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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

ELDERCARE

New Sinai Head of Geriatrics Expresses Concern Over Future of Geriatrics

BY DANIEL CASCIATO

Geriatrician Dr. William Barnhart of Sinai Health System considers himself an old fashioned primary care physician, so by nature, he enjoys working with people.

"I think I'm one of the few true primary care physicians left in this country," says Dr. Barnhart, 64, the new Section Head for Geriatrics and the Site Director for Resident Physicians from Rosalyn Franklin-Chicago Medical School. "I enjoy the long-term relationships that are formed, not only with the patients, but the residents and interns. I have

trained hundreds who now practice all over the country. A primary care physician gets attracted to working with his or her inpatients and employees. It's a real privilege to work with these people."

Prior to coming to Sinai last November, Dr. Barnhart was Associate Professor of Clinical Medicine for the University of Illinois College of Medicine at Rockford and Medical Director of St. Anne's Center. He was excited about coming to Sinai because it was an opportunity for him to return to teaching residents and interns, which is his primary love in life.

"Sinai is an unusual hospital in a very unusual neighborhood," he adds. "I was attracted by the mission of the hospital which is really a true mission. People around here manifest that. So it was a combination of having a philosophy and a background that share the mission of this hospital plus returning to graduate medical education which is more challenging than teaching students."

What he also finds challenging is trying to persuade more students to specialize in gerontology. Over the last decade, Dr. Barnhart has seen a waning inter-

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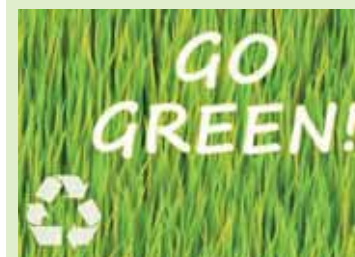


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Advocate Lutheran General Imaging Center in Wilmette utilizes rapidly renewable materials and an efficient lighting scheme.

Greening Our Healthcare Facilities

BY SARA HOPKINS

As the largest industrial sector in the United States economy, the healthcare industry generates 2 million tons of waste per year. Toxic pollutants caused by waste have been linked to asthma, autism, learning disabilities, birth defects and childhood cancer; these chronic diseases affect 1/3 of the United States population. The healthcare indus-

try is responsible for treating these illnesses while at the same time they are inadvertently contributing to them. It is crucial for healthcare facilities to reduce their impact, whereby improving the health of their community.

The first step required in shifting an institution towards Green practices is for the stakeholders of a facility to be committed to more sustainable methods. Once this

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Woman's Board at the Heart of Rush

BY BARBARA R. FALLON

Like the majority of women, Susan R. Bottum, of Winnetka, is voraciously involved in her immediate and extended family's health care issues. In fact that role was the impetus for her initial involvement with Rush University Medical Center's Women' Board in 1998 after her sibling was the recipient of superb care by a Rush physician. Since then she has found Woman's Board members, who come from diverse geographic and philosophical backgrounds, to be

uniformly smart, creative and innovative workers who are passionate about providing the resources to give Rush patients the ultimate in health care.

Now as the new president of the Woman's Board, Bottum leads the group in raising \$10 million to meet their pledge to create the Woman's Board Heart and Vascular Center. A daunting task because this is the largest single commitment the Woman's Board has ever made to the Medical Center, However even in this spiraling economy, Susan Bottum faces the mission with unbridled

enthusiasm.

Dating back to 1884, the Woman's Board is one of the country's oldest hospital woman's boards. Through their annual fashion show, one of Chicago's most popular and well-respected social events since 1927, the Board routinely raises more than \$500,000. Efforts like this have made the Woman's Board an invaluable source of support for Rush's programs.

In order to maintain the successful tradition, this year's fashion show is moving their venue to

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Susan R. Bottum



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Sustainability in Healthcare: Dollars and Sense

It is difficult to pick up a newspaper, magazine or trade journal and not find an article dedicated to "Green Buildings" or Sustainability. The impact of climate change is widely recognized as a real threat to our way of life. This environmental call to action is welcome provided it is balanced with informed decision making rooted in long term lifecycle analysis.



BY ANDY STAPLETON

First there was LEED

Developed by the U.S. Green Building Council (USGBC) and introduced in 2000, the Leadership in Energy and Environmental Design (LEED) for New Construction (LEED-NC) rating system provides owners, designers and builders with a tool for measuring implementation of sustainable practices in new commercial and institutional projects. It addresses five key areas: sustainable site development, water savings, energy efficiency, materials selection and indoor environmental quality.

The first sustainability document focused on healthcare was the Green Healthcare Construction Guidance Statement published in January 2002 by the American

Society for Healthcare Engineering (ASHE).

The Green Guide for Health Care (GGHC), released in 2004, follows a similar point structure to the LEED format, but differs in two key respects. First, it is a voluntary, self-certifying program whereas LEED projects are reviewed and certified by the USGBC. Second, the GGHC is broken into two primary sections (Construction and Operations) whereas LEED-

NC is focused primarily on the initial design and construction of a facility.

Over the past four years the GGHC and USGBC have been working together to develop a LEED for Healthcare rating system. It is expected to be released this year.

The Joint Commission published Health Care at the Crossroads: Guiding Principles for the Development of the Hospital of the Future states "These (energy) costs plus growing concern over global warming are influencing hospitals to use cleaner, more efficient sources of energy."

What can be done?

Guidelines and toolkits are valuable, but what are some of the strategies hospitals are

using to be more energy efficient and environmentally responsible?

- Specifying carpet, paints and wall coatings with low VOC (volatile organic compound) content significantly reduces the number of particulates that may cause respiratory problems or adversely affect patients with compromised immune systems.

- When local materials are specified, transportation costs and fuel usage is reduced, reducing carbon dioxide emissions.

- A common misconception is that a building's energy performance is tied primarily to mechanical (heating and cooling) and electrical (lighting) systems. But there is more to it. The architect has the greatest potential to impact energy usage. An efficient enclosure coupled with well designed ventilation and lighting is a true recipe for success.

- Design and construction professionals should not be afraid to push the envelope for new ideas. On one healthcare project, the team used solar panels instead of the traditional equipment screens on the roof. It is proving both financially and environmentally advantageous.

The key to establishing the cost associated with environmental sustainability initiatives is twofold. First, think in terms of

both direct and indirect costs. A design that provides additional day lighting and more access to natural environments may not appear to have a measurable payback because it isn't associated with energy savings. However, a reduction in staff errors and increased employee effectiveness and satisfaction may improve a healthcare provider's ability to recruit and retain team members.

Second: think total cost of ownership or lifecycle cost. Yes, you may earn a LEED point by installing bicycle racks for less money than upgrading the core equipment of your mechanical facilities. But over the life of the facility, the payback from more efficient mechanical equipment will likely save more money and have a greater impact on the fight against global warming.

The movement toward green building and sustainability is undeniable. However, the successful implementation of these strategies depends on a thorough and well informed vetting process that takes a holistic cost approach to environmental responsibility.

Andy Stapleton, LEED AP, is Senior MEP Engineer with Mortenson Construction. He can be reached at (847) 981-8600 or Andy.Stapleton@Mortenson.com. You can also visit the Mortenson website at www.mortenson.com.

COVER STORY: Greening Our Healthcare Facilities

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high level commitment has been made, an implementation schedule and outline must be established as a corporate initiative. There will be initial costs of researching products, educating staff and purchasing Green products; once these initiatives are in place they will lead to long-term cost savings.

Perhaps the most critical issue effecting our environment is the building materials themselves. Many products contain volatile organic compounds (VOCs); VOCs are harmful gases that are emitted from a product into the atmosphere. These are most commonly found in paint, wallcovering, and flooring products. Low VOC paints are better for indoor air quality and also allow maintenance staff to retouch in areas where patients are present with minimal disturbance. Wallcovering companies are now offering PVC-free options with the same

durability as Type II Vinyl and 100% of the material can be recycled years later when it is removed. Flooring companies also offer PVC-free solutions that can replace VCT and Sheet Vinyl, often utilizing natural products such as rubber or linoleum. In addition, using carpet tile instead of broadloom offers a glue-free alternative, as well as producing less waste during installation. Although some of these products are more expensive, manufacturers are frequently willing to produce a mock-up or reduce the price during an initial review period. They will also provide a life cycle cost analysis of their products, often proving that a low-maintenance Green product will pay for itself in one to two years.

When renovating an existing space, consider having the suppliers of the new materials recycle those being removed. Carpet, wallcovering and system furniture companies are the most likely to accept them. It is

imperative to specify this during the bidding process and prior to demolition to ensure that the materials get saved for recycling, thus diverting as much construction waste as possible from landfills.

In addition to construction methods, there are simple solutions that can have positive long term effects.

- Evaluate current lighting and use fluorescent bulbs whenever possible. Timers can also save energy in areas that are only operating at certain times. Many facilities are installing occupant sensors in rooms which are frequently unused.

- GreenSeal cleaning products should be used when possible. Many of these products contain hydrogen peroxide which cleans without fumes and can whiten as effectively as cleaners with bleach.

- Replace paper towels with hand dryers, reducing paper waste.

- Initiate a recycling program with obvi-

ous receptacles and signage.

All of these efforts suggest to the public that as a place of healing, you are a positive model for the community.

There are a number of associations and programs you can reference while implementing a green program. Practice Greenhealth is an organization committed to assisting healthcare institutions in their efforts for sustainable practices by providing resources such as case studies, seminars and articles. In addition, the USGBC and GGHC are leaders in sustainable building and developmental practices.

Visit www.usgbc.com, www.gghc.org and www.practicegreenhealth.org for more information.

Sara Hopkins, LEED AP, is Project Designer with Jensen & Halstead Ltd., a full service architecture and interiors firm located in Chicago, IL. For more information, visit www.jensenandhalstead.com.



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