ISSUE ONE ■ APRIL 2013

Momentum

ICAHN
Illinois Critical Access Hospital Network

Moving critical access hospitals and their rural communities forward

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Passport to experiential learning, good will among employees

Memorial Hospital participates in Ambassador Exchange

WITH HOSPITALS TRENDING TOWARDS SELF-CONTAINMENT AMONG DEPARTMENTS, PRIVACY HAS BEEN ENHANCED AND EMPLOYEE PRODUCTIVITY HAS BEEN STREAMLINED. HOWEVER, WITH THESE QUALITY IMPROVEMENTS, THERE IS ALSO ONE DRAWBACK: LESSENED EMPLOYEE CONNECTIVITY.

For this reason, Ada Bair, CEO, Memorial Hospital, Carthage, commissions her 200-plus employees to "passport" on an annual basis.

"It's so easy for us in healthcare to work in silos, not interacting with or completely understanding what other departments do because we're so well-contained," said Bair. "By having employees 'passport' to another department, they not only learn and appreciate the work and flow from one department to the next, they establish more personal, face-to-face relationships, which makes for more proactive problem-solving and a more amiable environment among peers."

Bair brought this passporting program to her leadership team from Brown County Hospital in Georgetown, OH, where she had served as COO. Memorial's leadership team customized Brown County's Ambassador Exchange Program form to fit their needs and then created the exchange among all the departments at the Carthage hospital plus Hickory Grove Apartments, Memorial Medical Clinics, Sherrick Home Health, Evergreen Center, and Pulmonary Rehab.

"Every single employee in the organization has to passport at least once a year, and the majority already has, with some wanting to passport more than once," said Bair, who's been visited by the custodian, patient access staff, and the patient access director. "But no one has been quite so creative in his or her approach as Dan (Earls of plant operations) who put a very interesting spin on the process by asking us to write, in 100 words or less, why he should passport to one of us…I thought that was so funny, I even sent him one."

Receiving several compelling offers, Earls accepted IT for his first passporting experience. "I chose IT because I wanted to start with what happens after we run all those cables and wires. IT staff actually doesn't just sit in front of a computer. They do an amazing job keeping all the computers and communications in working order," said Earls. "I now look forward to visiting another department and seeing how they, too, can open my eyes."

Other employees also offered insight into their experiences, including:

- **Shelly Hunter, RN, IP**
"Even though I felt like I worked hand in hand with the laboratory as our hospital's infection prevention/employee health/education director, I was curious to how exactly the processes took place. I found that my passporting experience enabled me to connect the dots and further educate myself in their role."
- **Judie Marshall, Laboratory**
"The passporting program has been an opportunity and an avenue to learn about other departments and how we work together as a team to provide quality care to all our patients. It has also provided employees a positive way to interact and learn more about one another."
- **Rena Willey, CPAM**
"Passporting is a great way to see how your job responsibilities are intertwined with those of other departments. If we learn how to work together smarter and more efficiently, the whole facility will benefit from it. We also may find ways to improve the processes as well."
- **Ada Bair, CEO**
"I know many employees passported to the Materials Manager to better understand what happens when you submit an order. Now they know why it pays to be meticulous in our requests as it may mean the difference between receiving, for example, a box of something or an entire case."

Dan Earls (right) of Memorial Hospital's plant operations, passports to IT as part of the Ambassador Exchange Program at the Carthage hospital. Also pictured are Syndi Horn, IT Director; Todd Potter (kneeling), Tech Specialist; and Jeff Dedey, Network Administrator.

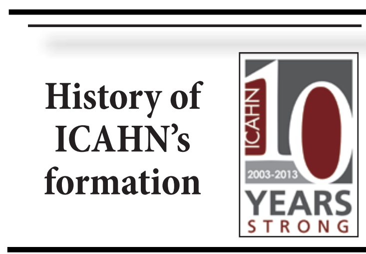
Because of the success of this passporting program, Bair has offered to serve as mentor to any hospitals interested in implementing the Ambassador Exchange. "We've heard such incredible feedback with this program, I'd love to share it," Bair concluded. "Passporting costs nothing, it is easy to implement, and the rewards are great." For more information, Bair may be reached at (217) 357- 8566.

Commemorative plaques given to member critical access hospitals

ICAHN celebrates 10 years of service to Illinois CAHs

In celebration of ICAHN's 10th anniversary, commemorative plaques will be distributed to each of the network's 52 member hospitals. We want to celebrate the work and accomplishments of member hospitals that have made ICAHN one of the strongest rural networks in the country and recognize the importance of the critical access hospital program to rural Illinois.

History of ICAHN's formation



How did ICAHN begin?
Recognizing the need to sustain, support and affirm the values and roles of rural hospitals in a time of great fiscal peril, Congress approved the Balanced Budget Act of 1997 and established the Medicare Rural Hospital Flexibility Program (i.e. critical access hospital designation). The new law required those states that wanted to participate to adopt and promulgate statewide plans.

The State of Illinois responded with the Illinois State Rural Health Plan, developed by the Illinois Department of Public Health's Center for Rural Health (CRH). The Illinois plan was approved by the Centers for Medicare & Medicaid Services in March 1999 and was the second plan approved nationwide. CRH also received a Medicare Rural Hospital Flexibility Grant (Flex Grant) to support the implementation of the critical access hospital program in Illinois.

The plan, drafted under the leadership and vision of Mary Ring who was the chief for the CRH, and Barbara Dallas, Director of Small Rural Hospital Consistency for the Illinois Hospital Association (IHA), emerged from the collaboration between the Center for Rural Health, IHA and others. In September 1999, CRH contracted with Pat Schou to be the statewide CAH Coordinator and the first two critical access hospitals, Thomas H. Boyd Memorial Hospital and John & Mary E. Kirby Hospital, were certified.

In September 2001, the CRH contracted with Todd Cooper to serve as the telehealth coordinator and assist the newly certified critical access hospitals in adding video conferencing/ telehealth capabilities and increasing their information technology capacity. In October, Nancy Newby, CEO of Washington County Hospital, and CIO/Radiology Director Kim Larkin, working with Pat Schou, CRH, submitted a federal rural network development grant for purposes of forming a network of critical access hospitals to work together implementing new HIPAA guidelines and standards. Although not funded, development of the proposal planted the network seed.

In August 2002, Pat Schou, CRH, and Barbara Dallas, IHA, co-sponsored an educational session for CAH administrators to learn more about network development and the possibility of creating regional hospital networks. *(Network development was one of the main initiatives of the Flex Grant.)*

The 10 CEOs present at the session took network development a step further and suggested a CAH statewide network since CEOs and other hospital staffs were meeting together for educational events and saw tremendous value in the sharing of information and peer support.

A meeting was held in September for all 22 CAH administrators – a meeting where they agreed to enter into a Memorandum of Understanding to create a "formal, collaborative organization that strengthens the operations of its members." Subsequently, staff of Washington County Hospital and CRH submitted a second proposal seeking a network development grant, which also was not funded.

Formation of the Network
• On October 29, 2002, a task force of CAH administrators and CRH and IHA staff met with a corporate attorney to begin development of bylaws for the new organization. National consultant Buz Davis was contracted to facilitate the planning meeting.

• By November 19, 2002, a nine member acting board of directors and the name of the new network, Illinois Critical Access Hospital Network, were approved. By January 17, 2003, the ICAHN acting board resolved to pursue IRS 501(c)(3) designation and agreed on a $5,000 initial membership fee and $5,000 annual dues.

• On January 30, 2003, the first ICAHN information meeting was held for the purpose of presenting bylaws and to discuss potential programs and services to be provided by the network.

• By April 30, 2003, ICAHN had 14 members. Susan Urso, CEO, Mendota Community Hospital, was asked to serve as acting board president and conducted its first membership meeting when the first nine-member board of directors was elected. Pat Schou, through the CRH, provided support to the newly formed network.

• In June 25, 2003, the Board of Directors was asked by Mary Ring, CRH, to administer both the Medicare Rural Hospital Flexibility Grant and Small Hospital Improvement Program Grant and to employ both Pat Schou and Todd Cooper.

• On October 29, 2003, the Board of Directors established working committees and agreed to enter into a contract with the Illinois Department of Public Health to administer the grants. Pat Schou was hired as the executive director and the ICAHN office was established in Princeton in December 2003. ICAHN will be forever in debt to Barbara Dallas and Mary Ring who paved the way for its beginning and growth today and thank them for their leadership and vision for Illinois' small and rural hospitals.

Members of the Original ICAHN Board of Directors

- **Susan E. Urso** of Mendota Community Hospital, President
- **Nancy Newby** of Washington County Hospital, Vice President
- **Harry Wolin** of Mason District Hospital, Secretary/Treasurer
- **Connie Schroeder** of Illini Community Hospital
- **Gregg Olson** of Rochelle Community Hospital
- **Patty Luker** of Dr. John Warner Hospital
- **Hervey Davis** of Franklin Hospital
- **Donald G. Brown** of Community Medical Center
- **Margaret Gustafson** of Kewanee Hospital

2013 ICAHN Service Award

Larry Spour, CFO, Clay County Hospital, accepts the ICAHN Service Award for his hospital's piloting of the ICAHN HCAHPS' project from outgoing ICAHN President Lynn Klein. Sandy Otten, Performance Improvement Coordinator for Memorial Hospital, Chester, also won the ICAHN Service Award for piloting ICAHN's Quality Health Indicators (QHi) benchmarking scorecard.

Is Your Hospital Survey-Ready?

This was the theme for our 2013 Ancillary Peer Network Kick-off Meeting. Karen Senger, IDPH Division of Healthcare Facilities, and Jodee Havens, IDPH Surveyor, were the featured speakers. Sheri Hopkins of Salem Township Hospital and Tony DeLaney from Hammond-Henry Hospital followed the keynote by presenting information on their recent experiences of survey and validation surveys.

So again I ask, "Are You Survey Ready?"

The phone call comes: "The state surveyors have just walked into the building." It doesn't matter if you are ready or not, your heart starts to race a little and you might break out in a cold sweat. You know you have only minutes (if that) to check to make sure things are prepared.

No matter how many times you go through it, a survey is always nerve-racking. Have you trained your staff well enough? Are policies and procedures up to date and being followed? Is everything clean? Are temperatures recorded? Log books filled in correctly? What have you overlooked?

The biggest part of a state survey is the preparation and maintaining your hospital's "State of Readiness." We all know that if you are doing what you are supposed to be doing, an inspection should go smoothly. And we all realize that nervous employees can make mistakes they may never make any other time. But keeping them attuned to survey readiness helps to minimize the anxiousness they may feel when the surveyors walk in.

Successful survey readiness keeps the momentum going by incorporating ongoing compliance (survey readiness) into day-to-day practices.

Some quick tips include:

- Keep ongoing compliance in front of the staff members. Use any/all communication tools, such as posters in breakrooms, newsletters, standard agenda items at unit meetings. Make it fun, such as crossword puzzles on infection control practices, quality "question of the month," or fill-in the blanks for a new policy or procedure. Keep small prizes for drawings such as free soda or a candy bar.
- Create mock survey teams within the hospital to review departments outside your own.
- Celebrate all accomplishments, even the small ones! Staff tends to be more motivated when they realize their hard work has paid off.
- Create a gap analysis of the conditions of participation and highlight the areas that require further work. Keep this tool front and center until all tasks are completed. Remember to spot check after completion. The famous quote: "What doesn't get measured doesn't get done!"
- Keep leadership involved in your progress towards ongoing survey readiness.
- Be aware that compliance issues never go away!
- Remember this is a team effort, and one person is not responsible for the entire survey process.

We are collecting tools and resources used by our network hospitals and building a resource library to assist in maintaining survey readiness. Please send your tools to Angie, and they will be placed on the website for easy access.

Check out the ICAHN website at www.icahn.org to access the following links:

- The CAH Interpretive Guidelines are included within the State Operations Manual as Appendix W. They are available online on the Centers for Medicare and Medicaid Services (CMS) website at: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/CAHs.html.
- Additional CAH information from CMS is available on their Critical Access Hospital Center website at: http://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html?redirect=/center/cah.asp.
- For Joint Commission CAH information, go to their website at: http://www.jointcommission.org/accreditation/critical_access_hospital.aspx.
- The American Hospital Association's Critical Access Hospital site is at: http://www.aha.org/advocacy-issues/cah/index.shtml.

ICD-10 Preparedness:

Where does your facility stand in the ICD-10 implementation process? Do you have a steering committee? Have you performed your gap analysis? Do you have a schedule? Have you considered all budgetary impacts? Do you have a Risk Management Plan?

ICD-10 implementation will affect every aspect of the patient/provider/facility encounter. It will require system changes, extensive training and considerable expense, and it is likely to impact cash flow during the implementation and transition period. Implementation teams should include senior management and department leadership.

Every area will be impacted and should include, but not be limited to:

- All patient service departments
- Case management
- Utilization review
- Finance
- External business partners
- Financial counseling
- Managed care, contracting, referral management
- Admissions and pre-authorization staff
- All business office team members
- Outpatient pharmacy
- Central supply
- HR
- Clinics

ICAHN has partnered with Stroudwater Associates to bring to the network the most cost effective, all-inclusive training. Stroudwater will assist in preparing our members engaged in the service, and cost will be determined by the number of hospitals participating. Registration info will be sent in April, with start-up beginning in May.

Comments on Quality

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ICAHN Quality Scorecard:

We continue to ask that all hospitals sign up to participate in the ICAHN quality scorecard, best known as Quality Health Indicators (QHi). If you have not signed up, please contact Angie for the forms. We have 35 of our 52 hospitals signed up, with only 13 actively reporting data. There are now 16 states participating and more than 250 small and rural hospitals. We are currently working on new indicators to include rural health clinics and OB measures to continue to facilitate benchmarking comparison with like-size hospitals.

Best Practice Top Performing 5% of all QHi Participants for current reporting period 12/2012 – 2/2013 include:

HA Infections/100 Inpatient Days
- Ferrell Hospital
- Hopedale Medical Complex
- Mendota Community Hospital
- Paris Community Hospital

Pneumococcal Immun – 65 and Older
- Paris Community Hospital

Discharge Instructions Provided to HF Patients
- Memorial Hospital, Carthage
- Paris Community Hospital

Percentage Staff Turnover
- OSF Holy Family Medical Center

(Not all data is in for both the network or QHi participants.)

Take note...

Upcoming Events

APRIL 2013

■ **4/10:** Realities of Effective Communication & Generational Differences Webinar *(Physician Recruitment and Retention Series)* at 12:15 p.m.
■ **4/11:** The Magic of Benchmarking Your Physicians" Webinar at noon
■ **4/18:** Governing Board Summit, beginning at 4:15 p.m. at Mendota Community Hospital
■ **4/24:** Employment Law for Supervisors Webinar Series at 11 a.m.
■ **4/25:** Credentialing and Privileging Conference from 12:30 to 4:30 p.m. at the Northfield Inn Conference Center, Springfield
■ **4/26:** CFO Peer Network Meeting from 9 a.m. to 2:15 p.m. at the Northfield Inn Conference Center, Springfield

MAY 2013

■ **5/1:** Hiring, Supervision, and Discipline Webinar *(part of the Employment Law for Supervisors Series)* at 11 a.m.
■ **5/8:** Protecting the Organization from Lawsuits Webinar *(part of the Employment Law for Supervisors Series)* at 11 a.m.
■ **5/9:** The Ultimate Physician Compensation Model Webinar at 11 a.m.
■ **5/10:** ICAHN Board Meeting, from 9:30 a.m. to 2 p.m., at the Hilton Garden Inn, Springfield
■ **5/30:** Understanding Negligence in Credentialing Webinar *(part of the Credentialing and Privileging Conference Series)* from 1 to 2:30 p.m.

SUMMER-FALL 2013

■ **6/13:** Revenue Cycle Controls Webinar at 11 a.m.
■ **6/27:** Credentials Files Audits: Tools & Techniques Webinar *(part of the Credentialing and Privileging Conference Series)* from 1 to 2:30 p.m.
■ **8/22:** Annual Vendor Fair at the Crowne Plaza, Springfield, from 8:30 a.m. to 3:30 p.m.
■ **11/7:** Fall Conference at the Crowne Plaza, Springfield, from 7:30 a.m. to 4 p.m.

MBQIP data released for participating CAHs

The Medicare Beneficiary Quality Improvement Project (MBQIP) goal is for CAHs to implement quality improvement initiatives to improve their patient care and operations. This initiative takes a proactive and visionary approach to ensure CAHs are well-equipped and prepared to meet future quality requirements. Measures will be phased in over a 5-year period and these can be found on the ICAHN Resource page.

Shown below is recently released data for First Quarter 2012 through Third Quarter 2012 Discharges:

MBQIP Measure	1Q2012	2Q2012	3Q2012	National Average
HF Discharge Instructions	85.50%	84.08%	84.66%	81.96%
HF Eval of LVS Function	88.95%	91.1%	91.92%	85.48%
HF ACEI or ARB for LVSD	79.73%	88.14%	80.36%	87.00%
PN Blood Cx in ED prior to antibiotic	96.45%	95.93%	95.21%	94.65%
PN Initial antibiotic for community acquired pneumonia	85.33%	90.11%	91.22%	88.00%

Q&A: Vendor Credentialing

How can a vendor credentialing program safeguard my critical access hospital from risk? Beyond the initial collection of vendor data, a healthcare facility needs a system for continually monitoring vendor and vendor representative compliance so the hospital is prepared for any type of audit that measures patient safety and quality of care.

A qualified vendor credentialing program streamlines the collection, verification, and monitoring of key aspects of the vendors and reps assisting CAHs to reduce risk from an adverse change in status.

How can a vendor credentialing program create operational efficiency and save CAHs money? Instead of tying up valuable hospital staff time with monitoring, chasing and checking documentation, critical access hospitals can rely on a vendor credentialing partner to collect, check and monitor critical risk areas at both the vendor and rep level, and make this information available 24/7 via a secure website.

How does a vendor credentialing partner help drive quality to the vendor credentialing process? At virtually no cost to CAHs, a qualified vendor credentialing partner can create a program that actively monitors state and federal requirements, including:

- HIPAA and OSHA compliance
- CDC - recommended immunizations
- State and federal sanction list clearances
- Training certifications
- Visiting staff/OR without an appointment

A vendor representative's current compliance status should determine whether a printed badge, offering access to the facility, should be granted each time he/she visits the facility. A good vendor credentialing program should also offer useful reporting capabilities to prepare CAHs for any kind of regulatory audit.

How can a contract management tool create operational efficiency and save CAHs money? An effective contract management solution is at the heart of improving transparency and mitigating the potential risks of doing business with the wrong vendor. Effective contract management includes:

- Secure, centralized access to data 24/7 with ability to set permissions according to role.
- Flexibility to attach and track unlimited sub-documents to vendor contracts.
- Robust search capabilities that reach beyond the contract into related metadata.
- Extensive tracking of key dates, volume- based discounts, and others' contract activity.

Vendormate is an Organization Partner with ICAHN. Through Vendormate's relationships with 1,800 providers, it houses data for more than 65,000 healthcare vendors spanning 45 states. Leveraging vendor data, Vendormate offers a system that provides the benefits of effective vendor credentialing and contract management solutions with financial/legal monitoring and sanction list checks. For more information, contact Matt Vaughn, Director of Sales for Vendormate, at (404) 949-1312.