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 (founding)
2005-2006 Nancy Newby, Washington County Hospital
2007 Randall Dauby, CEO, Hamilton Memorial Hospital District
2008 Patty Luker, CEO, Dr. John Warner Hospital
2009 Steven Tenhouse, CEO, Kirby Medical Center
2010 Ada Bair, CEO, Memorial Hospital, Carthage
2011 Susie Campbell, CEO, Community Memorial Hospital
2012 Lynn Klein, CEO, Mendota Community Hospital

TIMELINE 1999

AUGUST
- Thomas H. Boyd Memorial Hospital, Carrollton, receives first Illinois CAH designation
- John and Mary E. Kirby Hospital, Monticello (now Kirby Medical Center) receives second CAH designation

SEPTEMBER
- Center for Rural Health hires Pat Schou to serve as coordinator of the Flex Program in Illinois

DECEMBER
- Center for Rural Health co-sponsors first CAH educational workshop
A MESSAGE FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR

“Coming together is a beginning. Keeping together is progress. Working together is success. If everyone is moving forward together, then success takes care of itself.”

– Henry Ford

Henry Ford knew a thing or two about how to be successful. Mr. Ford’s famous statement can easily be applied to the actions of the small, rural hospitals of the ICAHN network. What began just 10 years ago as an idea to align the common needs and goals of newly-designated critical access hospitals has today become a group of 52 like-minded members that is measurably stronger as one voice.

Our journey this past year as a CAH network has been one of the most challenging and uncertain in our existence, yet our members have been steadfast in their resolve to face these challenges in an effective, collaborative manner. Whether at the state or federal level, the regulatory, legislative, and operations issues have been met by a resilient hospital leadership with the strong support of your ICAHN team.

Together, ICAHN members have invested considerable time and resources to embrace the comprehensive transformation of the healthcare delivery system brought about by healthcare reform, with a particular focus on improving patient safety and quality of care. We have become much more confident in our knowledge of coordinated and accountable care, clinical integration, quality and safety initiatives, and incentives to align hospitals and physicians in patient-centered care environments.

As we have turned our attention to the new demands of healthcare reform, ICAHN has not lost sight of its core purposes of sharing resources, promoting efficiencies and best practices, and improving the abilities of its member hospitals to meet the healthcare needs of the residents of the rural communities they serve. Our peer networking groups, hospital staff and governing board education and training forums, rural healthcare white paper series, member events, and advocacy efforts are directed at keeping our hospitals viable and serving their rural communities. ICAHN makes a difference.

We encourage you to remain active in the mission of our network in the year ahead and thank you for your continued support. As Henry Ford said, “If everyone is moving forward together, then success takes care of itself.”

PAT SCHOU
Executive Director
ICAHN

GREG STARNES
President
Fayette County Hospital, Vandalia

TIMELINE 2000

FEBRUARY
• Galena-Stauss Hospital, Galena (now Midwest Medical Center) receives CAH designation

MARCH
• Dr. John Warner Hospital, Clinton, receives CAH designation

MAY
• Mercer County Hospital, Aledo (now Genesis Medical Center) receives CAH designation

AUGUST
• Community Memorial Hospital, Staunton, receives CAH designation

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2013 ICAHN Staff

Pat Schou  
Executive Director

Stephanie Cartwright  
Communications and Media Specialist

Angie Charlet  
Director of Quality and Educational Services

Mary Jane Clark  
SDAR-RN Program Coordinator

Scott Cimarusti  
IT Consultant

Matt Comerford  
Operations Coordinator

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

Ryan Morgan  
IT Consultant

Frank Penrose  
IT Consultant

Mary Ring  
Senior Policy Advisor

Stephanie Ritter  
IT Consultant

Curt Zimmerman  
Director of Business Services and Development

2013 BOARD OF DIRECTORS

Greg Starnes, President  
Fayette County Hospital  
Vandalia

Susie Campbell  
Community Memorial Hospital  
Staunton

Trina Casner  
Pana Community Hospital  
Pana

Randall Dauby  
Hamilton Memorial Hospital District  
McLeansboro

Steve Hayes, President (Jan-Sept)  
Memorial Hospital  
Chester

Pinckneyville Community Hospital District  
Pinckneyville

Memorial Hospital, Carthage, receives CAH designation

Pinckneyville Community Hospital, Pinckneyville, receives CAH designation

Washington County Hospital, Nashville, receives CAH designation

Balanced Budget Refinement Act of 1999 expands rural hospital eligibility to participate in the Flex Program

NOVEMBER

• Pinckneyville Community Hospital, Pinckneyville, receives CAH designation

• Washington County Hospital, Nashville, receives CAH designation

• Balanced Budget Refinement Act of 1999 expands rural hospital eligibility to participate in the Flex Program
ICAHN MEMBER HOSPITALS

Aledo Genesis Medical Center
Anna Union County Hospital
Benton Franklin Hospital
Carlinville Carlinville Area Hospital
Carrollton Thomas H. Boyd Memorial Hospital
Carthage Memorial Hospital
Chester Memorial Hospital
Clinton Dr. John Warner Hospital
DuQuoin Marshall Browning Hospital
Eldorado Ferrell Hospital
Eureka Advocate Eureka Hospital
Fairfield Fairfield Memorial Hospital
Flora Clay County Hospital
Galena Midwest Medical Center
Geneseo Hammond Henry Hospital
Gibson City Gibson Area Hospital & Health Services
Harvard Mercy Harvard Hospital
Havana Mason District Hospital
Highland St. Joseph’s Hospital
Hillsboro Hillsboro Area Hospital
Hoopeston Carle Hoopeston Regional Health Center
Hopedale Hopedale Medical Complex
Kewanee Kewanee Hospital
Lawrenceville Lawrence County Memorial Hospital
Lincoln Abraham Lincoln Memorial Hospital
Litchfield St. Francis Hospital
McLeansboro Hamilton Memorial Hospital District
Mendota Mendota Community Hospital
Metropolis Massac Memorial Hospital
Monmouth OSF Holy Family Medical Center
Monticello Kirby Medical Center
Morrison Morrison Community Hospital
Mt. Carmel Wabash General Hospital
Murphysboro St. Joseph Memorial Hospital
Nashville Washington County Hospital
Pana Pana Community Hospital
Paris Paris Community Hospital
Pinckneyville Pinckneyville Community Hospital District
Pittsfield Illini Community Hospital
Princeton Perry Memorial Hospital
Red Bud Red Bud Regional Hospital
Robinson Crawford Memorial Hospital
Rochelle Rochelle Community Hospital
Rosiclare Hardin County General Hospital
Rushville Sarah D. Culbertson Memorial Hospital
Salem Salem Township Hospital
Sandwich Valley West Community Hospital
Sparta Sparta Community Hospital
Staunton Community Memorial Hospital
Taylorville Taylorville Memorial Hospital
Vandalia Fayette County Hospital
Watseka Iroquois Memorial Hospital

TIMELINE 2000

NOTABLE EVENTS IN 2000
• IDPH expands CAH education and training programs; IHA establishes CAH CEO quarterly meetings
• Center for Rural Health hires Todd Cooper to assist with state-funded initiative to install telemedicine/videoconferencing equipment in CAHs

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The Medicare Rural Hospital Flexibility Program was established by the U.S. Department of Health and Human Services to strengthen and help sustain rural hospitals. Funding for the program was authorized by the Balanced Budget Act of 1997 and states were required to develop and implement plans for the certification of the critical access hospitals.

The Illinois Rural Health Plan was developed by the Illinois Department of Public Health’s Center for Rural Health. The Illinois plan, approved in March 1999 by the Centers for Medicare and Medicaid Services, was the second plan approved nationwide. The Illinois Department of Public Health also received the Medicare Rural Hospital Flexibility Grant (Flex Grant), which was administered by the Center for Rural Health and was used to implement the new critical access hospital program in Illinois.

The Illinois Rural Health Plan was prepared with the leadership and vision of Mary Ring who was chief of the Center for Rural Health, and Barbara Dallas, Director of Small and Rural Hospital Constituency at the Illinois Hospital Association, with input from executives of the small rural hospitals statewide. With acceptance of the state plan by CMS, the Center for Rural Health assisted two rural hospitals – Thomas H. Boyd Memorial Hospital and John and Mary E. Kirby Hospital – to become the first critical access hospitals in Illinois. The Center then contracted with Pat Schou to become statewide coordinator of the Flex Program. Pat served in this capacity until November of 2003, at which time she was named the first Executive Director of the Illinois Critical Access Hospital Network.

Since then, the ICAHN membership has increased to 52 member hospitals. ICAHN services now include administration of multiple grants such as SHIP, HRSA Workforce, BioSense, White Space Grant, and Hospital Stroke Preparedness; Managed Care and IT consulting and support; and the Hospital Insurance Program, GPO, ICAHN Rural Recruitment, and the SOAR-RN Program. Operations support for members includes peer network groups, Listservs, quality benchmarking, regulatory survey readiness, and EHR meaningful use readiness assistance.

“We are forever grateful to Thomas H. Boyd Memorial Hospital for leading the way for our Illinois critical access hospitals. This honor is well-deserved and will always be remembered as an integral part of ICAHN’s history.” – Pat Schou, ICAHN Executive Director

Thomas H. Boyd Memorial Hospital, located in Carrollton, was given special recognition at the Annual CAH Conference and Member Meeting held November 6-7, 2013 at the Crowne Plaza in Springfield. The Illinois Critical Access Hospital Network commended the hospital for its decade of service to ICAHN members. In August 1999, the Carrollton hospital was the first Illinois hospital to receive the critical access hospital designation. Shown above are Greg Starnes, ICAHN Board President, and Deb Campbell, Administrator of Thomas H. Boyd Memorial Hospital.
TIMELINE 2001

SEPTEMBER
• Illini Community Hospital, Pittsfield, receives CAH designation

NOVEMBER
• Hoopston Community Hospital, Hoopston (now Carle Hoopston Regional Health Center) receives CAH designation

NOTABLE EVENTS IN 2001
• Washington County Hospital, on behalf of all 17 CAHs in Illinois, submits Federal Rural Network Development Grant application in October to create a network for purposes of HIPAA training
ICAHN RURAL RECRUITMENT OFFERS MORE THAN EVER BEFORE

ICAHN Rural Recruitment (formerly Critical Access Recruitment Services) adopted a new name in 2013 to more specifically focus on healthcare professionals who seek job opportunities in rural settings.

This past year, ICAHN Rural Recruitment unveiled expanded recruitment and marketing packages for hospitals, healthcare facilities, and rural health clinics, and provided technical consultation and assistance to participating rural facilities on issues of immigration, compensation, contracts, and provider markets.

“Over the past nine months, our recruitment practices have changed entirely. We have drastically cut our expenses while realizing a great deal of success,” said Erin Frank of Paris Community Hospital. “None of that would have been possible without our partnership with ICAHN and the improved services they offer. Carrie (Galbraith, Director of Recruitment) has guided us through the entire recruitment process – from sourcing candidates to providing benchmarks and industry standards.”

In response to the new business model, strategic alliances, participation in multiple job fairs, and continuing education, ICAHN Rural Recruitment placements nearly doubled this past year. Through these efforts, ICAHN continues to support the growing need for qualified medical staff in rural areas with cost-effective solutions.
COLLABORATIVE EFFORT INCREASES EDUCATION OPPORTUNITIES FOR RURAL HOSPITALS

To better meet the need for quality continuing education for member hospitals’ health professionals, ICAHN affiliated with i-Net, the continuing education unit of the Western Illinois Area Health Education Center (AHEC). The Western Illinois AHEC is a non-profit 501(c)(3) organization whose mission is to enhance the professional knowledge of healthcare providers through educational opportunities.

“Our collaboration with i-Net will provide increased value to our members as the need for continuing education in all areas of healthcare grows exponentially each year,” said Pat Schou, ICAHN Executive Director. “We are excited about this partnership and the wealth of knowledge that i-Net staff offers.”

Together, i-Net and ICAHN offer increased professional education, webinars, customized and cost-effective training and learning options, and online resources. Kathy Fauble, M.Ed., is i-Net’s director, and Liz Swanson, B.S., is assistant director.

“i-Net has a long track history of working with healthcare providers and critical access hospitals on a variety of continuing education and grant projects,” said Ms. Fauble. “We understand that planning and providing education for employees takes time and money…resources that many are hard-pressed for these days. With that in mind, we look for the most cost-effective solutions by offering group rates and membership programs to make sure you get the most value for your money.”

i-Net specializes in programs on management and supervisory skills development, nurse leadership, as well as continuing education programs for many healthcare professionals.

TIMELINE 2002

AUGUST
- Franklin Hospital, Benton, receives CAH designation

NOVEMBER
- Articles of incorporation are filed by CEOs of Community Medical Center, Dr. John Warner Hospital, Hoopeston Community Memorial Hospital, Illini Community Hospital, Mason District Hospital, Mendota Community Hospital, and Washington County Hospital to establish the Illinois Critical Access Hospital Network
2013 was a very busy year for the ICAHN Regulatory and Legislative Committee. I want to thank all active committee members, who represented more than 20 Illinois critical access hospitals. With guidance from the ICAHN Board of Directors and staff, and coordination with our external partners – the Illinois Hospital Association and the National Rural Health Association – we brought about change and served as an influential voice that expressed the interests of our critical access hospitals at both the state and federal levels.

Multiple regulatory and legislative challenges emerged in 2013 including:

- implementation of the Medicare sequestration
- CMS billing and coding changes (two-day stays, admission orders, and therapy limitations, as examples)
- implementation of Illinois Medicaid payment reform
- roll out of the SMART Act
- release of the U.S. Department of Health and Human Services Office of the Inspector General’s report on CAHs
- initiation of efforts to improve Illinois physician licensure application process

Over the next 12 months, we will direct our federal advocacy efforts to mitigate the potential negative impacts of the OIG CAH/swing bed report, 96-hour certification rule, outpatient supervision issue, and proposed funding cuts to rural programs. At the state level, we must monitor changes to the Illinois Medicaid payment model, push for outpatient cost-based reimbursement, and continue to seek adoption of expedited payment criteria for critical access hospitals.

Rural healthcare funding continuously is under attack and the need to be united as one has never been more critical than it is today. The Regulatory and Legislative Committee is the mechanism that ensures our voice is heard at the state and federal levels. We can be optimistic about the future because, historically, our collaborative efforts have been successful.
Serving as an influential voice

VISION COMMITTEE

The Vision Committee, in conjunction with Northern Illinois University, Center for Governmental Studies (CGS), released two white papers in 2013: Illinois Critical Access Hospitals: Collaborating for Effective Rural Health Care and Illinois Critical Access Hospitals: Managing Healthy Communities in Rural Illinois. ICAHN and CGS worked with hospital administrators across rural Illinois to examine population health challenges, alternative revenue models, and promising practices that can help small hospitals respond to the new healthcare environment. The first of the three white papers, Illinois Critical Access Hospitals: Enhancing Quality of Care in Rural Illinois, was released in April of 2012.

In the study of collaborative efforts, ICAHN commissioned the CGS to survey hospital administrators in six Midwestern states, including Illinois. Researchers found that collaboration among health providers is one of the best ways to meet demands for affordable services. Survey responses showed that hospitals collaborated and partnered with many other providers including public health agencies, physicians, and healthcare providers of many other disciplines to increase their financial resources and ability to provide higher quality health services for patients.

In the second study completed in 2013, CGS researchers identified population health management approaches currently underway in Illinois CAHs and in other healthcare organizations. The researchers also examined hospital outreach activities to identify those activities that had the greatest impact on their clients and communities, keeping residents healthy rather than treating illnesses.

The issue paper series has provided discussion tools that enable executives of critical access hospitals and other rural facilities to engage in strategic conversations with their boards and medical staffs on key issues facing them today. The papers provide background on issues related to rural providers and communities and offers experiences and insights from peers in the field. The issue papers also serve as a valuable reference for evaluation of new healthcare models and patient care needs and trends in rural communities.

TIMELINE 2002

NOTABLE EVENTS IN 2002
- Washington County Hospital, on behalf of the 23 CAHs, prepares and submits a second network development grant proposal
- Two planning sessions are held in October to establish a CAH network in Illinois

2003

FEBRUARY
- Massac Memorial Hospital, Metropolis, receives CAH designation
- Abraham Lincoln Memorial Hospital, Lincoln, receives CAH designation
AN AGGRESSIVE ADVOCATE FOR RURAL PROVIDERS

ICAHN hospitals, like so many other rural providers in this changing environment, face many challenges in maintaining financial stability, including increasingly complex reimbursement arrangements from both public and private payers. To meet these emerging needs, ICAHN introduced a very cost-effective solution for managed care and revenue enhancement through a partnership with Managed Care Partners.

The new program capitalizes on Managed Care Partners’ extensive payer base to negotiate mutually beneficial contracts between member hospitals and the various insurance plans serving them. In addition to MCP’s depth of experience and regional expertise, hospitals benefit from a very modest monthly fee arrangement that covers a broad scope of support.

“It was becoming a very complex and time-consuming process negotiating contracts with third party payers, so when we learned Managed Care Partners was affiliated with ICAHN, we knew it was the right time to utilize their services,” said Doris Dickey of Rochelle Community Hospital. “Managed Care Partners has been very thorough and responsive, sometimes making several calls in a day to make sure the questions we have are answered. They have certainly exceeded my expectations.”

“Managed Care Partners’ services have proven invaluable to us in both time and financial savings.” – Doris Dickey, Rochelle Community Hospital

Ms. Dickey further noted that her hospital’s use of Managed Care Partners’ services has proven invaluable in both time and financial savings, adding that MCP’s consultants often “offer direction on how to handle some situations on our own, again saving us money.”

TIMELINE 2003

FEBRUARY
- Ferrell Hospital, Eldorado, receives CAH designation
- Kewanee Hospital, Kewanee, receives CAH designation

MAY
- Hamilton Memorial Hospital District, McLeansboro, receives CAH designation

JUNE
- Wabash General Hospital, Mt. Carmel, receives CAH designation
ICAHN MEMBER SERVICES

EDUCATION & QUALITY IMPROVEMENT
- Stroke/STEMI recognition program
- Certification review courses in specialty areas (CPHQ, CEMP, Coding)
- External Peer Review Network
- Corporate compliance, HIPAA, QI/PI
- CAH conference and training programs
- Medication safety improvement program

OPERATIONS SUPPORT
- Professional roundtables
- Comprehensive Listserv base with peer-to-peer networking
- CAH quality/operations benchmarking program
- CAH group survey capabilities
- Meaningful use readiness assistance

PROFESSIONAL SHARED SERVICES
- Community Health Needs Assessments and implementation strategies
- CMS-approved vendor of HCAHPS patient satisfaction surveys
- Information technology
- iVantage Hospital Strength Index

GROUP PURCHASING
- Amerinet/OSF group purchasing contracts
- ICAHN hospital insurance program
- Special contracted rates for members
- Reduced rates for customer service programs
- Managed care consulting

CAH LEADERSHIP DEVELOPMENT
- Senior leadership and management training
- CEO and governing board manuals
- Regional governing board summits
- Comprehensive legislative resources
- Annual CAH Conference programs

PARTNERSHIPS/NATIONAL NETWORKING
- HIMSS, NARHC, NCHN, NRHA
- SIU Telehealth
- National Rural Health Resource Center
- Rural Hospital Performance Improvement Project
- NIU Center for Governmental Studies
- The Joint Commission and other accrediting agencies

RECRUITMENT SERVICES
- ICAHN Rural Recruitment (physician, midlevel, and health professional recruitment)
- Single source expertise for Illinois financial assistance, loan repayment program, and J-1 Visa waiver
- Physician licensure and onboarding assistance

TECHNICAL ASSISTANCE
- CAH quality improvement program and hospital operations and development
- Resource manuals and training materials for clinical programs
- Information technology

TIMELINE 2003

JUNE
- Mary Ring of the Center for Rural Health asks the ICAHN Board to administer the Rural Hospital Flexibility Grant and Small Hospital Improvement Grant programs and to employ Pat Schou, Flex Program Coordinator, and Todd Cooper, IT Coordinator

JULY
- Hardin County General Hospital, Rosiclare, receives CAH designation

AUGUST
- Morrison Community Hospital, Morrison, receives CAH designation
ASSESSING OUR HOSPITALS’ NEEDS

Moving a concept from vision to reality requires dedication to the task, expertise and knowledge, and the willingness to adapt as information changes over time. With these characteristics in mind, ICAHN’s Education Committee offered a robust education plan in 2013 that included sessions on executive leadership, customer service, patient financial services, employment law, and ICD-10 preparedness.

Among the year’s most successful events were the American Association of Healthcare Administrative Management (AAHAM) and ICAHN Medicaid Billing Workshop; the two-day Swing Bed Conference focused on nursing and therapy; the Annual Vendor Fair that focused on operations efficiency; and the 13th Annual CAH Conference, which celebrated ICAHN’s 10th anniversary, as well as hospital innovation and the alignment of physician and hospital services with community needs.

“Operations Efficiency: Streamlining the Efforts of Your Healthcare Organization” was the theme of the 2013 Vendor Fair that offered 65 vendor displays to the more than 130 hospital representatives that attended. Education sessions were focused on personal productivity training, service line analysis, and social networking for healthcare. Among vendors participating were representatives from the American Red Cross (left), EPOWERdoc, and Siemens (right).

Additional 2013 Educational Series/Sessions included:

- Executive leadership series, John Canfield
- Customer service workshop, Joe Tye
- CAH patient financial services webinar series, Jodie Edmonds
- Employment law webinar series, Barbara Weiner
- Patient safety boot camp series, Center for Patient Safety
- Swing bed conference, Kerry Dunning
- Technology conference, presentations by ICAHN and hospital chief information officers, clinic operations managers, and chief financial officers from member CAHs
- Corporate compliance workshop, Mac McMillan
- Governing board summits at Mendota Community Hospital and Memorial Hospital, Carthage
- ICD-10 preparedness workshop series, Stroudwater Associates
- ICD-10 workshop, Association of Rural Health Professional Coders
- Credentialing workshop, Kathy Matzka
- Immunization clinic, Illinois Chapter of American Academy of Pediatrics

TIMELINE 2003

OCTOBER
- Hopedale Medical Complex, Hopedale, receives CAH designation
- Board of Directors establishes working committees
- IDPH contracts with ICAHN for administration of Flex Program and SHIP grants
- Search for an ICAHN executive director is initiated
RURAL HEALTH CLINICS

ICAHN collaborated with staff of the federal Office of Rural Health Policy and of CMS to develop meaningful quality measures specifically for rural health clinics. The proposed measures are being tested in RHCs in the state of Maine and evaluation results are expected in 2014.

ICAHN conducted multiple educational webinars and seminars this past year to benefit RHCs, including a conference on “Evaluating Your RHC: A Focus on Policy, Procedure, and Billing.” At this event, attendees heard descriptions of a review of federal compliance regulations; methodologies for development, maintenance, and implementation of RHC policies; successful billing procedures; an immunization toolkit; and information on office morale, team leadership, and change management at RHCs.

ICAHN provided a resource manual on office-based immunizations to all network RHCs, and several sessions of immunization training were provided by the Illinois Chapter of the American Academy of Pediatrics.

TIMELINE 2003

NOVEMBER

- Pat Schou is hired as first executive director and establishes the ICAHN office in Princeton
- Todd Cooper is contracted by ICAHN to assist CAHs with IT infrastructure and videoconferencing implementation

NOTABLE EVENTS IN 2003

- The new ICAHN interim Board of Directors agrees to pursue IRS 501(c)3 designation
RAISING THE BAR FOR BETTER PATIENT CARE

In an effort to document improved performance, ICAHN’s Operations Benchmarking Committee continued to refine a benchmarking process that participating hospitals can use to compare healthcare quality, clinical, and financial measures with other like-size CAHs. The goals of the benchmarking refinement process were improved efficiency of data reporting and better tracking of trends and comparative benchmarks in an easy-to-interpret format. The committee also offered administrative oversight to the process and a venue for sharing best practices.

Quality Health Indicators (QHi)

Because patient volumes are inherently smaller among rural providers, critical access hospitals and other rural healthcare providers may find it difficult to produce robust data that is deemed sufficient for comparison on the Medicare Hospital Compare database. In an effort to more accurately reflect rural quality metrics, ICAHN utilizes the Quality Health Indicators (QHi) system used by nearly two-thirds of member hospitals, including Memorial Hospital in Chester.

Memorial Hospital was named a Best Practice Top Performer by QHi for the third quarter of 2013 in several of the quality metrics that the quality scorecard rates, including heart failure, surgical care, immunizations, pneumonia, transcription medication errors, chest pain, and staff turnover.

“In order to be cited a Best Performer, a hospital must be ranked in the top five performance scores among participating hospitals. QHi is a cost-effective way for our hospital to benchmark and share ‘best practices’ with like-size facilities,” said Sandy Otten, Director of Quality, Memorial Hospital.

“When we compare our compliance scores with other QHi hospitals, we know we are comparing ‘apples-to-apples’ or more specifically, to hospitals who offer the same type of services we do. If our scores are not where we want them to be, we have the ability to network with those best-performing, like-size hospitals and learn from their successes, making this an important communications tool.”

QHi identifies and measures Best Practice Performance with more than 225 small and rural hospitals in 15 states in the areas of clinical performance, finance, operations, and patient indicators.

ICAHN and its operations committee played a key role in the development of the Illinois database that is shared with all QHi members. Additionally, the work completed by ICAHN’s laboratory group is now a nationally recognized set of quality metrics for comparison.

As participation among member hospitals continues to expand, ICAHN’s vision to provide meaningful and measurable quality metrics between like-size hospitals across the nation has become a reality.
FOCUSING ON EMPLOYEE ENGAGEMENT

Through strategic partnerships with Custom Learning Systems, Impact!Communications, and The Values Collaborative, ICAHN offers members and other small, rural providers several unique programs designed to specifically improve customer service, communication, and patient satisfaction.

“Every provider, nurse, manager, and employee across all departments and service lines makes daily decisions about how they will interact and communicate with patients, family members, the community, and each other. Our hospitals want this interaction to be the very best it can be every time,” said Angie Charlet, ICAHN Director of Quality and Educational Services. “They’ve challenged us to provide highly-effective, value-based customer service programs that were easy to implement and that were unique to the rural setting. These collaborations are our answer.”

Pinckneyville Community Hospital District, Memorial Hospital-Carthage, and Clay County Hospital sent eight coaches to receive certification during a two-day intensive training with The Values Collaborative. More than 20 other member hospitals participated in webinars and teleconferences. Among the areas of focus were Custom Learning Systems’ HCAHPS-Based Culture Transformation and its Onsite Leadership Service Excellence Initiative, as well as Impact!Communications’ Team Transformation including the PeopleMap System™, Delivering Mom Care and The Promise of Excellence®, and The SayBook®.

“Improving personal communication, building core strengths, listening and connecting with people, and then working effectively as a team are the end goals,” Ms. Charlet added. “We know that participation in any of these approaches will make a difference in employee engagement and HCAHPS scores down the road.”

TIMELINE 2003

NOTABLE EVENTS IN 2003
- Board members include Gregg Olson, Rochelle Community Hospital; Patty Luker, Dr. John Warner Hospital; Don Brown, Community Medical Center; Margaret Gustafson, Kewanee Hospital; Hervey Davis, Franklin Hospital; and Nancy Newby, Washington County Hospital

2004

JANUARY
- Marshall Browning Hospital, DuQuoin, receives CAH designation

APRIL
- Hillsboro Area Hospital, Hillsboro receives CAH designation
SOAR-RN PROGRAM STRENGTHENS RURAL HEALTH SYSTEMS

The SOAR-RN Program targets both seasoned and new nurses in an effort to strengthen rural health systems and improve the quality of care given at the bedside. By training new nurses to become safe and competent professional practitioners, seasoned nurses to become effective preceptors, and managers to excel at mentoring employees through clinical development coaching, this evidence-based program provides the necessary tools to create a positive work environment and support a culture of safety that ultimately leads to improved quality of care.

ICAHN works in collaboration with rural healthcare partners in Wisconsin, Wyoming, and Illinois, including OSF Healthcare System, McKendree University, and Rend Lake College. The SOAR-RN Program is sponsored by Marquette University through a federal grant from the Health Resources and Services Administration to provide training and support.

ICAHN offered two-day workshops for training preceptors, fostering clinical competency development, and shaping professional practice for nurses during the orientation period.
SOAR-RN rural nurse residency program

Providing a rural nurse residency program improves quality, safety, and retention efforts at participating facilities. Collaborating with partners and other hospitals to support their nursing staff proves beneficial to the new nurses and the facility. Chelsea Crough from the Southern Illinois Cohort stated, “I can’t believe my hospital cares enough about me to send me to something like this.”

Supporting nurses throughout their first year of clinical employment has been shown to improve nurses’ retention and job satisfaction, improves their ability to handle stress in their first year, and improves the quality of care given. “The SOAR-RN Program provides new nurses with a forum for questions and concerns, resources, insight from experienced nurses, and collaboration among peers throughout the state,” said Mary Jane Clark, ICAHN SOAR-RN Coordinator. “Program participants are encouraged to be professional, safe, competent, thorough, and compassionate nurses with goals and professional direction. We want them to be lifelong learners and evidence-based practitioners. Nurses with focus can strengthen a healthcare system.”

“Program participants are encouraged to be professional, safe, competent, thorough, and compassionate nurses with goals and professional direction. We want them to be lifelong learners and evidence-based practitioners. Nurses with focus can strengthen a healthcare system.” – Mary Jane Clark, ICAHN SOAR-RN Coordinator

TIMELINE 2004

AUGUST
- Valley West Memorial Hospital, Sandwich, receives CAH designation

SEPTEMBER
- Memorial Hospital, Chester, receives CAH designation
- St. Vincent Memorial Hospital, Taylorville (now Taylorville Memorial Hospital), receives CAH designation

NOVEMBER
- Pana Community Hospital, Pana, receives CAH designation
COMMUNITY HEALTH NEEDS ASSESSMENTS

As the IRS develops new forms and guidance to implement the Patient Protection and Affordable Care Act, ICAHN continues to facilitate Community Health Needs Assessments and Implementation Strategies for its member critical access hospitals. Terry Madsen, an attorney with experience in community development, communications, and organizational development, leads the assessment process as an exclusive consultant to ICAHN and its members.

During the first-round compliance period, ICAHN facilitated 27 Community Health Needs Assessments and seven Implementation Strategies for its members and other small rural hospitals. Several hundred individuals that included community leaders, government officials, and healthcare professionals and partners participated in numerous focus group discussions in rural Illinois communities, one of which was served by Midwest Medical Center in Galena.

“Terry was instrumental in the process of engaging key stakeholders in the community focus groups. His demeanor was exactly what made our groups work so well together,” said Tracy Bauer, CEO, Midwest Medical Center. “The report was very well done and incorporated the heart of our community.”

The focus group process provides rural hospitals with ready-to-publish CHNAs and implementation strategies containing summaries of needs and goals specific to the hospitals’ service area and their communities. The process serves as a guide for local healthcare initiatives that allow hospitals and their partners to better serve the emerging health needs of their service areas.

As hospitals move forward over the next two years to address their implementation strategies, Mr. Madsen will be available to facilitate community efforts to meet the changes in IRS rules governing the next round of Community Health Needs Assessments.
ICAHN STROKE INITIATIVE AND DATA GARNER INTERNATIONAL RECOGNITION

ICAHN members have been participating in the network’s Stroke Initiative since 2010 using the American Heart Association Patient Management Tool, “Get with the Guidelines,” to compare performance to national guidelines. By the end of 2012, member hospitals had shown remarkable improvement in the care of stroke patients and the time-sensitive delivery of treatment for stroke.

Northwestern University researcher Shyam Prahlakaran, MD, worked with ICAHN staff to analyze data and prepare an abstract describing the stroke care achievements of ICAHN’s participating hospitals. ICAHN consultant Peggy Jones and Dr. Prahlakaran submitted the abstract to the International Stroke Conference presentation review panel and it was selected for oral presentation at the conference.

The International Stroke Conference brings together experts from around the world with wide-ranging research interests and expertise in the treatment and prevention of stroke. Over 3,700 professionals attended the conference in February 2013 in Honolulu, Hawaii. The ICAHN presentation was the first time in the history of the conference that data from critical access hospitals were presented. The positive outcomes for stroke patients treated at ICAHN hospitals told a promising story of how to get stroke patients treated in the fastest way possible without traveling a great distance to a large community with a Primary Stroke Center. As part of the presentation, Ms. Jones shared the ICAHN community education initiative, Pact to Act FAST. As a result of the presentation, representatives from 10 states contacted ICAHN for more information.

In 2013, ICAHN shipped more than 100,000 pieces of educational materials to rural-based organizations for use in community education outreach about the Pact to Act FAST signs of stroke and the need to call 911 immediately. This outreach program involved partnering with member hospitals, county health departments, rural health clinics, over 300 emergency services agencies, parish nurse groups, and interested community organizations.

TIMELINE 2005

JANUARY
- Union County Hospital District, Anna, receives CAH designation

APRIL
- Fayette County Hospital, Vandalia, receives CAH designation
- Lawrence County Hospital, Lawrenceville, receives CAH designation

MAY
- Crawford Memorial Hospital, Robinson, receives CAH designation
- Salem Township Hospital, Salem, receives CAH designation
STAYING AHEAD OF THE CURVE

ICAHN IT Services continues to experience record growth serving member hospitals. The majority of the hospitals’ needs can be linked to EHR meaningful use requirements plus the increasing use of advanced technologies to provide patient care. These additional demands can strain existing hospital IT staff, and the use of ICAHN’s IT Services has helped support the growing needs.

To best meet demand, ICAHN has hired additional staff to assist hospitals with project management, security audits and guidance, technology reviews, and HIPAA risk assessments. ICAHN IT Services also provides a variety of traditional technical services including IT project implementation, VPN set-up and firewall maintenance, Microsoft Exchange and email, application and other virtualization installations, security reviews, EHR and interface guidance, periodic network reviews, and assistance with hospital IT staff with complex technical troubleshooting.

New or enhanced lines of business include:
- project management for clinical support
- IT strategic and financial planning
- network and firewall monitoring services
- project management services
- IT liaison to regional hospital systems, governmental entities, and vendor partners

Critical access hospitals must ensure that their information technologies seamlessly interact with their external partners, such as medical and mental health clinics, long-term care facilities, and the new health insurance exchanges. ICAHN IT Services can assist the CAHs and their partners to understand each other’s technical capabilities and responsibilities.

Christine Tweedy, Sparta Community Hospital IT Manager, and Paul Mueller (seated), CFO and HIPAA Security Officer, work with Todd Hart, ICAHN CIO, on the hospital’s HIPAA risk analysis, updates to policies, inventory, XP upgrades, and other technical recommendations.

ICAHN IT Consultant Ryan Morgan (seated) and Stephanie Ritter, ICAHN IT Consultant, assist Don Brown, CEO, Ferrell Hospital, in an assessment of the hospital’s HIPAA risk analysis, backups, inventory, XP upgrades, technical recommendations, and server consolidation.

Christine Tweedy, Sparta Community Hospital IT Manager, and Paul Mueller (seated), CFO and HIPAA Security Officer, work with Todd Hart, ICAHN CIO, on the hospital’s HIPAA risk analysis, updates to policies, inventory, XP upgrades, and other technical recommendations.

TIMELINE 2005

- JULY
  - Carlinville Area Hospital, Carlinville, receives CAH designation
- NOVEMBER
  - Sparta Community Hospital, Sparta, receives CAH designation
- DECEMBER
  - St. Francis Hospital, Litchfield, receives CAH designation
ASSISTING WITH THE REGULATORY COMPONENTS OF MU

Hospital staff and health professionals have contributed a significant amount of activity since the enactment of the American Recovery and Reinvestment Act of 2009 to achieve meaningful use of electronic health records. The act authorized special Medicare and Medicaid incentive payments to help offset the expenses associated with the purchase and installation of EHRs and related equipment. ICAHN IT staff offers extensive technical support to the staff of member hospitals as they pursue implementation and meaningful use of the EHR systems.

Meaningful use support services provided by ICAHN IT staff include:
• monthly conference calls to discuss meaningful use issues and questions
• distribution of summaries of changes to and clarifications of the meaningful use requirements
• completion of information searches on meaningful use issues in response to special requests
• technical assistance to support individual hospital efforts to implement EHRs and to meet the meaningful use requirements

ICAHN members have had remarkable success in accomplishing the goals of EHR meaningful use and are well prepared for the ever-increasing expectations of the CMS meaningful use programs. On the meaningful use horizon are more extensive electronic documentation of the healthcare provided to patients, more analysis of the data collected and its use in tailoring quality healthcare to the individual patients, more sharing of data with other healthcare providers, and more involvement of the patients in monitoring and documenting their own health status. ICAHN staff will continue to support the CAH staff as they address these expanding requirements.

TIMELINE 2005

DECEMBER
• Clay County Hospital, Flora, receives CAH designation
• White County Hospital closes on December 21

NOTABLE EVENTS IN 2005
• ‘Necessary Provider’ status ends in December
• ICAHN adds quality and special projects consultants and support staff
• ICAHN receives grant from SIU School of Medicine to provide videoconferencing equipment to additional CAHs not covered by DPH grant
Susie Campbell, CEO of Community Memorial Hospital, received the 2013 ICAHN President’s Award at the 2013 CAH Conference and Annual Member Meeting, held in Springfield. The award was given in recognition of Ms. Campbell’s leadership and service to Illinois’ critical access hospitals. Ms. Campbell has served as the first advisory chair of ICAHN’s Business Office and Health Information Management peer network group; as the 2008 chair of the Regulatory and Legislative Committee; elected to the Board of Directors in 2009 and served as board president in 2011; served as CAH Vision Committee chair in 2010 and in 2011, and supervised the production of the first CAH vision document.

Randall Dauby, CEO of Hamilton Memorial Hospital District, was recognized for his years of dedicated service to ICAHN as a member of the Board of Directors from 2005 to 2013.

Richelle Rennegarbe, Ph.D., Associate Professor in Nursing and Nursing Division Chair of McKendree University School of Nursing, received ICAHN’s prime service honor for her dedication and commitment to the development and enhancement of rural nursing in Illinois.
With a majority of Illinois critical access hospitals represented, these CEOs and executive team partners participated in strategic planning during the annual member meeting.

INNOVATION OF THE YEAR AWARDS AND 2013 CAH CONFERENCE

The 13th Annual CAH Conference and 9th Annual Member Meeting, held in November at the Crowne Plaza, Springfield, focused on healthcare reform and population management; service line planning; physician practices and engagement; HIPAA compliance and business tax; national rural health policy trends; and physician, hospital, and community alignment.

Holly Jones, Illini Community Hospital Administrative Director of Nursing (right), and Julie Shepard (left), ICH Care Coordination Administrator, accepted ICAHN's hospital “Innovation of the Year” Award from Pat Schou, ICAHN Executive Director, for their care coordination program. Hamilton Memorial Hospital District and Kewanee Hospital won honorable mention honors for their treatment of work injuries program and Wellness Edge for Kids program, respectively.
ICAHN experienced a successful fiscal year in large part due to modest membership growth, active grant administration, and increased use of business services, products, and programs by members. ICAHN’s earnings exceeded 2013 budgeted net income by 100 percent, and the network achieved a return on assets of more than 17 percent (subject to audit).

ICAHN continues to administer both the Small Hospital Improvement Program (SHIP) and the Rural Medicare Hospital Flexibility Grant Program (Flex) for Illinois’ hospitals. In 2013, CAHs received nearly $944,000 in Flex and SHIP funds used for activities such as hospital board education, staff recruitment and retention, emergency medical services, information technology, gender-specific health programs, stroke and STEMI support, community development, and special service projects.

ICAHN administered additional grants in 2013, which included funding from:
- Illinois Department of Public Health for the Immunization Program and Emergency Preparedness
- Marquette University for the SCOR-RN Program and nurse education
- Health Resources and Services Administration for Rural Workforce Development
- Illinois Health Information Exchange for HIE preparation
- BioSense for syndromic surveillance reporting
- American Recovery and Reinvestment Act for recruitment of health professionals

In addition to grant administration and member dues, ICAHN receives operating revenue from many direct services and educational programs offered to members. At year’s end, member equity was $676,829 with fiscal year revenues of $2,918,700. ICAHN sustained growth in several network initiatives including information technology services, the hospital insurance program, member business services, business and event sponsorship programs, and group purchasing.
MEMBER BUSINESS SERVICES

ICAHN continues to explore new, value-driven services for member hospitals to support their clinical and operations needs. Separately, these purchased services provide an important, non-dues revenue source for ICAHN, keeping member dues affordable. With access to a growing portfolio of best-in-class products and services through the ICAHN business services program, hospitals are able to leverage their combined purchasing power to create greater member value. ICAHN has agreements in place with the following business partners to provide services to our 52 member hospitals:

- Amerinet/OSF – group purchasing organization
- Clark Schaefer Hackett – practice management consulting
- CliftonLarsonAllen – audit, tax, and consulting services for healthcare
- CMFI Group – custom printed hospital supplies, brand development, and marketing services
- Coding Now, LLC – coding and audit review services
- Consociate Dansig – insurance, benefits, and risk management services
- Custom Learning Systems – customer service programs
- Eide Bailly LLP – audit, tax, and consulting services for healthcare
- Harold O’Shea Builders – construction services for healthcare providers
- HealthTech Management Services – hospital management support and consulting services
- Heritage Environmental – pharmacy waste disposal
- Heyl, Royster, Voelker & Allen – legal services for healthcare entities
- Iowa HealthCare Institute – Community Health Needs Assessment and implementation strategies
- ICAHN – External Peer Review Network
- ICAHN – CMS-approved vendor for HCAHPS patient satisfaction, emergency department, and clinic surveys
- ICAHN – IT strategic and technical services, project management, and network and firewall monitoring
- ICAHN – national quality, financial, and operations benchmarking
- Impact! Communications – customer service programs
- Intellisound – telephone messaging and music on-hold
- InterQual/McKesson – evidence-based clinical decision support solutions
- iVantage – healthcare analytics
- Kramer & Associates – interim cost reporting solutions
- Managed Care Partners – managed care consulting
- Midwest Energy/MidAmerican Energy – purchase of natural gas and electricity
- Midwest Office Supply – office supplies, furnishings, and business equipment
- Pipeline Healthcare – remote pharmacy services
- RPh Innovations, LLC – 340B consulting services
- Skoch Financial/Unified Trust – retirement plan services, participant education, and fiduciary oversight
- Shive-Hattery Architects – architecture, engineering, and specialty services for healthcare
- Stericycle – regulated medical waste disposal
- TAG Healthcare Marketing – creative design and market strategy services
- UltraGroup Healthcare – adult and geropsychiatric services
- Values Coach Inc. – customer service programs
- VendorMate – vendor credentialing services and contract management
- VHA MidAmerican – employee benefits
- Wipfli LLP – audit, tax, and consulting services for healthcare

TIMELINE 2010

NOTABLE EVENTS IN 2010
- ICAHN partners with IHA to enact PA96 - 1382 authorizing cost-based reimbursement to CAHs for Medicaid outpatient services
- ICAHN publishes CAH vision paper
- ICAHN, in collaboration with the University of Illinois College of Medicine at Rockford and Hamilton Memorial Hospital District, receives HRSA Workforce Grant
BETTER TOGETHER – READY FOR TOMORROW

The Patient Protection and Affordable Care Act created both opportunities and challenges for the future of healthcare. The leaders of Illinois’ critical access hospitals are prepared to overcome the challenges and take advantage of the opportunities by participating as important partners in community-based wellness and care coordination programs.

Rural hospital leaders must focus their efforts on the “Triple Aim” goals of better health, better care, and lower cost through the creation of new care delivery models and payment systems that promote value-based care and maintain access for rural communities.

Ten years ago, leadership of Illinois’ critical access hospitals created a mission to share resources, provide education, promote efficiencies and best practices, and improve healthcare services offered by its critical access hospital members. This common mission has built avenues for networking and problem-solving that has helped to strengthen critical access hospitals and preserve care locally.

Today, ICAHN and its members are planning to build on the original mission and years of networking and add a care coordination component. Members will have education and partnership opportunities to learn strategies that will enable the coordination of services at all levels of care, help keep local communities healthier, and better utilize available resources.

Collaboration begets strength and the ICAHN organization is 52 members strong. Be proud of your involvement in the network as it celebrates its first 10 years of service and look forward to contributing your vision and commitment throughout the next decade – from vision to reality.

“CAHs face a future of both challenges and exciting opportunities – new payment methodologies, new organizational options, increased access to patient data that will support enhanced treatments and outcomes. Working together with their colleagues and with the knowledge base compiled and shared by ICAHN, Illinois CAHs can achieve another decade of spectacular successes and growth.”

– Mary Ring, ICAHN Senior Policy Advisor
2013 WOMEN OF DISTINCTION HONORS

In recognition of extraordinary leadership in rural health for more than three decades, ICAHN Senior Policy Advisor Mary Ring receives a silver platter at the announcement of her retirement during the 2013 CAH Conference. Originally employed by the Illinois Department of Public Health, Ms. Ring began her career assisting in the creation of the first Illinois office of rural health before advancing to chief for the Center for Rural Health. She helped establish many rural programs, such as designation of physician shortage areas, rural health clinics, the J-1 Visa waiver program, the Physician Loan Repayment program, the Rural Downstate Health Initiatives, and the Medicare Flex Program. She served as president of the Illinois Rural Health Association and helped introduce telemedicine and videoconferencing to rural health providers and hospitals. She retired from IDPH in 2005 and was hired by ICAHN in 2007 to implement a special Flex Health Information Technology grant program to promote the use of electronic health records by critical access hospitals and to create a health information exchange system for critical access hospitals. She was named ICAHN’s first senior policy advisor in 2011.

Pat Schou (second from right), ICAHN Executive Director, was the recipient of Illinois Valley Living’s “Women of Distinction” inaugural award in 2013. Honored for her work with and vision for the statewide critical access hospital network, she is shown here with Sam Fisher, publisher of the Bureau County Republican; Pam Pratt, BCR Sales Development; and Terri Simon, BCR Editor. Ms. Schou was also named to WEEK-25’s 2013 “Women in Leadership” roster and won the prestigious National Rural Health Association’s Calico Quality Leadership Award in 2013.

TIMELINE 2011

- ICAHN receives grant from Marquette University College of Nursing to develop SOAR-RN Program for new nurses
- ICAHN’s creation of independent HIE is suspended

2012

- CAH “Innovation of the Year” recognition is initiated
- ICAHN becomes a CMS conditionally-approved HCAHPS vendor

- ICAHN launches new website
- Six Sigma training is initiated for member CAHs
- ICAHN receives grant from Marquette University College of Nursing to develop SOAR-RN Program for new nurses
As a leading national healthcare solutions’ organization, Amerinet believes the only path that’s right for your healthcare facility is the one designed only for you. Amerinet collaborates with acute and non-acute care providers – hospitals, surgery centers, long-term facilities, clinics, and doctor offices – to create and deliver unique solutions through performance improvement resources, guidance, and ongoing support. With better product standardization and utilization, new financial tools beyond contracting, and alliances that help lower costs, raise revenues, and champion quality, Amerinet enriches healthcare delivery for its members and the communities they serve.

Midwest Energy serves as Illinois’ premier energy supply and management resource for business energy buyers. Midwest Energy has been involved in electricity and natural gas deregulation since its inception in Illinois and assists customers in lowering their energy costs through the purchasing of low cost energy supply and optimizing utility rates. Midwest Energy has been serving ICAHN hospitals since 2006.

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. We work together with the goal of helping your employees improve their retirement readiness, while maximizing your fiduciary protection.

Advisory services offered through Sikich Financial, a Registered Investment Advisor. Securities offered through Triad Advisors, Member FINRA/SIPC. Triad Advisors and Sikich Financial are not affiliated.

Clark Schaefer Hackett is much more than a typical consulting and accounting firm, offering experienced professionals who operate as a strategic business partner with its clients by continually delivering valuable, industry-leading services. 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.

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. Consociate Dansig also serves as ICAHN’s business partner for its Hospital Insurance Program.

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. The Joint Commission accredits and certifies more than 20,000 healthcare organizations and programs in the United States.
TIMELINE 2013

- Iroquois Memorial Hospital, Watseka, seeks designation as critical access hospital
- CARS adopts new name, ICAHN Rural Recruitment, and expands services
- Mary Ring, Senior Policy Advisor, retires but continues her work with EHR meaningful use
- ICAHN celebrates 10th anniversary at its 13th Annual CAH Conference in Springfield

WITH OUR PARTNERS

BLUE STAR PARTNERS

ULTRA GROUP

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.

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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. Our 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 healthcare continuum. No other firm can provide that combination. Contact us for help in evaluating your opportunities as you build and maintain your relationships with critical access/rural hospitals. Put the power of our focus to work for you!

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Advocate Christ Medical Center
Hope Children’s Hospital

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