OUR MISSION

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, providing education, promoting efficiency and best practices, and improving healthcare services for member critical access hospitals and their rural communities.

PAST BOARD PRESIDENTS

2004 Susan Urso, CEO, Mendota Community Hospital, Mendota
2005-2006 Nancy Newby, CEO, Washington County Hospital, Nashville
2007 Randall Dauby, CEO, Hamilton Memorial Hospital District, McLeansboro
2008 Patty Luker, CEO, Dr. John Warner Hospital, Clinton
2009 Steven Tenhouse, CEO, Kirby Medical Center, Monticello
2010 Ada Bair, CEO, Memorial Hospital, Carthage
2011 Susie Campbell, CEO, Community Memorial Hospital, Staunton
2012 Lynn Klein, CEO, Mendota Community Hospital, Mendota
2013 Steve Hayes, Memorial Hospital, Chester
Creating opportunities for growth and change have long been a primary focus and reason for ICAHN. It’s been said if you focus on results, you will never change. If you focus on change, you will get results. The smartphone and its digital camera capabilities entered our lives a few years ago and what an impact. Think about how much different taking pictures with your smartphone is today and how much more accessible the process is, the faster and better quality the picture. Whether we like the Affordable Healthcare Act or not, it has had a similar impact on healthcare delivery. Patients want and expect immediate access to care provided in a coordinated fashion, with options, and with attention to quality of care and service. Therefore, in this aspect, providing healthcare does not change, but rather how we deliver that care that does and will continue to change under healthcare reform.

In 2014, ICAHN focused its efforts on creating opportunities to help members transition from traditional delivery of healthcare to a system to better meet the needs of the community. ICAHN provided a variety of educational programs and activities to help members improve patient safety, consumer service, practice management, outreach and wellness initiatives, revenue management, and quality of care while still being cost-effective. Of particular merit were three new programs: 1) a hospital transformation campaign and development of our readiness assessment tool to help CAHs take that first step to modernize care delivery; 2) creation of ICAHN’s LLC, the Illinois Rural Community Care Organization (IRCCO), a Medicare Shared Savings Program ACO; and 3) implementation of our own CMS approved HCAHPS program – all to help support members in making that transformation to more integrated and viable rural providers.

The heart and soul of ICAHN continues to be our peer-to-peer networking groups. These peer networking groups convene quarterly through onsite meetings and webinars and on a daily basis through Listserv activity and information sharing. It is important for CEOs to encourage their staffs to participate in the peer groups and take advantage of that important support system.

ICAHN provides many more services, from group purchasing to nurse residency training to community health needs assessments, as well as more than 80 different educational events each year. Most importantly, ICAHN helps you tell your story as a critical access hospital and rural provider.

We thank each of the ICAHN members for being part of this experience and for your willingness to engage in change while also preserving our future…just like that special picture that has made a difference to you.
2014 BOARD OF DIRECTORS

GREG STARNES, Board President
Fayette County Hospital, Vandalia

TOM HUDGINS, President Elect
Pinckneyville Community Hospital Dist., Pinckneyville

TRINA CASNER, Secretary-Treasurer
Pana Community Hospital, Pana

TRACY BAUER
Midwest Medical Center, Galena

SUSIE CAMPBELL
Community Memorial Hospital, Staunton

DOUG FLORKOWSKI
Lawrence County Memorial Hospital, Lawrenceville

MARK ROSSI
Hopedale Medical Complex, Hopedale

STEPHANIE SIEBERT-HILTON
Salem Township Hospital, Salem

BRAD SOLBERG
Hammond-Henry Hospital, Geneseo

2014 ICAHN STAFF

PAT SCHOU
Executive Director

STEPHANIE CARTWRIGHT
Communications and Media Specialist

ANGIE CHARLET
Director of Quality and Educational Services

MARY JANE CLARK
Program Coordinator, ICAHN Rural Nurse Residency

MATT COMERFORD
Operations and Finance Manager

KATHY FAUBLE
i-Net Director

CARRIE GALBRAITH
Physician Recruiter, ICAHN Rural Recruitment

TODD HART
Chief Information Officer

PEGGY JONES
Stroke and STEMI Education Consultant

HOLLY LENDY
Support Services Coordinator

TERRY MADSEN
CHNA Project Consultant

MARY RING
Senior Policy Advisor

SCOTT CIMARUSTI
RYAN MORGAN
FRANK PENROSE
STEPHANIE RITTER
RYAN SIEMAN
LEVIN STRINGHAM
IT Consultants

LIZ SWANSON
i-Net Assistant Director

LINDSEY TOTH
Administrative Assistant

DAN WALKER
Ancillary Support Coordinator

CURT ZIMMERMAN
Director of Business Services and Development
GRANTS
ICAHN distributed nearly $775,000 of SHIP and Flex grants to its 53 member hospitals. The grant funds were used by recipients to meet expenses for hospital board education activities, implementation of new models of care, customer service enhancements, financial assistance for patient care, EMS improvements, disease prevention activities, and development of patient physical rehabilitation programs.

MBQIP
ICAHN member hospitals participated for the third year in the Federal Office of Rural Health Policy’s documentation of the quality of care provided in CAHs, the MBQIP data collection project. Illinois remains above the national average on all inpatient indicators and on all but one outpatient indicator.

BUSINESS SERVICES
Collectively, ICAHN’s business partners provide more than $120,000 in financial support annually to the network allowing us to do more for our members. As new programs and services are considered, the Business Services Committee acts as a valuable sounding board to evaluate and confirm validity to the services included in our portfolio.

HCAHPS
Memorial Hospital-Carthage and Sparta Community Hospital served as pilot sites for the Emergency Department CAHPS survey services that will be offered in 2015. ICAHN’s HCAHPS process demonstrated a 30 percent growth in survey services.

IRCCO
The Illinois Rural Community Care Organization was created as an LLC under ICAHN and was selected by CMS as one of 89 new Medicare Shared Savings Program Accountable Care Organizations nationwide. The 89 ACOs will provide approximately 1.6 million Medicare beneficiaries with access to high-quality, coordinated care. Twenty Illinois CAHs, affiliated clinics, physicians, and other providers are participating in ICAHN’s IRCCO.

EPRN
ICAHN provided a total of 131 external peer reviews of providers and CRNAs to 14 participating ICAHN hospitals and six non-member hospitals from Indiana, Michigan, New Mexico, and Ohio. External peer review services more than doubled from any previous year.
i-NET
The Illinois Network for Education and Training offered clinical education and management training opportunities for providers at ICAHN member hospitals, and also at rural health clinics, public health departments, and behavioral health centers. Participants in the sessions received 1,933 hours of nursing continuing education credits.

RURAL STROKE INITIATIVE
ICAHN's Rural Stroke Initiative assisted with the designation of 43 Illinois critical access hospitals as Acute Stroke Ready Hospitals. Staff presented data highlights of the program at the 2014 International Stroke Conference.

MEANINGFUL USE
Illinois CAHs have progressed through the MU continuum at a very high level of achievement since the EHR Incentive Program’s initiation in 2011. ICAHN staff continues to provide members with assessments and updates of relevant policy modifications and timeline requirements related to MU attestation.

IRR
The ICAHN Rural Recruitment program continued to provide its cost-saving, rural-focused recruitment marketing program on behalf of ICAHN member hospitals and other small rural hospitals in Illinois. IRR staff directed more than 100 health professional referrals to rural hospitals and completed more than six provider placements.

EMS
Approximately 40 critical access hospitals completed emergency preparedness planning goals in preparation for the ICAHN CAH Emergency Preparedness Summit. The hospitals had been encouraged to join regional emergency preparedness coalitions prior to the summit. Hospital staff also worked together to develop a resource library for hospital use in emergency preparedness planning.

IT
ICAHN IT staff developed new and/or expanded services that included enhanced network monitoring, project management resources, HL7 interface/database professional assistance, and HIPAA security audit support.

ICAHN RURAL NURSE RESIDENCY PROGRAM
ICAHN adapted the SOAR-RN (Supporting Onboarding and Retention of Rural Nurses) program, which was developed by Marquette University, to better serve Illinois' needs for evidence-based and customized programs to help new nurses transition to practice. The ICAHN Rural Nurse Residency Program is offered to both southern and central Illinois cohorts.

WELLNESS INITIATIVE
ICAHN’s Wellness Advisory Board and Committee created a Wellness Resource Library for the use of all network hospitals. The library offers resources on a variety of health-related topics, dimensions of health, return on investment for wellness challenges, employee survey materials, toolkits, coaching materials, and biometrics.
Never before has patient engagement been so strongly associated with the improvement of population health. A new organizational entity, the Accountable Care Organization or ACO, has emerged as a solution to the coordination of multiple population health improvement measures including greater patient and physician engagement. ICAHN member hospitals embraced this new approach and worked together to create an ACO.

In June 2014, the ICAHN Board of Directors approved the creation of the Illinois Rural Community Care Organization, or IRCCO LLC, and its pursuit of CMS approval to participate in the Medicare Shared Savings Program and other ACO-specific programs. Twelve months of planning efforts and two feasibility studies were coordinated by ICAHN on behalf of its members. The feasibility studies identified opportunities for ICAHN’s rural hospital members to better leverage their resources and to participate in the ever-expanding population health-focused managed care environment.

Twenty Illinois critical access hospitals, their affiliated clinics, physicians, and other healthcare providers participated in these ACO development efforts to improve population health in their service areas, provide better patient care, avoid unnecessary tests and procedures, and lower costs. IRCCO became one of 89 new ACOs approved by CMS in 2014 to begin participation in the Medicare Shared Savings Program. IRCCO joins the other 405 ACOs located throughout the nation.

“For rural hospitals, IRCCO offers a great opportunity to secure better healthcare for all of Medicare eligible residents in our communities,” said Joann Emge, IRCCO Chairperson and Sparta Community Hospital CEO. “This effort will better ensure our future going forward. The strength of this new organization is in its members’ shared values of respect, quality, service, collaboration, partnership, and excellence.”

The Illinois CAHs participating in IRCCO include:
- Boyd Healthcare Services
- Carlinville Area Hospital
- Community Memorial Hospital
- Crawford Memorial Hospital
- Dr. John Warner Hospital
- Fayette County Hospital
- Gibson Area Hospital & Health Services
- Hillsboro Area Hospital
- Kirby Medical Center
- Lawrence County Hospital
- Memorial Hospital-Carthage
- Midwest Medical Center
- Morrison Community Hospital
- Pana Community Hospital
- Paris Community Hospital
- Perry Memorial Hospital
- Pinckneyville Community Hospital
- Salem Township Hospital
- Sarah D. Culbertson Memorial Hospital
- Sparta Community Hospital

Pat Schou, ICAHN Executive Director, and Dr. Gregg Davis, IRCCO Chief Medical Officer
From strategic CIO services to firewall and network monitoring, penetration testing, project management, HIPAA security auditing, and interface/database assistance, the snapshot that frames ICAHN’s IT services is clearly focused on a highly individualized engagement with ICAHN’s member hospitals.

“There’s not one moment of hesitancy from Todd Hart or any of his IT staff when we are faced with an IT issue,” said Melody Cowdrey, Senior Director, Hopedale Medical Complex. “They provide senior level technical and strategic IT leadership when we need it. There are some months we do not use ICAHN’s IT team at all, handling issues on our own, but other times, they are all on-site. We appreciate knowing they are only a phone call away.”

As an example of the broad range of IT services available, Hopedale Medical Complex used three categories of ICAHN’s IT Services:

- strategic planning with ICAHN CIO Todd Hart on IT staffing levels and maintaining appropriate staff qualifications
- migrating multiple physical servers to a virtual server environment and identifying non-supported legacy databases and replacing them with new systems
- assisting with firewall and network monitoring and offering both internal and external database penetration testing

“The goal is always to help hospitals become more self-sufficient, to give them the knowledge to handle their own IT needs,” said Hart. “That’s the difference between a member-driven versus a for-profit service. We think it’s better for everyone.”

Administrative-focused IT services, including HIPAA risk assessments and policy development, are available. In 2014, ICAHN’s IT team provided service to more members than in any previous year.
As multiple rural champions on Capitol Hill retire or were defeated in recent elections, and 27 rural hospitals nationwide closed in the past 18 months, it is increasingly more important to make our voices heard by policy makers in both Washington and in Springfield.

The Regulatory and Legislative Committee continues to meet challenges presented at the state and federal level, coordinating with the administrative team at ICAHN and each of the member hospital CEOs, plus all the external and internal partners that keep our mission-critical goals not only in lawmakers’ sights, but also in their minds.

ICAHN members supported the federal advocacy efforts of the National Rural Health Association and its many rural advocacy partners. This rural health coalition was rewarded with many of the year’s most newsworthy accomplishments including enactment of the CAH Relief Act to correct the 96-Hour Payment Rule; approval of the Sustainable Growth Rate (SGR) for Physicians; correction of the payment bundling for preventive tests provided by Rural Health Clinics/FQHCs; and approval of multiple CAH and RHC regulatory changes. Examples of regulatory changes include concurrent completion of swing bed and acute care surveys; elimination of external representation on CAH professional practice committees; and approval for RHCs to contract with advance practice practitioners. As chair of the Regulatory and Legislative Committee, I was privileged to attend the NRHA Policy Institute in Washington, D.C., in February 2015.

Advocacy efforts at the state level also enjoyed several successes. CAHs and other rural facilities can now apply to IDPH to become designated as Acute Stroke Ready Hospitals; CAHs are exempted from IDPH licensing fees for beds; and the list goes on.

We identified the year’s key issues through assessment, researched and analyzed opportunities and solutions, and then took all the steps necessary to strengthen CAHs’ abilities to best meet the needs of the rural residents and the communities they serve. In the process, we made our voices heard.

These were the goals of the past year, and they’ll continue to be the goals of 2015, because our mission never changes, the need only gets greater, and our resolve only gets stronger. I thank all who assisted in this process.
The Issues Committee identified practice management and physician engagement as top priorities for 2014, followed by reimbursement concerns, wellness initiatives, senior leadership and management development, behavioral health, and mental health.

ICAHN already had implemented an executive leadership series and a supervisory course. The committee then selected three of the remaining priority issues and the progress observed in 2014 is presented here:

- **Twenty-one critical access hospitals participated in the development and submission of the application to the CMS Medicare Shared Savings Program, which will focus on refining practice management and enhancing physician engagement. Twenty hospitals elected to continue participation.**

- **The reimbursement workgroup discussed the impact of the Office of the Inspector General report on co-payments required of Medicare beneficiaries and the changes made recently to the Medicaid payment system. A worksheet was developed to determine the impact on ICAHN members if CMS were to change the Medicare co-payment structure for beneficiaries.**

- **The wellness workgroup visited several hospital wellness centers for ideas and strategies, completed “train-the-trainer” workshops, and created a protected portal wellness resource library for member hospital use.**

The Issues Committee’s purposes are to identify and tackle key problems facing ICAHN members and to explore new ideas and resources to improve patient care at CAHs and for their rural communities. The committee focuses on engaging ICAHN members to take action and to be successful by working together.
Sometimes the most neglected tool in your toolbox is your hospital’s best marketing strategy. Such is the case with the often forgotten and completely underutilized Quality Health Indicators (QHi) and Medicare Beneficiary Quality Improvement Project (MBQIP) – quality comparison reports using state and national data, reported by each of you.

The QHi scorecard was selected as the best reporting option by ICAHN’s Operational Benchmarking Committee in 2012 because it accurately demonstrates quality of care in small and rural hospitals that have low patient volumes. Small and rural hospitals’ patient care numbers are too low to be displayed in the federal CMS Hospital Compare online reports that anyone, anywhere can view. As an alternative to the Hospital Compare reports, reporting data to QHi is one of the best mechanisms to demonstrate the value and quality of care at Illinois critical access hospitals, especially when other public consumer reports do not accurately depict your hospital’s quality. Illinois is one of 16 states where CAHs use QHi for quality of care documentation.

“Healthcare consumers demand quality of care at their hospital and reporting to QHi is one way that quality of care can be presented in a tangible form,” said Angie Charlet, ICAHN Director of Quality. “Using the QHi report and disseminating its information throughout your local communities may be a best practice now, but in the future it may be a necessity to keep the doors of your critical access hospital open.”

The quality reports that can be generated from QHi data have documented that Illinois CAHs are at or better than the national average when compared to their small and rural hospital peers in the other 15 QHi participating states in the key indicators of: Hospital Acquired Infections, Unassisted Patient Falls, Discharge Instructions to Heart Failure Patients, Pneumococcal Immunizations to those 65 years and older, Medication Omission and Transcription Errors, and Return to ED within 72 hours with same or similar diagnosis from prior ED visit.

The MBQIP goal is for CAHs to implement quality improvement initiatives to improve patient care and operations. Through MBQIP, the state Flex programs will support CAHs with technical assistance to improve healthcare outcomes on Hospital Compare and other national benchmarks. To facilitate the use of Hospital Compare reporting to improve quality, the Federal Office of Rural Health Policy analyzes the data in each of the three already implemented phases and reports to the state Flex coordinator. These reports are then shared individually with each hospital.

The enactment of meaningful use requirements and the Affordable Care Act heightened national attention on quality activities and reporting. In the environment of meaningful use, pay for performance, bundled payments, and Accountable Care Organizations, CAHs may...
increasingly be compared with their urban counterparts to ensure public confidence in the quality of their health services. This MBQIP takes a proactive and visionary approach to ensure CAHs are well-equipped and prepared to meet future quality requirements. This project, over the last three years, emphasized putting patients first by focusing on improving healthcare services, processes, and administration.

The MBQIP reports present quality metrics that are similar to QHi and compare data from like-size hospitals that have small numbers of data points in reporting categories. MBQIP offers CAHs the means to communicate their quality metrics to consumers and to the medical community.

In the second quarter 2014 MBQIP reports, Illinois CAHs remained above the national average on all inpatient indicators and on all but one indicator for outpatient measures. All ICAHN member hospitals have signed agreements to participate in the MBQIP data reporting, but ongoing efforts are required to achieve 100 percent compliance in data reporting for both inpatient and outpatient measures.

HCAHPS/PATIENT SATISFACTION

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a national, standardized survey of hospital inpatients. The survey asks random samples of recently discharged patients about their hospital experience. This information is collected by the Centers for Medicare and Medicaid Services (CMS) and reported on Hospital Compare. The Hospital Compare website is a portal for consumers to access information about the quality of care provided. Critical access hospitals are not mandated to report HCAHPS scores, but there continues to be expectations that HCAHPS will become a requirement in the near future.

In 2011, the ICAHN Board of Directors sought cost-effective options to provide patient satisfaction documentation services to the CAHs. In the fall of 2011, ICAHN received from CMS a provisional designation as an HCAHPS certified vendor, with full recognition achieved in 2012. ICAHN experienced a 30 percent growth in users of its HCAHPS survey services in Illinois as well as other states by providing an affordable survey process to critical access hospitals. A special thank you goes to Memorial Hospital-Carthage and Sparta Community Hospital for serving as pilot sites for the Emergency Department CAHPS survey services.

EPRN

ICAHN has established an external peer review process to assist member hospitals with improving the quality of care provided by medical staff; monitoring the performance of the medical staff; and identifying areas for performance improvement. The External Peer Review Network (EPRN) may be accessed when a member hospital's internal peer review process has concluded there is a conflict of interest for available reviewers; that available reviewers do not have the clinical expertise necessary for peer review; that ambiguous or conflicting findings are present; or there is a lack of consensus for a finding.

ICAHN’s EPRN served Illinois, Indiana, Michigan, New Mexico, and Ohio hospitals throughout the year for the following service lines: family practice, emergency medicine, OB/GYN, pain management, anesthesia, pediatrics, CRNA, radiology, internal medicine, and general surgery.

“With 131 reviews conducted by specialists external to our organization, we effectively saw our numbers more than double this past year,” said Angie Charlet, ICAHN Director of Quality. “This may be due in large part to the recent focus by state surveyors on certain conditions of participation with respect to credentialing and quality assurance.”

CMS requires that each CAH has an agreement with respect to credentialing and quality assurance with at least one hospital that is a member of the network or one Quality Improvement Organization or other appropriate and qualified entity. ICAHN is deemed by CMS as an approved qualified entity for per review.
Because continuing education is at the core of safe and expert care in today’s hospitals and healthcare systems, ICAHN and i-Net (Illinois Network for Education and Training) continued their partnership and offered more than 80 educational events in 2014. Two notable events were the annual ICAHN Vendor Fair, “Shaping an Engaged Work Environment: Positive Steps Toward Improved Patient Experience, Quality Outcomes, and Financial Success,” and the annual ICAHN CAH Conference, “Rural Healthcare: Delivering Value Through Transformation.”

Additional ICAHN-sponsored events focused on emergency preparedness, medication safety, patient safety, physical therapy, practice management, preceptor training, rural health clinics, swing beds, corporate compliance, governing boards, ICD-10, and credentialing. i-Net-sponsored events included the executive leadership series, Diabetes Day, employment law webinars, the Supervisor Training Institute, nurse leadership programs, and programs with the Illinois Department of Public Health that focused on women’s health issues and on immunizations.

ICAHN also provided several scholarships funded by the IDPH Immunization Grant to member hospitals for implementing ongoing community and employee education programs. This education was provided in collaboration with ICAAP (Illinois Chapter, American Academy of Pediatrics). Webinars, as well as face-to-face training sessions, were conducted and addressed both influenza and HPV vaccination topics. The IDPH Immunization Grant was also used to complete a revision of the Immunization Manual, which is available on the ICAHN website.

“This past year, i-Net offered a mix of clinical education and management training opportunities for providers at Illinois CAHs, rural health clinics, public health departments, and behavioral health centers,” said Kathy Fauble, i-Net Director. “In all, 1,933 hours of nursing continuing education credit were awarded to participating nurses, plus additional credit hours were awarded to social workers, dietitians, and pharmacists. This partnership between ICAHN and i-Net allows us to meet the needs of our dual memberships better than ever before.”

ICAHN and i-Net have partnered with HomeTown Health University (HTHU) to implement the ICAHN Rural Nurse Residency Program and the i-Net/ICAHN Workforce Academy using the HTHU online Learning Management System (LMS). The ICAHN Rural Nurse Residency Program is the first course to be placed on the Workforce Academy LMS. Learners participating in the nurse residency program now combine limited live events with online course work and meetings, working through didactic sessions at their convenience.
MENTORING NEW RURAL NURSES
SOAR-RN program transitions into ICAHN Rural Nurse Residency Program

The SOAR-RN (Supporting Onboarding And Retention of Rural Nurses) nurse residency program transitioned into the ICAHN Rural Nurse Residency service line in 2014. ICAHN completed the requirements for the three-year grant with Marquette University and began working on a sustainability model for Illinois’ critical access hospitals.

As the SOAR-RN program transitioned, ICAHN staff integrated technology to reduce travel days and program fees for the hospitals and began the search for new funding sources. The Central Illinois Cohort began in October with nurse residents from Advocate Eureka Hospital, Mason District Hospital, and Community Memorial Hospital. The Illinois Area Health Education Centers’ (AHEC) program, part of the National Center for Rural Health Professions at the University of Illinois-College of Medicine at Rockford, provided funding.

“The SOAR-RN program helped us as new nurses to become less task-oriented and to focus more on critical thinking,” said Brandy Fahrion, Nurse Clinician, Advocate Eureka Hospital. “The time spent on training is worth being away from the floor because it helps us to prioritize and delegate, something that’s not easy when you’re being pulled in so many directions. Essentially, the SOAR-RN program helps all of us to work smarter and not harder, making us more effective on the job.”

The ICAHN Rural Nurse Residency program used feedback from member hospitals on barriers and concerns with the original program. The Telligen Community Initiative provided ICAHN with funding to further integrate technology into the nurse residency and preceptor programs. The new nurse residency program consists of four face-to-face meetings, the integration of online learning for 15 support lessons, and monthly clinical sharing with the nurse residency coordinator.

ICAHN partners with McKendree University and the South Eastern and South Central AHECs for its Southern Illinois Cohort and the Illinois AHEC and Advocate Eureka Hospital for its Central Illinois Cohort. Mason District Hospital’s ACLS (American Council of Learned Societies) instructors conducted the simulation day at Advocate Eureka Hospital utilizing Mason District’s simulation mannequin. The hospitals work together to continue this program and to provide appropriate faculty for the topics presented.
Illinois has the fifth highest number of Health Professional Shortage Areas (HPSAs) in the nation. Thus, it is of vital importance that ongoing recruitment efforts focus on attracting the physicians and other healthcare providers needed for Illinois’ rural and underserved populations.

These recruitment efforts are strengthened by the existing statewide partnership between ICAHN Rural Recruitment (IRR) and the Illinois Department of Public Health (IDPH), Center for Rural Health.

“Through our unique partnership with IDPH, ICAHN Rural Recruitment is able to leverage IDPH staff expertise to provide technical assistance on loan repayment, HPSA scores, and J-1 Visas,” said Carrie Galbraith, FASPR, IRR Director of Recruitment. “I also focus on keeping all ICAHN members up-to-date on the latest recruitment and compensation trends, which are essential to hiring medical providers, and providing support services such as opportunity development, compensation program development, candidate follow-up, prescreening, a Listserv, and many other education resources.”

In 2014, IRR provided quality, affordable provider recruitment marketing packages, referrals, and technical support to more than 20 critical access hospitals, rural health clinics, and small rural hospitals in Illinois. This marketing effort resulted in more than 100 referrals to rural hospitals and six provider placements including a general surgeon, one urologist/gynecologist, two family medicine physicians, one nurse practitioner, and one physician assistant.

“The average physician generates about $1.5 million revenue for a hospital each year, while general surgeons generate approximately $1.8 million,” said Galbraith. “ICAHN Rural Recruitment placed six recruits during the calendar year. The direct impact of those placements to each of those small and rural communities served by these new providers means millions of dollars in revenue each year for their associated hospitals and local economies, as well as the creation of additional healthcare jobs.”
There is no better way for hospitals to engage the community than to give its people your full attention. To accomplish this, critical access hospitals need look no further than their own Community Health Needs Assessments (CHNA).

“Many of the hospitals I work with are surprised at the high level of community awareness surrounding issues related to wellness,” said Terry Madsen, ICAHN CHNA Consultant, who heard concerns about nutrition, recreation, exercise, and personal health management during multiple CHNA focus group sessions. “As a result, we know that many hospitals are now engaged in stronger relationships with their community’s organizations.

“Enabling these organizations or, in other words, by giving them a voice backed up by the hospital’s expertise and resources, we can significantly impact the health and wellness of the community,” he added. “It makes community residents feel better about themselves and also about their hospital, I believe.”

Using information collected in Perry Memorial Hospital’s CHNA process, the Princeton hospital partnered with CPASA (Community Partners Against Substance Abuse) to present “Hidden in Plain Sight,” an interactive, live display of a mock youth’s bedroom, highlighting items that may be indicative of drug or alcohol use in addition to signs of depression.

“This is a great opportunity for Perry Memorial to work and collaborate with the local police, sheriff’s department, the health department, the coroner, and CPASA to try to address substance abuse issues identified in our CHNA,” said Brenda Streit, Director of Marketing, Perry Memorial Hospital, Princeton. “When a community works collectively with the hospital to address these identified issues, we all have a hand in meeting that goal, which ultimately means meeting the healthcare needs of the communities we serve.”

Throughout 2014, Madsen noticed that one of the impacts of the CHNA process is that government and private data resources have been reinventing themselves in order to provide the most relevant, current and targeted data. As a result, he devoted time to exploring new resources, comparing ICAHN’s work against other needs assessments, and ensuring best practice is being met.

“CHNAs validate where the hospital is going and growing,” said Madsen. “With new and better data sources emerging, it is more important than ever that we put the best of those resources in our reports for this second round of CHNAs, while still being lean in the process, and that is exactly what we are doing.”
2014 BOARD MEMBER RECOGNITION AND

QUALITY INITIATIVE, LEADERSHIP, AND INNOVATION
2014 MEMBER MEETING AWARDS

YEARS OF SERVICE
Susie Campbell, CEO, Community Memorial Hospital, was recognized for her years of service as a member of the ICAHN Board of Directors. She was the first chairperson of the Business Office and Health Information Management Committee and was instrumental in setting up early CAH billing procedures. Ms. Campbell was named chairperson of the Regulatory and Legislative Committee in 2008, was elected to the Board of Directors in 2009, served as the CAH Vision Committee chairperson in 2010 and 2011, and was named board president in 2011.

BOARD RECOGNITION
Trina Casner, CEO, Pana Community Hospital (right) received this year’s ICAHN President’s Award for her leadership and service. Also pictured is Pat Schou (left), ICAHN Executive Director; Harry Wolin, retiring CEO, Mason District Hospital; and Greg Starnes, CEO, Fayette County Hospital and current ICAHN Board President.

INNOVATIVE SERVICE LINE

OSF Saint Luke Medical Center, Kewanee, won “Best in Employee Wellness” honors for its WellnessEDGE program, and Mason District Hospital, Havana, won “Best Team Spirit” in the hospital logo-ware competition.
Wellness Advisory Committee
The newly formed Wellness Advisory Committee, co-chaired by Mark Rossi of Hopedale Medical Complex and Karin Sykes of Kirby Medical Center, addressed issues of wellness and strategic planning during the 2014 CAH Conference, held at the Crowne Plaza, Springfield. In addition to touring CAHs with successful employee and community wellness initiatives, committee members also created an ICAHN members-only wellness resource library at www.icahn.org. The new library serves as a quick resource for network hospitals seeking information on dimensions of health, return on investment for wellness, ideas for wellness challenges, employee surveys, and procedures for collecting biometrics.

Innovation of the Year Award
Holly Hicks, Director, OSF Medical Group-Kewanee, accepts the 2014 ICAHN “Innovation of the Year Award” for OSF Saint Luke Medical Center’s Emergency Department program. She is shown with Pat Schou, ICAHN Executive Director. The program focused on decreasing utilization of the hospital’s ED through education and active engagement with its most recurrent patients. “Honorable Mention” awards were presented to Carle Hoopeston Regional Health Center for its safe sex education program and to Sarah D. Culbertson Memorial Hospital for its health literacy program.

Young Leader Award
Ashley Smith (second from right), Informatics Nurse, Hillsboro Area Hospital, was named ICAHN’s 2014 “Outstanding Young Leader” during award ceremonies at the annual CAH Conference. She is congratulated by Rex Brown (left), CEO, and E. David Harrison, VP, Patient Care Services at Hillsboro Area Hospital, and by Pat Schou, ICAHN Executive Director. “Honorable Mention” winners were Marie Wamsley, Controller, Midwest Medical Center, and Darcie Mathews, RN, Paris Community Hospital Family Medical Center.

Best Quality by Department
Jerry Masching, Maintenance Director, Hopedale Medical Complex, accepts “Best Quality by Department Award” for his hospital’s water usage monitoring project. The award was presented by Angie Charlet, ICAHN Director of Quality, at the 2014 Vendor Fair. The “Best Quality Improvement Initiative Award” was presented to Illini Community Hospital for Lean Daily Management.
ICAHN maintained a consistent financial growth trajectory in 2014, supported through grant administration activity and measurable growth in member and business services. Year-end revenue increased a full 10 percent over the prior year, and net assets increased seven percent.

ICAHN continued to administer both the Small Hospital Improvement Program (SHIP) and the Rural Medicare Hospital Flexibility Grant Program (Flex) for Illinois’ hospitals. In 2014, critical access hospitals received nearly $775,000 in Flex and SHIP funds, which were used for activities such as hospital board education, staff recruitment and retention, emergency medical services enhancements, information technology improvements, gender-specific health programs, stroke and STEMI support, community development, and special service projects.

ICAHN administered additional grants in 2014, which included funding from:
- Genentech grant for stroke education and preparedness
- Health Resources and Services Administration for Rural Workforce Development
- Illinois Department of Public Health for the Immunization Program and for Emergency Preparedness
- Marquette University SOAR-RN grant for nurse education
- Office of Health Information Technology grant for health information exchange planning
- Telligen Grant for preceptor program development
- Area Health Education Centers’ grant for nursing education

In addition to grant administration and member dues, ICAHN received operating revenue from many direct services and educational programs offered to members. At year’s end, member equity was $722,514 with fiscal year revenues of $3,206,567. ICAHN experienced growth in several network initiatives including information technology services, the hospital insurance program, managed care consulting, member business services, business partner and event sponsorship programs, and group purchasing.
ICAHN began its Stroke Initiative in 2010, shortly after a new stroke law was unanimously passed in both the Illinois House and Senate and signed into law by the governor. The law requires that individuals potentially having a stroke must be taken to the nearest Acute Stroke Ready Hospital. In 2010, none of ICAHN’s member hospitals were ready to meet the requirements. As a result of the Stroke Initiative training, quality improvement efforts, and process changes in the hospitals, 43 of ICAHN’s 53 member hospitals are now designated as Acute Stroke Ready Hospitals and by the end of 2015, all likely will be designated.

The achievement of participating member hospitals drew international attention, and an outcomes study was submitted and chosen for oral presentation at the 2014 International Stroke Conference. This was the first time the conference had selected a rural project for oral presentation to the 5,000 individuals from more than 60 countries that attend the event each year.

Championed by Peggy Jones, ICAHN Stroke and STEMI Consultant, the Stroke Initiative also includes the provision of accredited professional education, community education resources free to ICAHN member hospitals, and a bi-monthly quality improvement call, which has now been opened to include healthcare professionals from nine other midwestern states.

Ms. Jones is instrumental in working with STEMI (ST Segment Elevation Myocardial Infarction) systems of care as well as emergency response. STEMI heart attacks require a very time sensitive response by EMS and hospitals alike. Since CAHs do not have PCI (Percutaneous Coronary Intervention) capabilities to open the blockage in the heart, a patient arriving at a CAH with a STEMI-type heart attack must be assessed and transferred within 30 minutes of arrival. Measurement of five well-defined data points will serve as the prioritized goal for the ICAHN STEMI Initiative in 2015.

ICAHN Stroke Consultant Peggy Jones announces those member hospitals achieving IDPH’s Acute Stroke Ready Hospital designation during ceremonies held at the Crowne Plaza in November. Forty-three of 53 Illinois CAHs were designated in 2014, with 51 of 53 anticipated for 2015. Also pictured are Pat Schou (left), ICAHN Executive Director; Dr. Gregg Davis, representing Perry Memorial Hospital; Trina Casner, Pana Community Hospital; Jan Bleich, Illini Community Hospital; Harry Wolin, Mason District Hospital; Ed Gast, Marshall Browning Hospital; Ted Rogalski, Genesis Medical Center; Greg Starnes, Fayette County Hospital; Kenneth Reid, Carlinville Area Hospital; and Angie Charlet (seated), ICAHN Director of Quality and Educational Services.

Serving as the liaison to the IDPH State Emergency Preparedness Division and Regional Coalition Coordinators responsible for the collaborative system of response to any emergency in Illinois, Ms. Jones also keeps member hospitals’ CEOs informed of the legal aspect of emergency response that may impact their facilities. She provides educational webinars and maintains a resource library for member hospitals’ staffs use to execute their duties and respond to state and federal requirements. Additionally, ICAHN convenes an annual CAH Emergency Preparedness Summit, led by Ms. Jones.
Engaging with Our Hospitals Through Partners and Sponsors

**Preferred Partners**

Amerinet

Amerinet is a national group purchasing organization (GPO) which enters into arrangements with numerous suppliers and distributors for the purchase of products and services. Amerinet strategically partners with healthcare providers to improve operating margins through a global supply spend management approach to reduce cost. Supported by a team of data and clinical experts that are equipped with state-of-the-art assessment tools and a comprehensive portfolio of purchasing contracts, Amerinet identifies immediate cost-savings and provides a choice of quality, competitively priced products and services supplied by industry leaders. Amerinet serves more than 22,000 acute and non-acute healthcare providers nationwide.

Consociate Dansig

Consociate Dansig provides insurance, benefits, and consulting services to employers in 48 states, specializing in asset protection and cost containment – proactively identifying and controlling risks. Consociate Dansig has 70 employees, and with offices in Decatur and Peoria, is centrally located to serve the needs of the ICAHN member hospitals. Consociate Dansig prides itself on meeting in person with its clients regularly, and participates in employee enrollment meetings, health fairs, and corporate level plan reviews and discussions.

Midwest Energy

Midwest Energy combines its expertise and knowledge of the energy market and energy contracts with the ability to leverage preferred pricing from suppliers on behalf of hospitals. This combination allows Midwest Energy to provide low cost electricity and natural gas supply to its more than 700 clients, including several critical access hospitals throughout Illinois. Midwest Energy serves as an advocate and resource for all energy needs of a healthcare provider and helps customers choose the lowest utility distribution rates while also offering tax saving strategies, utility rebates programs, and utility incentive programs – all value-added services provided to customers at no cost.

**Blue Star Partners**

Clark Schaefer Hackett

Clark Schaefer Hackett is much more than a typical consulting and accounting firm. The Clark Schaefer Hackett healthcare industry group provides real solutions for rural hospitals in their physician support programs. Such strategies include hospital-employed physicians, physician compensation, practice management support and training programs for office managers, managed care contract negotiations, physician employment contract negotiations, physician coding education, co-management programs, rural health clinic start-up and coordination, key management recruiting, physician community needs analysis, and general support in all aspects of physician relations and operations.

Sikich

Sikich Financial and Unified Trust are in the business of helping people retire successfully. Unified Trust has developed a unique platform to manage retirement plans by accepting fiduciary responsibility and the liability for the selection, monitoring, and retention of plan investments. Sikich provides a comprehensive due diligence fiduciary monitoring process, third party administration, and employee education. Sikich Financial and Unified Trust work together with the goal of helping your employees improve their retirement readiness, while maximizing your fiduciary protection.

Achieving critical access hospital accreditation from The Joint Commission is a demonstration of a hospital’s commitment to providing quality care and continuously improving that care.

Consociate Dansig provides insurance, benefits, and consulting services to employers in 48 states, specializing in asset protection and cost containment – proactively identifying and controlling risks. Consociate Dansig has 70 employees, and with offices in Decatur and Peoria, is centrally located to serve the needs of the ICAHN member hospitals. Consociate Dansig prides itself on meeting in person with its clients regularly, and participates in employee enrollment meetings, health fairs, and corporate level plan reviews and discussions.
UltraGroup Healthcare is a behavioral health management corporation that specializes in the delivery of behavioral services dedicated to our elderly population. UltraGroup’s senior programs are designed specifically for critical access hospitals and serve as a valuable resource to primary care physicians treating behavioral disorders in the elderly. The intensive outpatient programs use a group psychotherapy clinical model and are Medicare reimbursable. UltraGroup assists hospital departments/personnel with comprehensive support in delivering quality services.

UltraGroup

Organization Sponsors

With approximately 1,100 associates and 24 offices in the United States and India, Wipfli LLP ranks among the top 25 accounting and consulting firms in the nation. Since 1930, Wipfli’s audit and consulting practice focused on critical access/rural hospitals. Wipfli’s healthcare practice combines 18 partners and 100 associates who have not only an understanding of this market, but a depth of specialized expertise across the health care continuum. No other firm can provide that combination. Contact Wipfli for help in evaluating your opportunities as you build and maintain your relationships with critical access/rural hospitals.

Wipfli LLP

CPAs and Consultants

UltraGroup Healthcare is a behavioral health management corporation that specializes in the delivery of behavioral services dedicated to our elderly population. UltraGroup’s senior programs are designed specifically for critical access hospitals and serve as a valuable resource to primary care physicians treating behavioral disorders in the elderly. The intensive outpatient programs use a group psychotherapy clinical model and are Medicare reimbursable. UltraGroup assists hospital departments/personnel with comprehensive support in delivering quality services.

William A. Kramer & Associates
812-246-5660

Wipfli LLP
CPAs and Consultants

UltraGroup

Organizations Sponsors

CMfi
BRAND MARKETING LOGISTICS

Eide Bailly
CPA & BUSINESS ADVISORS

HTMS
Management Services

HealthTech

Wipfli LLP
CPAs and Consultants

UltraGroup

Organizations Sponsors

CMfi

Eide Bailly

HTMS
Management Services

HealthTech