



CORNERSTONE

A publication of the TORCH Foundation

April 2011

Note from the Editor

We are in the midst of an unprecedented time of change in the healthcare industry—and with change come challenges and opportunities. In this special conference edition of *Cornerstone*, you will find timely information and resources to help you stay informed and respond proactively to prepare and position your organization for success.

Quang Ngo

TORCH Meaningful Use Assessment Program

Through the HITECH provisions of the 2009 American Recovery and Reinvestment Act (ARRA), a once in a generation opportunity has been created to accelerate healthcare transformation through automation, interoperability and secure electronic exchanges of health information across the continuum of care.

In July 2010, the Centers for Medicare and Medicaid Services (CMS), along with the Office of the National Coordinator for Health Information Technology (ONCHIT), released the Final Rule for the Electronic Health Record (EHR) Incentive Program and the Meaningful Use (MU) criteria. For each of the health policy priority outcomes, the government has defined a set of goals, objectives and measures to be implemented in three phases from 2011 through 2015. To qualify for the EHR incentive payments, hospitals and providers must achieve, demonstrate and maintain Meaningful Use of a certified EHR system.

To assist with this effort, the TORCH Foundation has partnered with maxIT Healthcare to develop the TORCH Meaningful Use Assessment Program. **The purpose of this program is to provide onsite Meaningful Use assessments to help hospitals determine their status and readiness for Meaningful Use and to develop a roadmap with specific, prioritized recommendations for achieving and maintaining Meaningful Use.**

In recent informal poll on the TORCH CEO Open Forum, John Henderson, CEO of Childress Regional Medical Center, posed the following questions to fellow TORCH members, and with 29 responses, found the following:

1. Does your hospital plan to pursue meaningful use? **Yes – 100%, No – 0%**
2. Does your hospital currently qualify as a meaningful user? **Yes – 10%, No – 90%**
3. Does your hospital intend to qualify as a meaningful user this year? **Yes – 79%, No – 21%**
4. Does your hospital intend to qualify as a meaningful user next year? **Yes – 95%, No – 5%**
5. Do your local physicians/clinics qualify? **Yes – 20%, No – 80%**

The responses, though not statistically significant, validate our anecdotal knowledge and give us some insight into how far or close some hospitals are from reaching Meaningful Use compliance.

No doubt there is much work ahead of us, and with the Meaningful Use criteria now established, it is imperative that hospitals and providers position and prepare themselves to receive and maximize the Stimulus payments for their EHR investments and avoid future penalties. Knowing where you are in the Meaningful Use requirements and having a roadmap that clearly defines each step and outlines and prioritizes what you need to do is thus essential to your successful MU journey. We can help. **Time is of the essence. The time to act is now!**

Pick up our Meaningful Use Assessment fact sheet and application, or contact Quang Ngo at quang.ngo@torchnet.org to learn how this program can assist you in charting your course to Meaningful Use.

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New Student Shadow Mentoring Opportunity

TORCH and the TORCH Foundation, in conjunction with maxIT Healthcare, recently launched the TORCH Meaningful Use Assessment Program for rural and community hospitals. This program sends an expert assessment team into participating facilities for a week to evaluate the facility's IT infrastructure, EHR adoption stage and organizational readiness to meet the demanding Meaningful Use (MU) requirements. The assessment results in a detailed analysis, report and roadmap to help the facility chart their course to MU. In relation to this program, and through the TORCH Leadership & Management Institute (TLMi), we are pleased to announce an exciting and unique opportunity for students to participate in a shadow mentoring initiative in rural health information technology. **Selected student(s) will work under the guidance of TORCH staff and a team of professional industry experts as they conduct EHR Meaningful Use Assessments at rural healthcare facilities.** This learning experience offers invaluable exposure to real-life issues, challenges and opportunities facing rural hospitals, as well as a first-hand look at the interaction and partnership between healthcare providers and corporate consulting. Each mentoring opportunity is a short-term commitment and is limited by the number of facilities participating in the assessment. Pick up our Student Shadow Mentoring fact sheet or contact us Dawn Haberkorn at dawn.haberkorn@torchnet.org to learn how this internship will benefit you, how you may access scholarships through the TORCH Foundation, and how you can qualify for this hands-on experiential learning opportunity.

ICD-10 Readiness Program

The preparation and transition to ICD-10 is complex and requires timely and focused education and training. To help hospitals meet these challenges, the TORCH Foundation has partnered with QuadraMed to offer a coding simulator training program to help coders gain experience in ICD-10 coding in advance of the federally-mandated implementation date. **The purpose of the ICD-10 Readiness Program is to provide hands-on training, educational services and a coding simulator solution to help**

hospitals prepare for this critical transition.

All HIPAA-covered entities must implement the new code set with dates of service, or date of discharge for inpatients, that occur on or after October 1, 2013.

The transition to ICD-10 is anticipated to improve the capture of health care information. For providers to benefit from the implementation of ICD-10, they will need to overcome numerous challenges including clinical documentation with a higher level of ICD-10 code specificity, training and retention of coding professionals, preventing productivity decreases, addressing reporting and compliance requirements and minimizing claims denials. The ICD-10 Readiness Program is designed specifically to help facilitate your preparation and readiness to this new coding methodology. Program benefits include:

- **Compliance with the federal mandate** for ICD-10 coding transition and meet the HIPAA electronic transaction/ code set requirements.
- **Access to the ICD-10 Coding Simulator for hands-on training** and technical assistance for coders to gain experience in ICD-10 coding.
- **Access to customized online education** and training for your HIM staff, Medical staff and Steering committee.
- **Learn key changes in coding guidelines** and classifications, implementation timeline and date-of-service issues.
- **Reduce coding errors** through improved clinical documentation with greater specificity.
- **Access to grant funding** to support your ICD-10 readiness and preparation

This program is supported in part from grant funding from the Texas Department of Rural Affairs (TDRA). TORCH/Foundation members may participate in this program at no cost. **There are only 15 slots available, so sign up today. Currently, 86 facilities participate in this program.** Pick up our program fact sheet or contact us to learn more.

The program's early success has exceeded our expectations. Already, our collaborative ICD-10 countdown program has been published in Healthcare Finance News,

Consumers Electronic Net, World Market Media, NewsBlaze, among others, and it is being presented as a case study at AHIMA.

ICD-10 Users' Workshop

The Foundation is pleased to host an **ICD-10 Users' Workshop on Friday, April 8th from 12pm to 1pm at the Inter-Continental Dallas Hotel**, immediately following the TORCH Annual Conference. This workshop will provide an overview of the ICD-10 coding transition, including AHIMA best practices, ICD-10 systems impact and relevant policies and procedures for ICD-10 planning and transition; review of the ICD-10 Readiness Program, including the results and analysis of two pilot readiness assessments; and a users' discussion forum on the Coding Simulator and training webinar experiences, as well as future plans for ICD-10 educational offerings. Everyone is welcome. We hope you can join us.

CMS Issues ICD-10 Definitions Manual, ICD-10 Industry Updates and New FAQs

CMS has recently issued the draft ICD-10 definitions (subject to formal rulemaking) for the Medicare Severity-Diagnosis Related Groups (MS-DRG) for FY 2011, and abbreviated titles for the ICD-10 CM and ICD-10-PCS code descriptions. Hospitals must use the ICD-10 coding system to report diagnoses and procedures on Medicare claims beginning October 1, 2013.

To stay abreast with timely information about the upcoming Version 5010 and ICD-10 transitions, hospitals can now sign up for the CMS ICD-10 Industry Update messages. Each message is delivered directly to your email inbox, supplying helpful reminders, information on new resources and other ICD-10 and Version 5010 news. To sign up for the ICD-10 Industry Email Updates, visit: http://www.CMS.gov/ICD10/02d_CMS_ICD-10_Industry_Email_Updates.asp.

CMS also recently posted two new FAQs about ICD-10 national provider teleconferences and the partial code freeze. To access these FAQs, visit the CMS ICD-10 web page at: <http://www.CMS.gov/ICD10>.

Texas Patient Safety Organization Program (TXPSO)

The Patient Safety Act of 2005 authorizes the creation of Patient Safety Organizations (PSOs) to improve quality and safety by reducing the incidence of events that adversely affect patients. The law establishes strong Federal confidentiality and privilege protections for information to create a secure environment where healthcare organizations and clinicians can voluntarily report and analyze patient safety data, such as near misses and incidences, to help identify root causes of adverse events, reduce risks and develop quality improvement best practices.

To assist rural and community hospitals strengthen their culture of patient safety and risk management, the TORCH Foundation has collaborated with the Texas Patient Safety Organization (TXPSO) to help providers collect, submit and analyze patient safety work products and information about incidences in which patients were adversely affected in order to mitigate future adverse events.

Through this program hospitals will be able to transition from a paper-based system of incident management and patient safety reporting to a standardized, electronic system where the data is archived, secured and readily accessible for trending, benchmarking and comparative analysis--ultimately creating opportunities for rapid resolution and prevention of future patient safety issues. Program benefits include:

- **Strong Federal confidentiality and privilege protections** to report, aggregate and analyze patient safety events, medical errors and quality information without fear of legal discovery or additional liability.
- **Facility-specific and aggregated analysis** for benchmarking and comparison.
- **Online access to comparative data and reports** to help improve processes and develop best practices.
- **Meaningful aggregation and analysis of data using Common Formats** to collect, track and submit standardized information regarding a range of patient safety events, including incidents, near misses and unsafe conditions for comparative and longitudinal analysis.

- **Grant funding** available to facilities under 50 licensed beds for TXPSO services at no cost (except for a one-time set up fee).

Have You Registered for the EHR Incentive Programs Yet?

Registration for the Medicare and Medicaid EHR Incentive Programs have already begun, and providers and hospitals across the country began receiving their Medicaid EHR incentive payments in January.

If you have questions about your eligibility or need help with registration, the following resources will be helpful:

- **The Eligibility Widget** – To register, first find out if you qualify as an eligible professional or eligible hospital. The eligibility widget will walk you step-by-step through the eligibility requirements for the Medicare or Medicaid EHR Incentive Programs. You can find this resource on the CMS website at http://www.CMS.gov/EHRIncentivePrograms/15_Eligibility.asp.
- **Registration Information** – A list of all the information that you will need during your registration process for both eligible professionals and eligible hospitals can be found at: http://www.CMS.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#BOOKMARK2.
- **The Eligible Professional Registration Webinar** – This registration webinar for eligible professionals provides video guidance to help you through the registration process. View at: <http://www.YouTube.com/user/CMSHHSgov#p/u/0/sKngNjd8luc>.
- **Hospital Tip Sheets** – These helpful tip sheets provide information on payment and eligibility guidelines for Medicare, Medicaid and CAHs. Find them at: http://www.CMS.gov/EHRIncentivePrograms/55_EducationalMaterials.asp.
- **EHR Listserv** – CMS has launched a listserv to provide timely information about the Medicare and Medicaid EHR incentive programs, including registration and attestation updates and details about the payment process. Subscribers will be kept informed of upcoming deadlines and answers to the questions and concerns that we have gathered from eligible professionals and hospitals in the field. New updates will be emailed through the

listserv to keep you informed of any developments, and subscribers will be notified of any new FAQs that are published on the CMS EHR Incentive Programs' website. Sign up at: http://www.CMS.gov/EHRIncentivePrograms/65_CMS_EHR_Listserv.asp

Learn more at:

<http://www.CMS.gov/EHRIncentivePrograms>.
[Source: CMS EHR Incentive Programs website]

Another great, new resource on health information technology (HIT) is provided by the National Rural Health Resource Center. This document summarizes the Medicare and Medicaid incentives available to eligible professionals and hospitals for the implementation of EHR technology. Also included are definitions, information on meaningful use, certified technology, and helpful health information technology resources. Access the document at: <http://www.ruralcenter.org/tasc/resources/summary-health-information-technology-incentives-and-resources>.

[Source: National Rural Health Resource Center/Technical Assistance & Services Center]

CMS Announces Calls on EHR Program Registration

CMS recently announced that it will hold conference calls early April on registering to participate in the Medicare and Medicaid EHR Incentive Programs. An April 6th call for hospitals will review topics such as eligibility for incentive payments and special considerations for dually eligible hospitals. An April 1st call for physicians will review topics such as eligibility for Medicare incentive payments and switching between the Medicare and Medicaid EHR programs. For more information, visit: www.cms.gov/EHRIncentivePrograms.

EHR Meaningful Use Attestation for Medicare Begins April 19th

Hospitals and physicians eligible to participate in the Medicare EHR Incentive Program can begin attesting April 18, 2011 that they meet the program's meaningful use requirements.

CMS released a document previewing certain screens from the online Registration and Attestation System to help providers understand what the process will involve,

noting that the screens are not final and may change.

The agency expects to release more information about the Medicare attestation process soon, including user guides and educational webinars. Hospitals need not attest to meaningful use in FY 2011 to benefit fully from Medicare EHR incentive payments. Those wishing to attest in FY 2011 must report on the meaningful use measures for a 90-day period during the federal fiscal year, which ends September 30th. For more information, visit:

www.cms.gov/EHRIncentivePrograms.

Texas Medicaid Providers Can Now Enroll for EHR Incentive Payments

Texas Medicaid providers can now begin participating in the EHR Incentive Program, and the first payments are expected in May 2011. CMS announced that 21,000 physicians and hospitals initiated registration for the Medicare and Medicaid EHR incentive programs in January. This accounts for about 4% of the total number of providers eligible for the programs.

To start their registration process, providers must first register with CMS at the federal level. Once registered at the federal level, the provider will receive an e-mail to begin participation at the state level. For details on these steps, visit

http://www.tmhp.com/News_Items/2011/HIT%20portal%20open_March%202011.pdf.

For help in the Texas enrollment process, email HealthIT@tmhp.com or call (800) 925-9126.

CMS Issues FAQ on ED Patients and 'Meaningful Use'

To receive incentive payments and avoid future payment penalties, hospitals must meet a number of metrics, many of which include both inpatient and ED patients in the denominator, such as the share of patients with medications ordered electronically. Recently, CMS has posted a revised FAQ document providing hospitals with a choice of which ED patients to consider when demonstrating that they have achieved the "meaningful use" requirements for the EHR

incentive programs.

CMS' decision to provide a choice in which ED patients to consider recognizes that some hospitals prioritized EHR adoption in their EDs, while others focused first on deployments in their inpatient departments.

The first option outlined in the revised FAQ ("Observation Services method") includes patients admitted directly to inpatient departments, patients presenting to the ED and subsequently admitted, and patients treated in the ED and provided observation services, while the new option ("All ED Visits method") includes those patients plus patients treated and discharged directly from the ED. According to the revised FAQ, eligible hospitals and CAHs must select one of these two methods for calculating their meaningful use metrics and use the same method for all metrics that apply to both inpatient and ED patients.

[Source: CMS Regional VI Insider]

2011 Electronic Prescribing (eRx) Incentive Program – Avoiding the Adjustment

CMS announced that, beginning in CY 2012, eligible professionals who are not successful electronic prescribers based on claims submitted between January 1, 2011 and June 30, 2011, may be subject to a payment adjustment on their Medicare Part-B Physician Fee Schedule-covered professional services. Section 132 of the *Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)* authorizes CMS to apply this payment adjustment whether or not the eligible professional is planning to participate in the eRx Incentive Program.

From 2012 through 2014, the payment adjustment will increase each calendar year (1% payment adjustment for Medicare Part-B-PFS-covered professional services for 2012; 1.5% for 2013; and 2% for 2014). (The payment adjustment does not apply if less than 10% of an eligible professional's or group practice's allowed charges for January 1, 2011 through June 30, 2011, reporting period are comprised of codes in the denominator of the 2011 eRx measure.) Also note that earning an eRx incentive for 2011 will NOT necessarily exempt an eligible professional or group practice from the

payment adjustment in 2012.

How to Avoid the 2012 eRx Payment Adjustment:

An eligible professional can avoid the 2012 eRx Payment adjustment if (s)he:

- Is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of Thu June 30, 2011, based on primary taxonomy code in NPPES;
- Does not have prescribing privileges;
- Does not have at least 100 cases containing an encounter code in the measure denominator;
- Becomes a successful e-prescriber; and
- Reports the eRx measure for at least 10 unique eRx events for patients in the denominator of the measure.

For group practices that are participating in eRx GPRO-I or GPRO-II during 2011, the group practice MUST become a successful e-prescriber.

- Depending on the group's size, the group practice must report the eRx measure for 75-2500 unique eRx events for patients in the denominator of the measure.

For more information, visit:

<http://www.CMS.gov/ERXincentive>.

[Source: CMS Regional VI Insider]

The March to Stage 2 Meaningful Use for EHRs

Last fall TORCH staff had the distinct privilege of being part of a small, specially invited group of individuals to discuss with Dr. David Blumenthal, then the National Coordinator for Health Information Technology, about Meaningful Use. The issue of balancing the current challenge of meeting Stage 1 Meaningful Use criteria and the necessary work towards developing stage 2 MU requirements was one of great significance. For some, the question of whether to forge ahead or hold back were/are related to the change in the political climate and budget uncertainties as lawmakers in Washington wrangle over the federal budget, in which some \$27 billion is allotted to HIT adoption within ARRA. In our conversation with Dr. Blumenthal, we asked for careful consideration of the unique challenges facing small rural and community hospitals and providers in meeting MU.

Fast forward to February 2011, there is little doubt that the march is well underway in defining Stage 2 requirements, which are expected to take effect in 2013. In a February 25th letter to the HIT Policy Committee: Meaningful User Workgroup, which requested comments regarding MU stage 2, AHA submitted that "Successful completion of Stage 1 by the majority of providers and thorough analysis of its impact are necessary before the adoption of additional objectives and more stringent measures." The letter also includes data from a January 2011 survey of almost 1,300 hospitals to provide a snapshot of the hospital field's current capacity to meet the Stage 1 meaningful use requirements. The survey found great commitment to the incentive programs, with 95% of respondents planning to pursue meaningful use. However, the survey also found that only 1.6% of hospitals (21 respondents) can meet the meaningful use and certification requirements today. The letter emphasized that "clearly the Stage 1 requirements are challenging; raising the bar significantly in Stage 2 risks limiting the success of the EHR incentive programs."

Over the next few months ONC will contract with organizations for measurement development based on the work done so far by the panel and identify which measures can be established for Stage 2 Meaningful Use. Even while the nation awaits for Dr. Blumenthal's successor, Tony Trenkle, Director of the CMS' Office of e-Health Standards, responsible for co-writing the meaningful use regulations with ONC, has said that there is no way that Stage 2 will be delayed. Stay tuned...

Critical Access Hospitals (CAHs) to Receive Free Comparative Data Reports (PEPPERS) in April

Beginning in April 2011, CMS will roll out to Critical Access Hospitals (CAHs) nationwide its Program for Evaluating Payment Patterns Electronic Report (PEPPER). This free report provides hospital-specific data on Medicare discharges identified as being at high risk for improper payments. The PEPPER statistics is the only free report comparing a CAH's Medicare billing practices with other CAHs in the State, Medicare Administrative

Contractor (MAC) or Fiscal Intermediary (FI) jurisdiction, and the nation. Hospitals can use the data to support internal auditing and monitoring activities.

For Texas, CMS has contracted with TMF Health Quality Institute to develop and distribute the reports, which were previously available only for short- and long-term acute care hospitals. The files will be distributed via a MyQualityNet secure file exchange (accessible from the www.QualityNet.org), to the hospital's QualityNet administrators and to QualityNet user accounts with the PEPPER recipient role.

For more information, including the PEPPER distribution schedule, a sample of the PEPPER for CAHs and information about QualityNet accounts, visit www.PEPPERresources.org. CAHs are encouraged to join the email list on this website to receive important notifications about upcoming PEPPER distribution and training opportunities. [Source: *CMS Regional Insider VI / AHA News Now*]

CMS Releases ACO Proposed Rules

Last week CMS released the proposed rules for the new accountable care organization (ACO) program. At the same time, CMS and the Department of Health and Human Services' Office of the Inspector General, the Department of Justice in conjunction with the Federal Trade Commission, and the Internal Revenue Service issued proposed policy statements regarding the legal issues around establishment of ACOs. The Patient Protection and Affordable Care Act of 2010 requires the HHS Secretary to establish an ACO program that will measure quality and total cost of care for assigned beneficiaries, beginning in CY 2012. ACOs would share in savings with the Medicare program if quality and cost objectives are met. The ACO program is voluntary and requires a three-year agreement from participating providers. ACOs are eligible to receive a shared savings payment if their actual spending is below a pre-determined applicable benchmark.

CMS proposes that an ACO choose one of two risk models: the "one-sided" risk model allows an ACO to pursue fee-for-service

Medicare payment with shared savings for the first two years, and then requires the ACO to assume risk for shared losses in the third year; while the "two-sided" risk model requires ACOs to share savings and losses for all three years. ACOs would also be required to meet certain quality benchmarks.

For year one, CMS proposes 65 measures spanning five quality domains: patient experience of care, care coordination, patient safety, preventive health and at-risk populations.

The rule will be published in the April 7 *Federal Register* and comments will be accepted through June 6.

[Source: *AHA News Now, March 31, 2011*]

TORCH Foundation 3rd Annual Silent Auction

The TORCH Foundation is pleased to host the 3rd Annual Silent Auction at the TORCH Annual Conference. Proceeds from this event go towards supporting educational scholarships and training stipends for rural hospital staff, as well as MHA and undergraduate/ graduate healthcare students. In the last two years, the TORCH Foundation has awarded 11 total scholarships and stipends.

We hope this year's Silent Auction will be even better to allow us to increase the number of scholarship opportunities in 2011. **We would like to thank all of our donors for their generous contributions and all who participated in support of this worthy cause.**

This year's Silent Auction will commence on the morning of Thursday, April 7th in the Exhibit Hall. Winners will be announced that evening during the reception. Bid often and bid high on your favorite items!

TORCH Foundation Congratulates 2010 Scholarship/ Stipend Recipients

The Foundation is pleased to announce that seven individuals have been awarded scholarships and stipends for 2010! These education scholarships and training stipends support promising individuals who aspire to

make a difference in rural healthcare and hospital staff who desire to improve their job performance through continuing education, respectively. These awards were made possible by the generous donations and participation in last year's TORCH Foundation Silent Auction. The 2010 recipients are:

Texas MHA Scholarship Award

- Ashley Beard, Texas State University
- Michael Paul Aslin, University of Texas at Arlington

Rural Healthcare Internship Stipend Award

- Gail Susan Nelson, Summer Internship at Bayside and West Chambers Medical Clinic

Continuing Education Stipend Award

- Leasa A. Rogers, North Texas Medical Center
- Janiel L. Werner, Palo Pinto General Hospital
- Molly Pyle, Coon Memorial Hospital
- Mary Beth Stapleton, Coon Memorial Hospital

These award recipients will be formally recognized at the 2011 TORCH Annual Conference Awards Luncheon. We are proud of their achievements and applaud their dedication to rural healthcare. *Congratulations to all!*

TORCHcast Webinar Education - Upcoming Learning Sessions

The rural healthcare delivery system is a complex industry requiring ongoing education and training. Recognizing that often our members find it difficult to attend onsite conferences, due to time restriction, cost and demanding schedules, TORCH and the TORCH Foundation have teamed up to provide a webinar program that covers a wide range of important topics, including health IT, hospital financing, legislative/regulatory updates, business operations, workforce recruitment, grant-writing and funding resources, emerging hot topics, and much more. Sessions are delivered by recognized experts and experienced industry professionals.

For those with busy and demanding schedules, this is a convenient, affordable and easy way to attain a wealth of timely information and knowledge about various health-related issues.

Upcoming TORCHcast sessions include:

- Health Information Exchanges (HIEs)
- Legal & Regulatory Update for Rural Hospitals
- Meaningful Use Compliance
- Hospital Finance (3-part series):
 - (1) Upswings, Downturns, & Yield Curves
 - (2) Claims & Denials Management
 - (3) What CFO's Want: Staff Productivity, Cost Containment & Cash Flow
- Performance Benchmarking & Quality Measures
- Advocacy: Texas 82nd Legislative Session Update
- Strategic Price Setting & Chargemaster Review
- Practice Management: Improving Hospital/Physician Relations
- Cost Reporting Mechanics

A TORCHcast session is offered at least once a month. For registration information, scheduling and session details, pick up the TORCHcast fact sheet or contact Dawn Haberkorn, Director of Education & Member Services, at dawn.haberkorn@torchnet.org.

TORCH Leadership & Management Institute (TLMI) Program Updates

Highly successful leaders continuously invest in gaining new knowledge and skills. As the healthcare industry continues to face many challenges, it will require leaders—at all levels—who are poised to help move their organization to the next level.

The purpose of the TORCH Leadership & Management Institute (TLMI) is to provide effective leadership and management training to promote the professional and personal development of healthcare executives and emerging leaders in rural and community hospitals in Texas. TLMI was created from the recognition that the fundamental goal of every organization is to succeed and that to be successful, hospitals must engage and invest continually in organizational development to cultivate the talents of their most important asset—their staff.

In 2010, TORCH and the TORCH Foundation made a concerted effort to expand the leadership program to provide not only outstanding leadership education and training opportunities, but also to offer exciting initiatives like leadership mentoring, fellowship training, sponsorship, leadership involvement and networking opportunities.

And, it proved to be a year of notable accomplishments for the program. Highlights of our achievements include:

- Developing a Leadership Development Framework that focuses on: Leadership development, coaching and mentoring; Communications and team building; Emotional intelligence; Core values, vision and strategy execution; Talent cultivation and management; Performance excellence and service-oriented culture; Ethics and professionalism; and Networking and relationship building;
 - Expanding the Annual Leadership Conference and Retreat, resulting in record-breaking participation;
 - Adding leadership webinar sessions;
 - Constituting the TLMI Leadership Council consisting of hospital executives, distinguished scholars and industry leaders;
 - Developing an online leadership resource on the TORCH website;
 - Offering and garnering exclusive sponsorships;
 - Revamping TLMI's newsletter *Illuminations*; and
 - Launching the new, stipend-supported Student Shadow Mentoring initiative, that has already gained the interests of students from undergraduate and graduate programs from around the State.
- We are excited about TLMI's progress, but there's a lot more coming in the near future, including:
- Fellowship opportunities for healthcare professionals;
 - Targeted leadership workshops and webinars; and
 - 2011 Annual Leadership Conference & Retreat at the Hyatt Regency Hill Country Resort in San Antonio, TX, Sept. 7-8th.

We welcome and encourage the participation of staff at all levels, as well as students pursuing healthcare careers. Whether you are an experienced or new healthcare executive, director, manager, professional staff or student, this leadership program is designed especially for you.

TORCH Foundation IT/Network Support Services – New Partnership with OnSupport

Information technology has become a necessity and an important driver of efficiency and productivity in the hospital workplace. But many facilities, especially small rural and community hospitals, do not always have access to qualified IT staff to support, operate and maintain the ever-increasing complexity of a hospital information and communication network.

The TORCH Foundation is pleased to announce that it has partnered with OnSupport Corporation to provide a vast array of IT network support services for TORCH Foundation members. OnSupport shares our passion for helping people with their IT needs and doing so with a proactive attitude and a commitment to excellent service, personal touch, reliability and trust. Together, the TORCH Foundation and OnSupport are dedicated to building a long-term partnership to provide quality services, expertise and solutions that meet our members' need.

Whether or not your hospital has few or no internal IT staff/resources, you will find the IT support you need from the TORCH Foundation. We have a proven record of providing quality IT support and services to over 50 hospitals—just like yours. Our dedicated team of experienced network engineers, developers and IT professionals has extensive technical expertise and knowledge to provide you with the exceptional IT services you need.

Our IT benefits and services are offered in tiers to meet your various needs. Foundation members receive an array of essential connectivity and helpdesk support services and benefits, including:

- Connectivity support and management on a 24/7 basis.
- VPN connectivity assurance through hardware and software support and troubleshooting on a 24/7 basis.

- Firewall and router access configuration, support and management on a 24/7 basis.
- Secured client VPN remote access and support for secured LAN-to-LAN VPN connections to vendors for business-to-business transactions.
- Exchange E-mail access, hosting and support, including new accounts setup, anti-spam and anti-virus filtering, updates and troubleshooting.
- Access to experienced IT staff for expert advice, consultation and technical assistance.
- Website hosting and DNS management.
- Helpdesk support on a 24/7 basis.

Call us...we can help!

Advanced IT Support Services

In addition to essential connectivity and network support services, the TORCH Foundation can provide other advanced and customized services, including, but not limited to:

- Network architecture planning; database/system/network configuration; and IT infrastructure management.
- CIO services and interim IT staff augmentation services.
- Enterprise backup and disaster recovery (DR) (full enterprise server snap shots, data retention, retrieval and replication services); DR planning.
- IT risk assessment; HIPAA security audit; vulnerability assessment.
- Website design/redesign.
- IT strategic planning.
- Custom software/application development.
- Project management and consulting.
- Product consulting and procurement.
- Other managed services and special projects.

Contact us at (512) 873-0045 or email Quang Ngo at quang.ngo@torchnet.org to learn how more about these services.

Upcoming Events at-a-glance

Texas Critical Access Hospital (CAH) Conference & Tradeshow

June 1-2, 2011, Omni Southpark, Austin, TX

Northwest Texas Hospital Association (NWTHA) Annual Convention

July 14-15, 2011, MCM Elegante Suites, Abilene, TX

Texas Association of Rural Health Clinics (TARHC) Annual Conference

July 27-29, 2011, Omni Downtown Austin, TX

TORCH Leadership & Management Institute (TLMi) Conference & Retreat

September 7-8, 2011, Hyatt Regency Hill Country Resort, San Antonio, TX

Rural Hospital Information Technology Conference (HITCON/11) & Tradeshow

November 2-3, 2011, Omni Colonnade, San Antonio, TX

TORCHcast Webinar Series for Hospitals, Rural Health Clinics and Home Health

For scheduled sessions, check our online calendar at:

<http://foundation.torchnet.org/torchcast.php>

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