live webinars are free for HFMA members and $99 for non-members, unless otherwise noted.

August 12  Using New Business Models to Reduce Hip and Knee Implant Expenses

August 14  Linking Payment with Quality: Reducing Rehospitalizations

August 21  Understanding How Predictive Tools Help Expedite Value Analysis

August 26  Get to the Point with Data Visualization

August 27  Responding to the Delayed ICD-10 Implementation

August 28  Innovations in Cost Accounting Drive Value-Based Healthcare

September 4  Solving the Payments Puzzle: What You Need to Know About the Mandated EFT and ERA Operating Rules

September 10  eCommerce Reshapes Patient Financial Services

September 17  Adapting to the Affordable Care Act with Proven Financial Planning Technologies

October 16  Controlling Costly Physician Preference Items
What Generation "Y" Hates About Working For YOU

by Meagan Johnson. CSP

Generation Y, also known as the Millennial Generation, are those twenty-somethings and thirty-somethings that often baffle us, their Gen Xer and Baby Boomer managers.

Their biggest complaint about us? “YOU DON’T TRUST US.”

Generation Y has not only grown up with technology, they are the in-house experts. We ask them their advice when it comes to smart phones, tablets and computers. They are the first people we call in the office when the printer is down, when email isn’t working or when the computer is not behaving. We have also relied on them to hold our hand as we ride the social media wave.

Ironically, we are frustrated by Generation Y’s dependency on technology. We scoff at all their texting and complain when they take their cell phones to bed with them. We want Generation Y’s expertise when it comes to technology, but we do not want their passion for technology to interfere with life on the job.

I recently spoke to a group of Optometrists. Following my presentation, an optometrist told me “I have solved the problem of my younger staff using technology to do anything that does not pertain to the practice. We blocked Facebook at our office and I am looking for a way to block Twitter too.”

This doctor may have found a short-term solution, but she also found herself a new problem. When office policies forbid Generation Y’s use of technology, the translation in the Gen Yer’s mind is that you do not trust him or her. No Facebook, No Texting, No Twitter translation = No Smiling, No Engagement, and No Trust. From their perspective, we will next be asking them to raise their hand before going to the bathroom!

We trust Gen Y with the care of customers. We trust them to handle sensitive information, to handle money, and to manage our computer systems, but we can’t trust them to self-monitor their own technology activities? This is a disconnect for Generation Y. Forbidding the use of Social Media and cell phones is like forbidding the use of the land-line-telephone because someone made a personal call.

What can you do?

Make your expectations clear. Generation Y will not have a problem following office rules if the rules make sense and are consistent.

Here are some examples of rules pertaining to the use of technology and social media you might try:

- Determine where it is acceptable to use technology for personal use. It may be
the break-room, the corridor or anywhere as long as not in view of customers.

- If possible eliminate scheduled break times. Allow Gen Yers to coordinate their own breaks with other members of the office staff. This gives Gen Yers the flexibility to socialize via technology (during their breaks) and communicates to them that you trust their judgment.

- Be clear that while accessing and checking their phones and texting friends is ok, the employee will be held to the same standards as everyone else and their work must be of high quality and completed on time.

- Customer privacy is a paramount concern. Unless given permission, no posting photos of customers or co-workers allowed.

- Do not publish or comment about internal practices or confidential information.

- If you are using your phone/tablet for professional reasons in front of a customer, explain to him or her what you are doing and how the technology pertains to your job.

Throughout the years, Generation Y has gotten a bad rap. We call them spoiled, lazy and unappreciative. There may be a few who are, but they are also imaginative, enthusiastic and our future. Generation Y wants to make a difference in the world. According to the Kelly Global Workforce Index, over 50% of Generation Y will take less money or a diminutive title if their work is relevant or serves a greater good. Generation Y will not be able to spark the changes necessary in your business unless you listen to what they have to say and give them room at the table.

Note from Meagan- I am looking for young people (around the age of 30 and under) to interview about their job and work history for an upcoming project. For every interviewee you refer to me, I am offering a copy of my bestselling book, Generations Inc. and you will be entered into a drawing for a $250 gift card. You and the companies for whom you have worked, may be kept as anonymous as you like. If you are interested please contact me @ Meagan@meaganjohnson.com or call me directly @ 602-741-1410.

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Improving the Patient Experience (Strategically)

While hotel-type amenities might temporarily “wow” patients, they won’t matter in the long run if you do not consistently deliver on the basics that can significantly relieve patient’s suffering and anxiety while also enhancing HCAHPS patient satisfaction scores, clinical outcomes, and revenues.

Current research translates into three back-to-basic strategies that healthcare organizations can use to improve the patient experience—while also improving quality and reducing costs. **Click the image below** to download the Spring 2014 *Leadership* infographic to learn more.

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**Access other Leadership infographics**

**Web Extra: 7 Leadership Tactics for Improving the Patient Experience**

Leadership commitment to improving the patient experience—particularly by C-suite executives and clinical leaders—is cited by most experts as crucial to improving HCAHPS scores. The research is scant on what specific leadership strategies contribute to higher patient experience scores. But those in the trenches highlight a number of approaches that are working for them. **Access 7 strategies.**
Web Extra: Six Tactics that Improve Patient Experience—and Value

The infographic highlights specific tactics that healthcare providers are using to improve the patient experience—which also improving quality and/or reducing costs. Below are links to more information on these six tactics.

**Tactic: Evidence-Based Order Sets**

Patients want to have confidence in their providers' ability to provide reliable, evidence-based care. Research backs this up. For instance, the top predictor of patient loyalty with a medical practice is "confidence in provider," according to a 2013 Press Ganey report. In addition, 33 percent of respondents to a 2012 PwC survey blamed bad patient experiences on diagnostic or treatment errors.

Thus, the use of evidence-based care may help improve the patient experience, as well as clinical outcomes. At Memorial Hermann, physicians can electronically access evidence-based order sets to manage patients with various conditions. Clinical decision support warns physicians when a treatment may pose a risk to the patient. Learn more.

**Tactic: Same-day appointments**

Reliability is also a quality that patients seek from providers. Cleveland Clinic is addressing one aspect of reliability (access) with same-day appointments. Patients who call Cleveland Clinic before 4 p.m. can be seen that same day. A triage process has improved efficiencies and helps staff determine what type of provider a patient needs to see (e.g., neurologist versus nurse). Learn more.

**Tactic: Case management**

Effective care coordination is another key indicator of patient loyalty, according to Press Ganey surveys. Vanguard Medical Group, a New Jersey-based patient-centered medical home, uses full-time population care coordinators to coordinate care for the sickest 5 percent in the practice. Learn more.

**Tactic: Short wait times**

Timely, efficient care delivery is a sign of good care coordination. After eliminating triage in the ED and implementing bedside registration, St. Lucie Medical Center reduced average ED wait times (door to doctor) from 66 minutes to an average of about 12 minutes. Learn more.

**Tactic: Dedicated nurse-to-patient time**

Patients also want to feel that healthcare staff respect them and listen to them. In fact, just one kind nurse is all it takes to improve the care experience for a patient in plain, according
to a 2012 PwC survey. At Twin Rivers Regional Medical Center, a nurse visits each patient right after admission. The nurse talks to the patient about his or her fears and concerns and provides comfort. Learn more.

**Tactic: Interactive appointments**

Group appointments are one way to help ensure patients get the caring attention they need with a limited number of staff. Boston Medical Center’s Centering Pregnancy approach gathers pregnant women together for group visits throughout pregnancy and early postpartum. The women receive check ups, participate in a facilitated discussion, and develop a support network. Learn more.
Four Strategies to Improve Leader Rounding

To maintain effective rounding, healthcare leaders should freshen their approaches periodically to uncover barriers that stand in the way of hospital staff embracing new initiatives.

After its recent electronic health record (EHR) transition, a hypothetical health system found itself struggling to implement computerized physician order entry (CPOE) across its 10 hospitals and 3,400 employed, contracted, and community-based physicians. Older physicians were frustrated with the technology while other physicians were unhappy with what they perceived to be an extra administrative burden for medication orders. The productivity of physicians (and the nurses who were supporting them) was trending poorly, and the patient experience was suffering due to delays in service.

To address these challenges, the CEO asked leaders to uncover what was delaying the adoption of CPOE by rounding on direct reports. During rounding, leaders touch base with employees who report to them for five to 10 minutes—typically on a monthly basis—to learn the following:

- What is working well?
- Does the individual have the tools, equipment, and information needed to do his or her job?
- Which processes and systems need to be improved?
- Who should be rewarded or recognized for doing a good job?

At first, the leaders were skeptical that rounding could help increase the number of physicians using CPOE. They had been rounding on direct reports for some time and physician engagement had not yet improved. But after the leaders refined their approach to rounding, they were pleasantly surprised.

Rounding Refined

The goals of rounding are to strengthen relationships, create approachability, assess process improvement opportunities, and demonstrate appreciation. As this health system learned, rounding can also be used to help an organization identify and resolve barriers to organizationwide goals, such as CPOE adoption. Here are four ways this health system adapted rounding to meet its needs.

**Target questions around specific organizationwide priorities.** Many leaders at this health system had been rounding on direct reports for four years. They were bored with the standard rounding questions, and staff weren’t responding with much actionable information. Because
CPOE was a high organizational priority, leaders decided to make CPOE the focus of their rounding questions for a period of time, which ended up energizing the process.

For example, instead of asking, “What’s working well today?” they asked, “What’s working well with the CPOE implementation?” With this line of questioning, leaders learned that changes made to the standard order sets streamlined the process for ordering labs. In the past, physicians had to sort through many similar codes, so errors required patient blood re-draws, which was a huge dissatisfier.

Rather than asking, “Who can I reward and recognize?” They asked, “Who’s done a nice job with CPOE this week?” When the CFO rounded on the director of IT in this way, the director responded, “Dr. Menendez really went the extra mile to resolve some of the CPOE challenges we’ve been having with the hospitalists.”

Also, leaders learned that when staff didn’t have a response to a rounding question, they needed to be more specific and set an expectation for an appropriate response next time.

For example, when one employee said she couldn’t think of anyone to recognize, her leader said, “Sarah, I understand no one comes to mind, but let me rephrase the question: It doesn’t have to be a big deal, just something simple that made you smile or made your day go better. If you still can’t think of anyone right now, please think about who you can mention next time I round.”

**Follow up on findings.** When the CNO rounded on her nursing directors and asked about CPOE, she learned that the pharmacy was struggling to fill orders on time because it was spending so much time problem-solving orders that were entered incorrectly by physicians. However, the CNO did not act on this information in a timely manner. So physicians continued to be frustrated with delayed pharmacy orders and complicated order sets.

Once the CNO was coached on how to document her findings using a rounding log, she could then bring objective results to the CPOE team for action. The CPOE team members met with the pharmacy and the therapeutic team to review and simplify some of the standard order sets to make the order entry easier for physicians.

Next, the CNO posted a stoplight report—a close-the-loop document—to keep everyone posted on progress towards resolution of each type of CPOE order entry challenge as
recorded on the rounding logs. Issues that had been addressed were highlighted in green, those that were pending were highlighted in yellow, and recommendations that were not adopted after review were highlighted in red.

Maintain a consistent schedule. Leaders discovered that rounding wasn’t occurring consistently. When they drilled down to find out why, some directors and managers said they just couldn’t find the time. Even when rounding opportunities were scheduled, they were frequently bumped because of last-minute meeting changes and other emergencies.

Sometimes rounding became a lengthy, unstructured hallway conversation focused on putting out a fire instead of on proactive strategies for improvement. As a result, the organization was experiencing pockets of high physician engagement where leaders were rounding consistently and low engagement where rounding was sporadic.

To resolve this, they decided to incorporate rounding into every one-on-one monthly supervisory meeting. The CEO modeled the new approach with his direct reports; he added five- to 10- minute rounding sessions as a standing agenda item at the opening of these meetings. When he learned about process design issues with CPOE, he asked the CIO to track these as a priority item with the vendor.

Find a time that works for staff. Some leaders had difficulty rounding on frontline staff who were constantly moving between patient rooms or various locations throughout the health system. Instead of chasing down staff, leaders set an expectation by saying, “I need to round on you next week, so please page me when you have five minutes to accomplish this.” They also capitalized on spontaneous moments when staff arrived with a concern or question to complete the round.

For example, one director of case management was approached by a frustrated case manager who couldn’t complete a durable medical equipment referral for a patient because of a malfunctioning computer. The director responded by saying, “That’s really important. I want you to have the tools and equipment you need to do your job, so let me get that fixed. And while you’re here, do you have five minutes I can round on you to find out about other processes or systems we need to address?”
Rewards of Targeted Rounding

Using these four tactics to improve the quality and quantity of rounding across the organization helped the health system improve CPOE compliance significantly among its physicians over a three-month period. Leaders also began to experience the rewards of consistently high physician engagement as measured by their physician and patient satisfaction surveys and more proactive partnership in problem solving with hospital leaders organizationwide.

Lyn Ketelsen, RN, is senior coach leader and national speaker for Studer Group, Gulf Breeze, Fla., and a member of HFMA’s McMahon Illini Chapter.

Publication Date: Monday, June 16, 2014
A Checklist for Implementing an Effective Checklist

Maggie Van Dyke

In his book, The Checklist Manifesto, Atul Gawande, MD, gives healthcare leaders tips on how to create checklists that can help reduce hospital-acquired complications and encourage teamwork.

**Access related tool:** [A Checklist for Creating Checklists](#)

The first checklist that the World Health Organization's (WHO's) Safe Surgery Saves Lives team created failed miserably. The goal was to develop a simple, inexpensive, and effective tool that operating room staff could use in a variety of surgical settings to reduce complications and deaths.

But the team's first checklist failed the pilot test. "The checklist was too long. It was unclear. And past a certain point, it was starting to feel like a distraction from the person we had on the table," writes Atul Gawande, MD, in his book *The Checklist Manifesto: How to Get Things Right*.

Fortunately, the WHO team, which was led by Gawande, did not quit. A second try resulted in a concise, 19-item checklist that could be completed in two minutes.


In his book, Gawande describes the hands-on research he conducted to determine how to put together the WHO safe surgery checklist. In essence, he gives healthcare leaders a checklist for creating any type of effective checklist.

**Checklist Research**

Gawande spent a lot of time with aviation and skyscraper construction experts, learning how these specialized professions prevent safety disasters through the use of checklists. In addition, he provides fascinating glimpses into how checklists are used by many other industries, including gourmet restaurants, investment banking, and rock concert stage management.
Gawande also describes the successful use of various checklists in health care, from the common recording of vital signs by nurses to the Keystone Initiative's checklist that decreased central line infections in Michigan intensive care units by 66 percent.

By the end of his book, Gawande (and the reader) is seeing the potential for checklists everywhere.

"We could adopt, for example, specialized checklists for hip replacement procedures, pancreatic operations, aortic aneurysm repairs, examining each of our major procedures for their most common avoidable glitches and incorporating checks to help us steer clear of them. .. Beyond the operating room, moreover, there are hundreds, perhaps thousands, of things doctors do that are as dangerous and prone to error as surgery…"

As healthcare leaders consider developing checklists, they can find two important lessons in Gawande's book:

**Zero in on killer items.** Effective checklists do not try to spell out everything that team members--who are experts in their specific fields--already know. "Instead, they provide reminders of only the most critical and important steps--the ones that even the highly skilled professional using them could miss," writes Gawande.

Boeing's Daniel Boorman, a veteran pilot and checklist designer, calls these steps the "killer items," or "the steps that are most dangerous to skip and sometimes overlooked nevertheless," according to Gawande.

The WHO safe surgery checklist encompasses "the simple to the complex, with several narrowly specified checks to ensure stupid stuff isn't missed (antibiotics, allergies, the wrong patient)," according to Gawande.

**Include communication prompts.** A short checklist cannot possibly highlight every potential safety issue. That is why checklists should include communication checks at important junctures, which prompt staff to work together as a team--so they can combine their expertise in identifying, preventing, or solving complex problems.

For example, the WHO safe surgery checklist reminds all surgical team members to formally introduce themselves and briefly discuss critical concerns or aspects about a given case (e.g., a patient's respiratory issues, available blood supply) that could possibly impact the surgery or patient outcomes.

"Just ticking boxes is not the ultimate goal here. Embracing a culture of teamwork and discipline is," writes Gawande.
A Checklist for Checklists

Healthcare leaders are encouraged to read Gawande's entire book to get a complete understanding of the nuances involved in developing an effective checklist. In the meantime, here is a summary of the key "checks" that Gawande identified during his research on checklists. Many of these recommendations come from Boeing's Daniel Boorman, whom Gawande quotes extensively.

Access tool: A Checklist for Creating Checklists

Maggie Van Dyke is managing editor of HFMA's Leadership publication.

Publication Date: Wednesday, June 18, 2014
How do I Change My HFMA Information?

All of our chapter directory information including email and addresses for the newsletter are received from the National HFMA database. The easiest way to make changes is on the HFMA National Website. Simply follow these steps to change any of your personal information.

1. Log on to [http://hfma.org](http://hfma.org)
2. Click on “Sign In”
3. Log in with your user name and password
4. Click on “My Account”
5. Edit your information
6. Sign Out

Stay connected at:

[http://www.idahohfma.org](http://www.idahohfma.org)

Check us out often as you will find loads of valuable information and links to past presentations etc.

Knowledge is Power!
With more than 40,000 members, HFMA is the leading membership organization for healthcare financial management executives and leaders. At the local, regional, and national levels, HFMA helps healthcare finance professionals by:

- Providing education, analysis, and guidance
- Representing healthcare finance in coalitions with other healthcare leaders
- Improving performance through resources and peer-to-peer connections
- Identifying and bridging gaps in knowledge, best practices, and standards

HFMA: The Benefits of Membership

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- Be the first to learn about the products and services reviewed by HFMA’s rigorous Peer Review process
- Consult HFMA’s Buyers Resource Guide—available first to members
- And much more

hfma.org/join or call (800) 252-4362, ext 2
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<td>Healthcare Outsourcing Network</td>
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<td>Outsource Receivables Management</td>
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