

MOMENTUM

Illinois critical access hospitals gain national honors HRSA recognizes 10 states for 'Top Performance'



Angie Charlet (top photo, back row, fourth from left), ICAHN Senior Director of Quality and Operations, accepts the Health Resources and Services Administration's 2019 Medicare Beneficiary Quality Improvement Project (MBQIP) Quality Performance Awards, at a recent ceremony, held in Washington, DC. She attended the conference with Laura Fischer (not pictured), ICAHN Flex Grant Project Manager. Tom Morris (front row, third from left), Federal Office of Rural Health Policy Associate Administrator, and Yvonne Chow (front row, fourth from right), HRSA representative, are shown among the other winners representing the additional nine states.

The Health Resources and Services Administration (HRSA) presented 10 states with the 2019 Medicare Beneficiary Quality Improvement Project (MBQIP) Quality Performance Awards. These awards recognize achieving the highest reporting rates and levels of improvement in critical access hospitals over the past year. Illinois was among the 10 top performing states. The remaining nine included Pennsylvania, Massachusetts, Michigan, Utah, Alabama, Nebraska, Maine, Minnesota, and Wisconsin.

"I cannot say enough on how honored I was to accept this award on behalf of our Illinois critical access hospitals. Our CAHs

continue to demonstrate their commitment to quality as noted by the efforts put forward to not just report, but act on even the small numbers for performance improvement and overall quality of care and services provided to their communities," said Angie Charlet, ICAHN Senior Director of Quality and Operations.

These states built on their previous successes by investing funding from HRSA's Federal Office of Rural Health Policy (FORHP) into quality improvement projects and developing technical assistance resources that improve high-quality care in their communities. States also work collaboratively with every CAH and their respective partners

to share best practices and utilize data to drive quality improvement in their hospitals.

HRSA created the MBQIP to promote high quality care at rural hospitals with 25 or fewer beds. Hospitals that participate in MBQIP voluntarily report quality measures relevant to the care they provide, share data, and take on quality improvement initiatives.

Of those engaging in improvement initiatives, 72% have improved outcomes on the reported measures. "MBQIP is part of a broader portfolio of activities within HRSA to preserve hospitals and help rural communities to continue their access to quality healthcare.



Ensuring rural hospital viability is an important component of HRSA's strategic efforts on high quality and value-based care," said Dr. George Sigounas, HRSA Administrator.

"We're happy to work with the states on this effort," said Tom Morris, FORHP Associate Administrator. "They've done a great job showing that CAHs can be national leaders in quality improvement and that results in better care in rural communities."

MBQIP and Grant Requirements

| | PATIENT SAFETY/INPATIENT | PATIENT ENGAGEMENT | CARE TRANSITIONS | OUTPATIENT |
|----------------------------|---|--|---|--|
| CORE MBQIP MEASURES | <p>HCP (formerly OP-27): Influenza vaccination coverage among healthcare personnel (HCP)</p> <p>IMM-2: Influenza immunization for inpatients</p> <p>Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) annual facility survey</p> <p>Inpatient ED Measures:</p> <ul style="list-style-type: none"> • ED-1: Median time from ED arrival to ED departure for <i>admitted</i> ED patients • ED-2: Admit decision time to ED departure time for <i>admitted</i> patients | <p>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</p> <p>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:</p> <ul style="list-style-type: none"> • Communication with doctors • Communication with nurses • Responsiveness of hospital staff • Pain management • Communication about medicines • Discharge information • Cleanliness of the hospital environment • Quietness of the hospital environment • Transition of care <p>The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.</p> | <p>Emergency Department Transfer Communication (EDTC)</p> <p>7 sub-measures; 27 data elements; and 1 composite</p> <ul style="list-style-type: none"> • EDTC-1: Administrative Communication (2 data elements) • EDTC-2: Patient information (6 data elements) • EDTC-3: Vital signs (6 data elements) • EDTC-4: Medication information (3 data elements) • EDTC-5: Physician or practitioner generated information (2 data elements) • EDTC-6: Nurse generated information (6 data elements) • EDTC-7: Procedures and tests (2 data elements) • All-EDTC: Composite of all 27 data elements | <p>Chest Pain/AMI:</p> <ul style="list-style-type: none"> • OP-2: Fibrinolytic therapy – received within 30 minutes • PO-3: Median time to transfer to another facility for Acute Coronary Intervention • OP-5: Median time to ECG <p>ED THROUGHPUT</p> <ul style="list-style-type: none"> • OP-18: Median time from ED arrival to ED departure for discharged ED patients • OP-22: Patient left without being seen |



For those critical access hospitals participating in any of our Flex funded activities, monetary awards, and/or pilot projects, there is a new requirement that you **MUST** be now reporting in three of the four domains as set forth by the Federal Office of Rural Health Policy. Illinois is one of the few states that has 100% participation in HCAHPS.

Note: IMM-2 and ED-1 (Patient Safety Column) are being removed and all reporting requirements should be previously submitted for 4Q2018 data. OP-5 (in Outpatient Column) will be removed as of 1Q2019 submissions, which are due August 1, 2019.

As many of you know, I sit on the quality improvement efforts in conjunction with the Federal Office and various other states to identify meaningful measures that support the quality of care in our CAHs. The Office has opened up for public comment on the MBQIP standards until August 12th.

This questionnaire for public comment will be sent via Survey Monkey link for your input. EDTC continues to be a thorn, and there is currently a pilot group evaluating these measures and determination of value-added work and reporting efforts. I look forward to hearing the outcomes of this pilot group.

I believe Illinois has two hospitals participating.

Swing Bed Quality of Care Outcomes

A new swing bed data collection tool is coming yet this month. This will be for 2Q19 data and be based on the input from the recent swing bed workshop. Also be watching for our new Swing Bed Manual being developed in collaboration with Kerry Dunning.

Ancillary Benchmarking Reports

Did you know we have two very robust benchmarking reports for laboratory and diagnostic imaging? These benchmarking reports are taking Illinois to the next level of

quality outcomes and demonstrating by all service lines. For more information and to take part in this free opportunity, contact Dan Walker, Ancillary Care Director, Sparta Community Hospital and ICAHN Education Consultant, at walkerd@spartahospital.com. Dan provides a robust review and analysis of the data provided. He is currently working with therapy on meaningful indicators, along with other ancillary services.

ICAHN has had some interest from other states and during the next Flex grant cycle, beginning in September, we will open up to these other states for participation.

| LABORATORY |
|--|
| 12 participating hospitals (Goal: 35) |
| Blood utilization rate Blood culture contamination rate Corrected reports Specimen rejection rate Total billable Worked hours Worked productivity |
| DIAGNOSTIC IMAGING |
| 12 participating hospitals (Goal: 20) |
| Number of exams by service Contracted exams Total worked hours Raw productivity Productivity (total billable) Intensity indicator Total contracted by service line |

Declining numbers could lead to increased deaths

ICAHN video encourages EMS participation in rural areas

Due largely to limited budgets, increased responsibilities and education requirements, the rural EMS workforce has steadily declined for around three decades. Couple this with an increased population of elderly residents in most rural areas, many who often call 911 when access to primary care is not available, and a gap in healthcare is firmly established.

In an effort to bolster EMS workforce numbers in rural Illinois, the Illinois Critical Access Hospital Network (ICAHN) and its rural hospital membership throughout the state recently teamed up with TAG Communications, Inc. to create a promotional video geared specifically for recruitment and retention of rural EMS personnel.

"No matter how low the call volume is, ambulances still need to be fully equipped and personnel properly trained to respond at a moment's notice," said Brian Ashpole, ICAHN Data and Grant Project Coordinator. "In this video, we are happy to promote some outstanding EMS personnel and the work they do from both Kirby Medical Center and Gibson Area Hospital & Health Services. It is our hope that all our hospitals and partners, will widely distribute this video link to all their media outlets, gaining coverage throughout the state and ultimately having more people decide to become EMTs and paramedics."

The \$52,000-plus Medicare Rural Hospital Flexibility (Flex) grant award was utilized to create the video, create and activate Medrills mobile app, and offer webinars focused on basic EMT training, paramedic training, EMT-Intermediate training, an EMT refresher, Advance Cardiac Life Support (ACLS) training, Pediatric Advanced Life Support (PALS) training, and Advanced Trauma Life Support (ATLS) training. The Illinois Department of Public Health serves as the Flex grantee. Use of the Medrills app offers a variety of different training exercises which, upon successful



CLICK HERE TO VIEW THE VIDEO or visit www.icahn.org

completion, EMS personnel can obtain continuing education credits. Illinois paramedics are required to have 100 hours of CE every four years, EMT-Intermediate learners need 80 hours every four years, and EMT-basic learners need 60 hours every four years.

"Use of the app and all training, for that matter, has been very well-received; first of all, because of its convenience and content, but secondly, because all training is free," said Ashpole about the grant that concludes its first year on August 31. "We plan to write this grant again and hopefully expand upon it."

ICAHN's EMS Advisory Committee includes three ambulance directors: Chris Troxell of Mason District Hospital, Havana; Crystal Alexander of Kirby Medical Center, Monticello; and Greg Scott, Gibson Area Hospital & Health Services, Gibson City. All critical access and small, rural hospitals owning their ambulance

service were invited to participate. Each of the 10 hospitals who committed to the program received \$3,000 per location to apply towards basic life support, advanced cardiac life support, and pediatric advanced life support certification. The 10 participating hospitals include: Horizon Health, Paris; Gibson Area Hospital & Health Service; Genesis Medical Center, Aledo; Clay County Hospital, Flora; Massac Memorial Hospital, Metropolis; Wabash General Hospital, Mt. Carmel; Kirby Medical Center; Mason District Hospital; Morrison Community Hospital, Morrison; and Boyd Healthcare Services, Carrollton. Webinars included "Handtevy Method: Prehospital Pediatric Care"; "Infectious Disease Management in Prehospital and Emergency Care"; "ST-Elevation Myocardial Infarction (STEMI) in Prehospital Care"; "The Role of EMS in Community Outreach and Education"; "Ambulance Documentation: Ensuring Services are Billable"; and "Communication Strategies in EMS."

Culture, innovation, and the STEPS to change

There are a couple of things I have learned over time. One, it's important, imperative really, in healthcare to be able to change and innovate. Second, people HATE to change! *So how can leaders foster an environment that is solution focused and action oriented?*

Understanding that change doesn't just happen was the focus of ICAHN's recent "Systematic Innovation Workshop," led by Don Harkey of People Centric Consulting. The one-day, small group event, attended by Clay County Hospital, Horizon Health, Illini Community Hospital, and UnityPoint Health Memorial Hospital, was a deep dive into the importance of culture in driving change and inspiring innovation.

Harkey, who identifies as a "recovering engineer," stressed

"Your hospital is perfectly designed to get the results you are getting...The key to better results: engaged people who are part of a systematic process."

— Don Harkey, People Centric Consulting

the importance of breaking down the barriers that separate people and departments. "People resist change because of our need for autonomy," said Harkey, "so we build silos to protect ourselves and our kingdom." As leaders, our job is to breakdown the silos that stymie innovative thinking. According to Harkey, the best way to do that is to make sure everyone knows the common vision for success for the organization.

"Your hospital is perfectly designed to get the results you are getting," says Harkey.

The key to better results: engaged people who are part of a systematic process. Harkey's approach

emphasizes creating Core Teams that are responsible for idea creation. These teams are made up of members representing administration, management, and department staff. The Core Team identifies, prioritizes, and launches projects. Implementation of projects is the responsibility of STEP teams.

STEP, which stands for Strategic, Team, Engagement, and Project, make sure selected projects are a success. This systematic approach, combined with a focus on the people side of projects, leads to a workplace where employees are engaged.

The heart of the Core and STEP team approach is understanding

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KATHY FAUBLE
M.Ed, BS
PES Director



that culture is everything, Harkey says. People want and need purpose, and leaders need to build that positive environment. When employees know the vision of the organization and are engaged in the process, innovation begins to happen.

ICAHN offers a wide range of workshops and education events like this that focus on leadership and workforce development. I encourage you to watch your email for similar activities, as these are very robust classes designed specifically for rural hospitals.

Applications accepted for 2019 ICAHN 'IMPACT' Award

We are excited to announce a new award for 2019: the ICAHN 'IMPACT' Award, which will be given away during our Annual Conference on November 13-14.

This is your opportunity to be recognized for projects implemented in your facility or in your community that have made a significant impact. Projects must have been completed and/or implemented within the last 18 months (from February 2018 to August 2019). Nominations are due October 1, 2019.

CLICK HERE to obtain a nomination form or visit www.icahn.org. We are looking for projects that have:

- Found a creative way to motivate and inspire staff
- Initiated a new approach to improve patient care
- Implemented a new process flow or life-safety improvement
- Strengthened the health of your community
- Improved the well-being of staff, patients, or community

All ICAHN member hospitals are eligible to submit one or more projects.

Projects must be created/developed by the submitting hospital or in partnership with another organization in your community.

If selected, a hospital representative must be available to receive the award on the first day of the ICAHN Annual Conference, November 13, and provide a poster highlighting the project that will be displayed at the conference.



ICAHN Employee Spotlight

NAME: Michele Folsom, CPC, RH-CBS

TITLE: Certified Professional Coder/Auditor

BACKGROUND/EDUCATION: I have worked a variety of different positions in my life, including restaurant management and banking within the loan department. However, it was working as a registrar, back in 1993, when I fully realized my passion for medical coding and the fact that patient care starts when the patient first enters through the door. From there, I continued on, managing a medical office within the Prophetstown community for two years. Subsequently, the opportunity to broaden my horizons presented, and I engaged in a medical business office position where I filed insurance claims and worked account receivables, back in the days when insurance companies assisted via telephone! As my experience and intrigue of the medical field grew, and in conjunction with the dissolution of the Medical Arts Center where I was working in 2000, I joined the coding and compliance department. Identifying CPT and ICD-9 codes based on provider documentation led me to my role as a non-certified coder in April 2004. I quickly understood the importance of the coding profession, successfully obtaining my Certificate of Certified Professional Coder (CPC). With that, I continued work in the health care field as a medical coder moving into a critical access hospital coding position and eventually, the position of Director of Health Information Management. I attended the ICAHN-sponsored Rural Health Clinic Coding and Billing Boot Camp, where I obtained my RH-CBS in 2017, and I am currently working to obtain my CAH credentials. Some may ask how medical coding could drive passion – researching CPT codes, reviewing diagnoses, and working with many different medical providers. To me, the answer is simple: it is intriguing to perform a detective-like investigation, reading each patient story and translating into CPT and ICD-10 codes. It is very rewarding to ensure that patient visits are coded correctly,

providers follow proper documentation of procedures and, by way of proper process, that hospitals and/or clinics continue their long-term success. In short, as a medical coder, I am an essential part of the medical process and contribute to the assurance of top-tier health care provision to the community.

JOB RESPONSIBILITIES: I have the great opportunity to be ICAHN's first remote medical coder. This carries a certain level of responsibility, working with many hospitals and providers remotely within ICAHN to ensure the proper facilitation of coding takes place. Medical coding can be a complex topic as it includes reviewing providers' notes, translating documentation notes into procedure codes, and processing notes through software from the National Correct Coding Initiative to produce clean claims. With respect to the transition from ICD-9 to ICD-10 several years ago, availability of more specific codes is designed to state the complexity of the patient visit and the coding environment as we know it. You can quickly start to see how medical coding is a challenging role, requiring attention to detail and the ability to communicate well with others. It's more than a keyboard and computer screen – it's working with people, for people.

THOUGHTS ABOUT WORKING FOR ICAHN:

There are many avenues within ICAHN I am still learning, and I'm excited for the new opportunities to enhance my coding career. Along with being part of a great organization and knowledgeable team, I have the opportunity to assist rural hospitals in need. I am proud to work for an organization like ICAHN, with a statewide impact. As a remote coder, I will further enable and assist other hospitals and enhance my coding career. I look forward to the many opportunities and experiences that lie ahead for me as part of the ICAHN team.

PERSONAL INFORMATION: I was raised in a large and close-knit family. Growing up with two brothers and two sisters, my parents instilled in



us the value to always work hard, have fun, be kind, and to put family first. In the end, if we always stick together, we will always have each other to rely on. With the unfortunate passing of my father and a sister, my closeness with my mother has grown. Being the only sibling in close proximity, I am blessed to have the opportunity to spend time and assist my mother with daily activities via the flexibility of remote coding. I remain very close with my siblings as well. You might say that we still continue to work as a team as all of us, in some way, are working in the medical field. My brother works in dialysis, my sister in nutrition, and my other brother in biomedical engineering. I am also very blessed and fortunate to have a wonderful son and daughter-in-law, who both work in the medical field as well. My son works with electronic medical record software, and my daughter-in-law is a Quality Assurance Officer for assisted-living facilities in Wisconsin. With much relief, I am very excited they have returned safely from their overseas sabbatical and look forward to a long visit of sharing photos and stories. In addition, my strong compassion for animals has led to ownership of several cats and dogs! I enjoy spending time at church, brunching with my mother, and, most of all, taking every opportunity to spend time with family and friends.

Offering forward-thinking solutions to CAHs in Illinois

Hinshaw assists with critical refinancing, contract negotiations

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As an ICAHN Blue Star business partner for legal services, Hinshaw & Culbertson LLP is excited to offer learning opportunities and promote best practices to ICAHN member hospitals and the rural communities they serve.

Hinshaw's healthcare team recognizes that critical access hospitals have many needs with sometimes limited resources. In fact, a number of Hinshaw team members grew up in the rural communities that ICAHN member hospitals today serve. As a result, offering forward-thinking solutions to help critical access hospital clients minimize their business and regulatory risk – and maximize opportunities – is not just a professional commitment, it's also an avocation.

Hinshaw healthcare attorneys closely track topics especially relevant to ICAHN hospitals, including dealing with compliance challenges related to the 340B drug discount program, physician recruitment and compensation,



Recently, Hinshaw was able to deliver significant value to Midwest Medical Center, serving as its legal counsel in the refinancing of outstanding tax-exempt indebtedness.

evolving telemedicine law, the opioid epidemic, and Medicare reimbursement. For issues ranging from employee handbooks and compliance programs to HIPAA breaches and medical malpractice, Hinshaw can help.

Recently, Hinshaw was able to deliver significant value to Midwest Medical Center, serving as its legal counsel in the refinancing of outstanding tax-exempt indebtedness. Through the innovative use of a USDA direct loan, together with a loan guaranteed under the USDA's Rural Development Program and a corporate reorganization, Hinshaw helped Midwest Medical Center save approximately \$1.5 million in annual debt service payments. Spanning the spectrum of services, the law firm also helped Midwest Medical Center negotiate software licenses with Cerner for installation of software

to establish its electronic health record, and assisted Midwest Medical Center in implementing its 340B drug discount program, including negotiation of contracts with pharmacy providers.

"Hinshaw recognizes the myriad of challenges CAHs face in assuring local access to care and sustained operations. When CAHs consider affiliations to address these concerns, Hinshaw works with management and board members to evaluate their options, including alternative structures and potential affiliation partners," said Steve Moore, Chair of Hinshaw's Health Care Practice Group.

For more information about Hinshaw's critical access hospital legal services, please visit www.hinshawlaw.com or contact Steve Moore at 815.490.4903 or smoore@hinshawlaw.com.

Mike Dowdy named as Rochelle hospital's new CEO

After a nationwide search, the Board of Trustees at Rochelle Community Hospital named Mike Dowdy as their new Chief Executive Officer beginning June 10, 2019. Dowdy brings 19 years of executive leadership experience in healthcare.

Most recently, Dowdy served as the CEO of Central Montana Medical Center in Lewistown, MT, a critical access hospital, providing a broad range of services to

the community. Mike and his wife, Terri, are looking forward to being part of the Rochelle community.

"We are pleased with our decision to hire Mike as the CEO. He is a good choice for our hospital and our community. We look forward to working with him," stated Noah Carmichael, Chairman of the Board of Trustees for Rochelle Community Hospital.



'Rural Healthcare: Exploring the Possibilities'

ICAHN Annual Conference slated for November 13-14 in Champaign

Registration for the 2019 ICAHN Annual Conference will be available on or by September 1. The event will be held on November 13-14 at the I Hotel and Conference Center, 1900 S. First Street, Champaign, IL.

Our lineup of speakers represents an incredible spectrum of experiences within the world of health and patient care. Speakers will share moving patient experiences, propose strategies to encourage innovation, provide roadmaps to improving community services, and offer insight into the intersection of national health issues and public policy.

In addition to our speakers and more than 40 exhibitors, we are again planning a Board Governance Track, but we are also adding a Marketing Track to this year's conference. Marketers will explore strategies on customer relations management, datamining, marketing trends, innovative fundraising ideas, and tips and tricks for avoiding outmigration. Marketers and board members alike will also get a substantial price discount for participating.

Cost for member hospital attendees is \$195 per individual or \$165 if three or more attend from the same hospital. Marketers and Board Members can attend for \$115 per individual.

Cost to exhibit and additional sponsorship opportunities will be announced soon.

The November 13 agenda includes:

- 1:30 p.m. Welcome and opening remarks
- 1:45 p.m. "The Inspirational Leader: Leveraging Purpose to Boost Performance," presented by Joe Mull
- 3:15 p.m. "New Payment Models," presented by Eric Shell, Stroudwater Associates -or-
- 3:15 p.m. "Strategic Planning Without Marketing Isn't Strategic," presented

by Cheryl Powers of The Research Edge (*marketing-focused workshop*)

- 4:05 p.m. ICAHN panel discussion
- 4:45 p.m. Announcement of the "IMPACT" and "4 Under 40" award winners
- 5:15 p.m. Reception, including entertainment by Rob Thompson, magician – *return engagement!*

The November 14 agenda includes:

- 7:30 a.m. Breakfast buffet and exhibit hall opens
- 8:30 a.m. "Rural Healthcare Trends: What Does the Future Hold," presented by Amir Kaissi, The Studer Group
- 9:35 - 10:25 a.m. BREAK-OUT SESSIONS for both Board Governance and Marketing, with speakers and topics to be announced
- 10:30 a.m. Exhibit visits
- 11:00 - 11:55 a.m. BREAK-OUT SESSIONS for both Board Governance and Marketing, with speakers and topics to be announced
- 12:00 p.m. Lunch and exhibit visits
- 1:00 p.m. "A National Rural Policy Perspective," presented by Alan Morgan, President, National Rural Health Association
- 1:45 p.m. "Improv Skills for Work and Life: Being Fun, Fast, and Flexible," presented by Sarah Marie Curry
- 3:00 p.m. Prizes and adjournment

Some of the break-out session speakers include Joe Hinton, who will present "What Works for Health: Igniting Action in Rural Communities"; Jennifer Bender, marketing specialist at Prairie Lakes Healthcare System,



who will talk about marketers getting a seat at the admin table and how to offer information that will keep you there; and Bev Neisler, Chief Development Officer from HSHS, who will talk about innovative and trendy foundation and fundraising efforts.

Nomination forms are currently being accepted for the "4 Under 40" and the hospital "IMPACT" awards. The "4 Under 40" Awards will honor four member hospital professionals who are making a significant difference and who have demonstrated success in their healthcare career. ICAHN is looking for new and emerging leaders age 40 and under (as of November 1, 2019) who are employed by your hospital facility or who have served on your board of directors for at least two years. Self-nominations are also accepted. Deadline to submit for the "4 Under 40" and the hospital "IMPACT" awards is October 1, 2019.

Speaker and registration updates will be made at www.icahn.org as soon as they become available.

Nomination forms for the "4 Under 40" and "IMPACT" Awards are already online at www.icahn.org. For more information, contact Liz Swanson at 217.223.0452 or lswanson@icahn.org.

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