

JOINING THE
QUEST
TO MAKE
OKLAHOMA
BETTER



ANNUAL REPORT 2016

President's Letter

*G*reat, sustained effort, although seldom fully rewarded at times along a journey, almost always is a compounding force in forging building blocks for future achievement. And along the way, such effort often yields other positive outcomes. These thoughts seem to capture the essence of this past operating year for the OHA.

As the state's economic vital signs continued to worsen from 2015 into 2016 and resulted in further Medicaid provider rate cuts, OHA's ongoing campaign for accepting federal funds took on a profound new significance as urban hospitals further trimmed operations and staff and rural hospitals began to cease services and even close. OHA's "MakeOKBetter.org" media campaign thrust the topic of sustainable health care services front and center before the Legislature and the public at large. Efforts to pass a \$1.50 increase in the cigarette tax came ever-so-close to passing the House, but those efforts commanded a strong message, and resulted in NO further rate cuts to Medicaid providers this year. We're disappointed that funding for mental health was \$20 million short of what was needed. Persistent work by our members to inform and build supportive relations with legislators continues to make the difference in advancing the needs of our patients and communities.

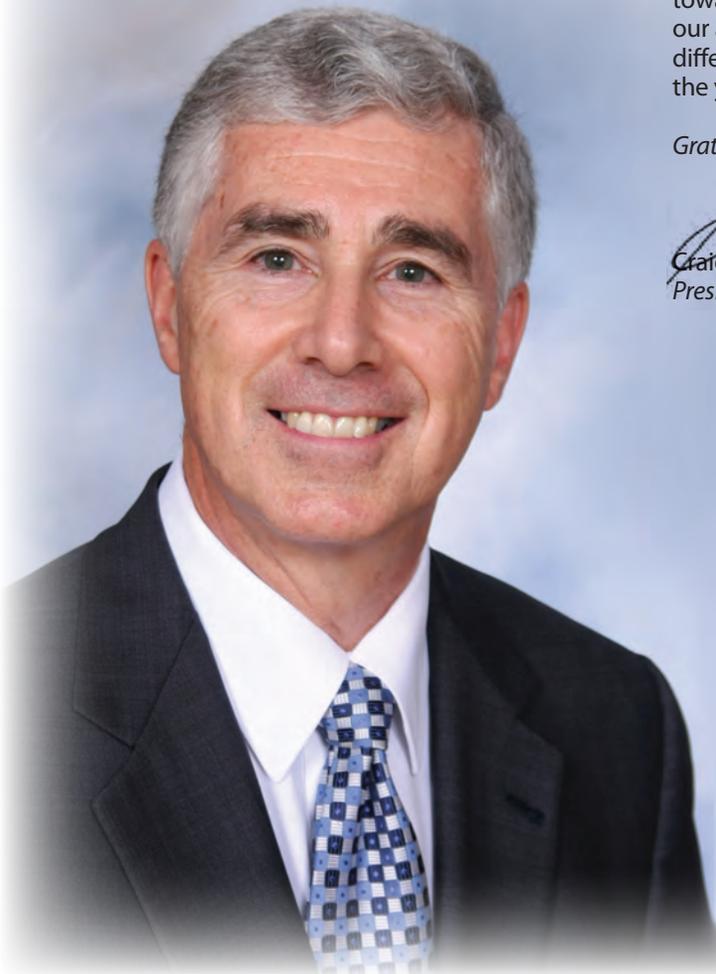
As noted elsewhere in this report:

- OHA continues to promote new models of organizing health care for rural communities with our primary objective being to seek new and proper payment for these models.
- Important progress is being made in the state's Medicare certification survey processes and its conducting of planned construction project reviews. Still, further improvement is clearly needed to ensure cost-effective, timely and less onerous experiences by health care facilities.
- More than half of OHA's member hospitals this year reached a cumulative four-year impact in reducing preventable patient harms by more than 4,200, which resulted in nearly \$30 million in cost savings. This is a milestone in which our participants can truly take great pride!

I appreciate ever so much the time and effort our OHA chair, Jimmy Leopard, has devoted in helping to expand OHA's personal visits with many of our members. At a time of continued CEO turnover in our hospital ranks, the need to keep our key leaders engaged across the state has never been greater in pursuit of our common goals. That was a topic of discussion at the OHA board's recent planning retreat and I greatly appreciate the commitment expressed toward engaging our members more effectively. As witnessed in our accomplishments this past year, our unified work makes ALL the difference. We are grateful for your ongoing support and look forward to the year ahead together.

Grateful for your support,


Craig W. Jones, FACHE
President



Chairman's Letter

It is an honor and a privilege to serve as your OHA chairman of the board. Since serving on the OHA board, I have visited hospitals from Miami to Mangum and Shattuck to Idabel. Every hospital is unique and has its own individual challenges. One thing common to all, though, is adequate funding to sustain our missions of providing health care in our communities. I have noted that rural hospitals are hurting financially, many practitioners are leaving the state, physician recruitment is becoming more difficult and there appears to be a developing crisis with regard to nurse availability. A most challenging environment in which we work.

Legislatively, we have our challenges, too. In this past legislative session, the Legislature passed a budget that temporarily staves off imminent hospital closures in many communities, but this is a temporary fix. The OHA urged lawmakers to raise the cigarette tax to provide a continuing funding source for vital services, including Medicaid, mental health services and the Department of Human Services. However, as you know, the cigarette tax failed to pass, as did a plan to rebalance Medicaid. These measures would have made major strides toward improving the health of Oklahomans and reducing the financial stress of Oklahoma hospitals. At the OHA board's recent planning retreat, we developed several Strategic Areas of Emphasis for the coming year. At the top of our list is the continuing challenge to lawmakers to make courageous decisions to save rural health care and improve the health of all Oklahomans: 1) accept the available federal funds, 2) broaden coverage for the uninsured through an expanded Insure Oklahoma program, and 3) raise the cigarette tax.

In spite of our challenges, there are so many good things going on in our state. Some of these include: nursing home UPL opportunity efforts, improvements to the health department survey and licensing process, OHA Preferred Partner Network savings opportunities, *CareLearning* programming, HEN/HIIN activities and fantastic sepsis project success, WorkHealthy Hospitals' advancements, rural health initiatives and OHA-PAC program activities. You may read more about these in this annual report.

In conclusion, I have to write about CEO engagement. If you are new to your position as a CEO, or, if you have been a CEO for many years – we need for you to be engaged with us in every area, but especially in our advocacy efforts. CEOs should be the front line interface with legislators. Legislators listen to what you have to say as the hospital CEO from their district. Communication at that level is more effective than the same message coming from me or OHA staff. Work with your OHA regional chairs on messaging and we will provide all of the resources you need.

In your service,



Jimmy Leopard, FACHE
Chairman, Board of Trustees



OHA works to *MakeOKBetter* through advocacy efforts

Campaign makes the difference

During the early weeks of the legislative session, OHA launched a very important phase of a two-year ongoing campaign to garner legislative and public support for accepting federal funds to expand health insurance coverage in Oklahoma through InsureOklahoma.

- The advocacy campaign, **MakeOKBetter**, launched Feb. 24 with an animated video and toolkit materials to use in hospitals and communities. Our hospital members' use of the MakeOKBetter toolkit and campaign materials was vital to the success of the campaign throughout the session.
- A second video launch and social media push in March focused on rural hospital closures and how such closures can devastate a community.
- Later, when hospitals and other health care providers were threatened by the Oklahoma Health Care Authority's proposed 25 percent provider rate cut due to the state budget shortfall, our campaign turned to focus on raising the cigarette tax to stabilize Medicaid provider rates, and on a new emerging solution, the Medicaid Rebalancing Act. A third video and two press conferences focused on these efforts.

While we were not successful in legislation to bring our tax dollars back to Oklahoma to broaden insurance coverage, or to raise the cigarette tax, our advocacy efforts made all the difference in the final state budget agreement.

State budget shortfall brings push for Medicaid funding

Oklahoma Health Care Authority budget

Because of OHA's leadership and advocacy efforts this legislative session, the budget for the Oklahoma Health Care Authority (OHCA) will likely result in no further provider rate cuts this fiscal year for hospitals, nursing homes and other Medicaid providers. However, the proposed budget for Mental Health and Substance Abuse Services is \$20 million short of what is needed for SFY 2017 (see below).

The 2017 budget is not enough to let OHCA restore the 3 percent rate cut that was effective Jan. 1, 2016. In addition, this state budget uses more than \$600 million in one-time money and does nothing to avoid further cuts next year.

Oklahoma Department of Mental Health & Substance Abuse Services budget

Funding for the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for SFY 2017 is short \$20 million from the amount needed to avoid further cuts. The SFY 2017 General Appropriations bill contained a funding level that will not reverse the deep provider cuts of \$7 million that went into effect on May 1, 2016. The cuts to ODMHSAS are unacceptable for Oklahoma's health care system and corrections.

OHA and other providers urged the Legislature to correct this on the last day of the legislative session with a supplemental appropriation. That did not happen.



OHA press conference calling for a cigarette tax increase.



OHA Chairman Jimmy Leopard (right), CEO, Wagoner Community Hospital, visits with Sen. Kim David (center); and Debi Hamilton, board chairman, WCH.



Staff from St. Anthony Hospital visit with legislators at the state Capitol.

The voice of hospitals: Data and representation benefit members in rules and legislation development

Manatt Report, OSU economic impact report reinforce need for accepting federal funds.

OHA arranged for an independent study by Manatt Health, "Estimated State Budget Impact of an Oklahoma SoonerCare Expansion." Funded by a grant from the Robert Wood Johnson Foundation, this report was an update to the 2013 report for the Oklahoma Health Care Authority by Leavitt Partners, "Covering the Low-Income, Uninsured in Oklahoma – Recommendations for a Medicaid Demonstration Proposal." The new analysis estimates Oklahoma would see \$491 million in total savings and \$52 million in new state revenue through 2021 by expanding SoonerCare.

The report's summary stated:

If Oklahoma takes up the option of covering adults with incomes up to 138 percent Federal Poverty Level (FPL) under SoonerCare, it is projected that 272,000 individuals would gain coverage in the new adult group during 2019 (the first calendar year of full enrollment after a ramp-up period). Prior to applying any savings or revenue offsets, the five-year total costs associated with extending coverage to the new group are an estimated \$8.3 billion, of which the federal government would finance \$7.5 billion and Oklahoma would cover \$739 million.

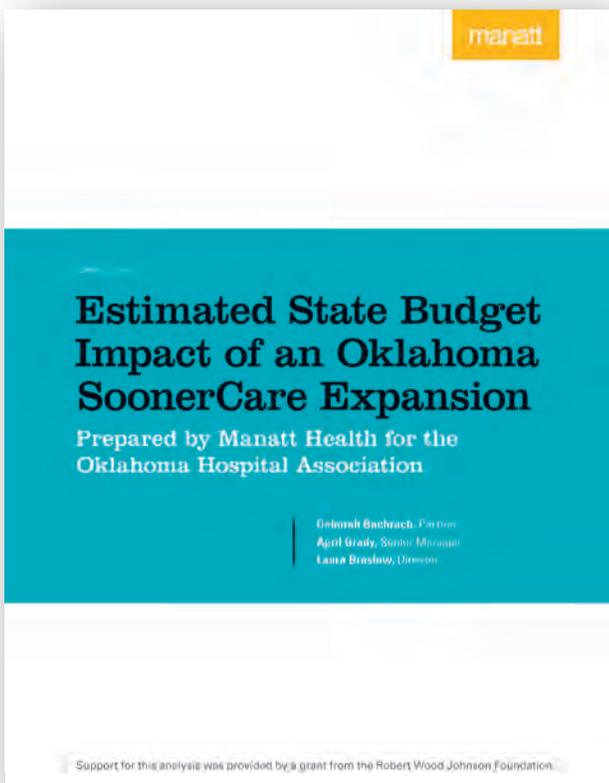
It is anticipated, however, that the state would be able to offset a considerable portion of costs by accessing enhanced federal match for some current SoonerCare populations and by replacing state general fund spending on health programs for the uninsured with federal Medicaid funds. In addition, as hospitals' revenues increase with the number of people covered, Oklahoma could expect to see higher state revenues from its existing hospital assessment. Enrollee premium contributions also could provide a revenue source.

From 2017 to 2021, it is projected that Oklahoma could see \$491 million in savings and \$52 million in new revenues, bringing the net state costs of covering the new adult group to \$196 million during the five-year period. (These figures exclude potential savings under a recent change in federal policy that could provide tens of millions in additional federal matching funds annually for individuals served by Indian Health Service and Tribal facilities. They also exclude broader economic impacts and reductions in uncompensated care, both of which are important additional areas of analysis for Oklahoma as it contemplates coverage for the new adult group.)

The full Manatt report is available on the OHA website at www.okoha.com/manatt.

OHA also commissioned a study, "The Economic Impact of the Proposed Oklahoma SoonerCare Expansion, CYs 2017-2026," by Dr. Gerald Doeksen, extension health economist, Oklahoma State University. This report analyzed the effect on Oklahoma's economy of the new health care spending projected by the Manatt report. It found that an investment by the state over five years of \$195 million would create direct and indirect revenue impacts totaling \$14.4 billion, more than 24,000 jobs, and \$431 million in state and local taxes.

The OSU study is available on the OHA website at www.okoha.com/impact.



Nursing Home UPL efforts

Nursing homes owned by local units of government will be able to receive supplemental Medicaid payments effective Jan. 1, 2017, following CMS approval of the plan to be submitted in the fourth quarter of 2016 by the Oklahoma Health Care Authority (OHCA). OHA was an active participant in discussions with OHCA, nursing home associations, and consultants in developing the program and drafting the rules for its operation.

This “upper payment limit” (UPL) program uses federal matching to increase the payment for Medicaid nursing home services. Participating nursing homes will make quarterly intergovernmental transfers (IGTs) to OHCA for the non-federal share of the additional payment.

Part of the increased payments to nursing homes will be dependent on participation and achievement in quality improvement efforts.

Only a few Oklahoma hospitals currently have long term care beds, but other hospitals owned by cities, counties, and public trusts may acquire or lease nursing facilities as a result of this program.

HB 1566, RFP on managed care efforts for ABD

In mid-2016, the OHCA developed a request for proposals and model contract for fully capitated managed care for aged, blind, and disabled (“ABD”) SoonerCare members. The agency was directed by the Legislature in 2015 through HB 1566 to request proposals for care coordination services for this Medicaid eligibility group.

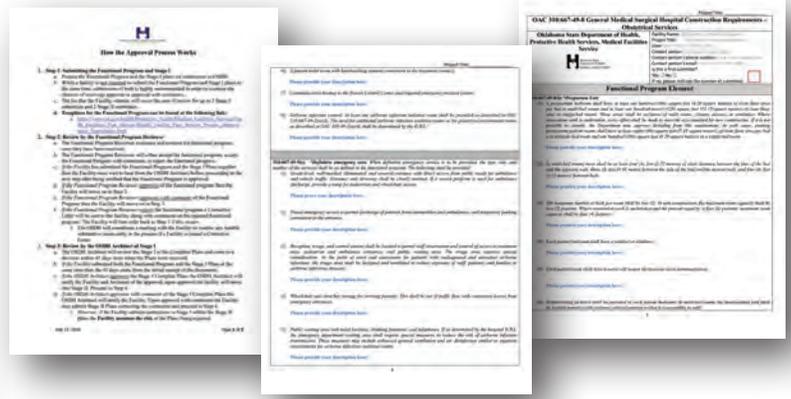
OHA engaged Health Management Associates to research best practices from other states’ Medicaid managed care programs, in light of new CMS rules for managed care programs, and submitted a 19-page letter with a 116-page appendix to OHCA detailing HMA’s findings. These recommendations focused on issues of importance to hospitals and other Medicaid providers.

OHA participated in OHCA’s stakeholder meetings on the ABD care coordination project and met with representatives of national and regional managed care companies interested in bidding on the SoonerCare contract. OHCA has branded this new managed care program as SoonerHealth+.



Telemedicine bills enacted

The OHA worked with a coalition of organizations on legislation rewriting the Oklahoma Telecommunications Act of 1997. It was the intent of the coalition that the requirements for the Oklahoma Universal Service Fund (OUSF) are easily understood by applicants and agency staff trying to determine whether they qualify for funding from the OUSF.



Improving the Health Facility Plan Review Process: Steps in the Right Direction

For more than a year and half, the Oklahoma State Department of Health (OSDH) has engaged a task force of interested stakeholders in studying the Medical Facilities Services (MFS) department’s process for reviewing construction plans submitted by hospitals and other health care organizations for state approval. The OHA has played a pivotal role in the work of the task force, work that has sought to rectify one of the most frustrating and resource-absorbing regulatory processes OHA members have faced in recent years.

By the end of 2015, details of the process had been mapped, key deficiencies and other shortcomings studied, and initial steps toward improvement identified and put in place for testing. As 2016 unfolded, results of the testing period were analyzed. Clearly some progress had been realized, but far greater achievement was needed. Feedback from creating functional narrative templates to capture specifically needed information was positive from several providers. A procedure change permitting the submission of stage one drawings with the functional narrative also proved useful. The task force set forth much greater emphasis on reporting processing times for functional programs, stage one and two submittals; traced incomplete submittals; established a client feedback process; and closely began to monitor staff resources in relation to work load and approval output. The status of these improvement steps is reported to the task force at each meeting.

A key concern for OHA and the task force is the department’s ability to recruit and maintain adequate numbers of staff to manage and process the workload of plan submissions. Last June, the MFS department was at full staff and the backlog of plans was well in process. However, shortly thereafter, staffing dipped again and has remained below the approved positions. OHA has met with OSDH executives to discuss alternatives for ensuring staff resources match the work load.

Within the third quarter of 2016, additional areas for improved efficiency and cost-effectiveness are being explored. These include such ideas as: categorizing projects by complexity (can we fast-track certain projects?); evaluating an alternative involving the self-certification of plans; categorizing and counting reasons for submittal rejections (what preventative measures can be provided to assist the client organization?); and, can a portal be established for online status/approval?

It remains essential “how” these improved steps and elements within the process are interpreted, carried out and sustained through proper staffing. OHA will see that its work in this area remains as a key area of focus in the months ahead.

The quest for higher quality and patient safety – OHA helps you on the journey

Hospital Engagement Network 2.0 celebrates success

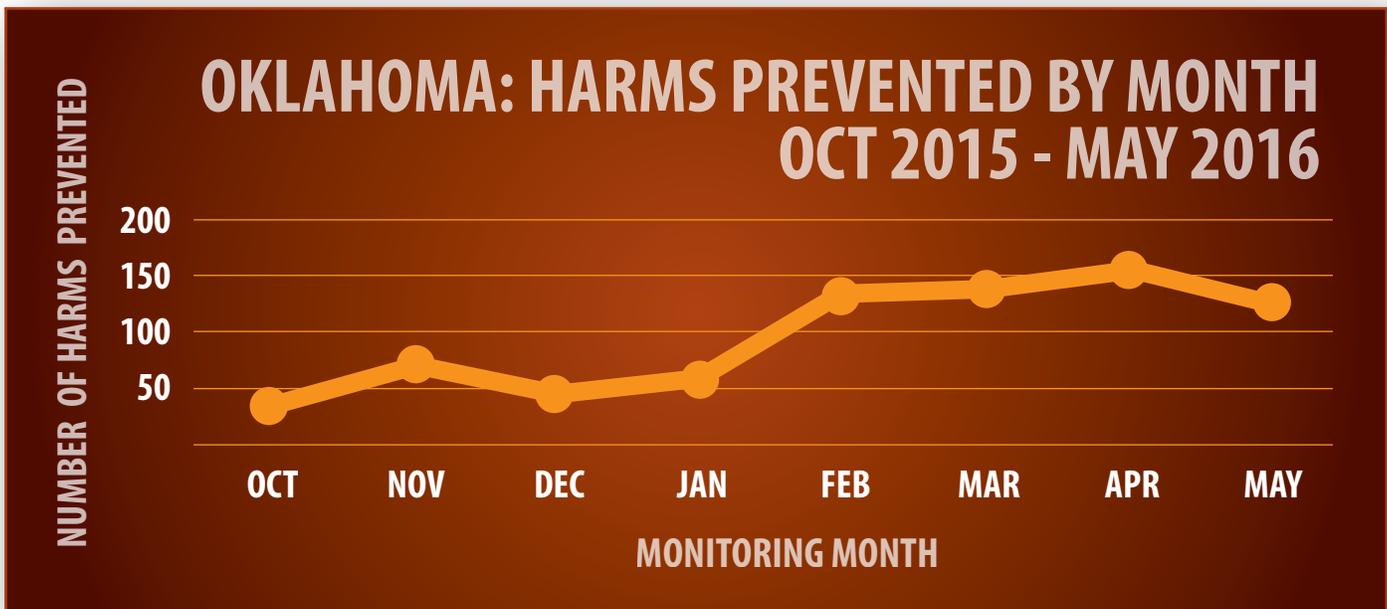
Thirty-seven Oklahoma Hospitals participated in the OHA Hospital Engagement Network (HEN) 2.0 over a 12-month period ending Sept. 23, 2016. Project focus areas included: adverse drug events, catheter-associated urinary tract infections, central line-associated blood stream infections, early elective delivery, falls, OB adverse events, pressure ulcers, sepsis, surgical site infections, venous thromboembolism, ventilator-associated events and readmissions.

Project outcomes:

- **320 patient harms prevented.**
- **\$1,889,842 in cost savings from prevented harms to patients.**

Benefits of participating in OHA HEN 2.0 included: on-site visits and clinical consultation from OHA HEN 2.0 staff, monthly OHA HEN 2.0 networking calls, educational webinars/calls and networking opportunities and clinical topic resources from national experts from AHA/HRET and national webinars. Two in-person conferences were held and presented by national speakers on the clinical topic areas.

Beverly Pickett, MS, RN, AllianceHealth Pryor, submitted a storyboard presentation on the success of her hospital in reducing readmissions, which was accepted for the July 2016 Spread and Sustainability Summit in San Diego.



Hospital Improvement Innovation Network (HIIN) will increase patient safety

OHA will participate in the continuation of the HEN patient safety project. The name will be changed to the Hospital Improvement and Innovation Network (HIIN) to incorporate a larger community of partners.

The HIIN program will integrate the Quality Improvement Network-Quality Improvement Organization (QIN-QIO) program with the current Hospital Engagement Network (HEN) program. CMS expects the alignment of these programs will advance the systematic use of innovative patient-safety practices on a national scale. HIIN will support the CMS goal of 100 percent active participation of all short-stay, acute care hospitals in the U.S. The HIINs are expected to achieve hospital-level improvement by reducing all-cause harm by 20 percent and readmissions by 12 percent. From 2011 through 2015, nearly 1,500 hospitals across 31 states collectively helped the AHA/HRET HEN prevent an estimated 92,000 harm events and saved \$988 million.

HIIN core topic areas include adverse drug events, catheter-associated urinary tract infections, central line-associated bloodstream infections, clostridium difficile including antibiotic stewardship, injuries from falls or immobility, pressure ulcers, sepsis and septic shock, readmissions, surgical site infections, venous thromboembolism, and ventilator-associated events. Additional areas of focus include multi-drug resistant organisms, diagnostic errors, malnutrition in the inpatient setting, airway safety, hospital culture of safety, iatrogenic delirium, and undue exposure to radiation.



Oklahoma Sepsis Collaborative results in an estimated 299 lives saved

The Oklahoma Sepsis Collaborative completed its first year with the goal to decrease sepsis mortality. This was achieved through early recognition of sepsis (through use of a patient screening tool within two hours of presentation to a hospital unit) and early implementation of evidence-based bundles of care (to be implemented within three hours and six hours of recognition of signs/symptoms of sepsis). Thirty-seven units in 20 hospitals registered to participate and 18 hospitals reported data for at least four months.

Sepsis project outcomes:

- **The mortality rate during the project period as compared to 2013 baseline data obtained from the Oklahoma State Department of Health Healthcare Information's Inpatient Discharge Data Public Use File decreased by 5.4 percent (from 14.95 percent to 9.54 percent) for a relative risk reduction of 36 percent!**
- **The number of estimated lives saved = 299**

Benefits of participation included monthly webinars by a subject-matter-expert, data analysis by faculty of the Oklahoma College of Public Health Department of Epidemiology and Biostatistics, an in-person educational conference, and networking opportunities with Oklahoma colleagues.

This project was funded in part by the Telligen Community Initiative (TCI) to initiate and support, through research and programs, innovative and farsighted health-related projects aimed at improving the health, social well-being and educational attainment of society, where such needs are expressed.

AHRQ Safety Program for ICUs aims to reduce CLABSI/CAUTI

OHA is participating in the AHRQ Safety Program for ICUs: CLABSI/CAUTI, a 12-month project (January through December 2016). The purpose of the project is to reduce CLABSI (central line-associated blood stream infections) and CAUTI (catheter-associated urinary tract infections) morbidity and mortality through implementation of the Comprehensive Unit-based Safety Program (CUSP) and evidence-based practices.

Benefits of participation include site visits with OHA clinical initiatives staff and a nurse/physician clinical mentor team, monthly national webinars, and extensive e-learning modules and resources. Currently, five Oklahoma hospital ICU teams are participating in this project.

Rural health care efforts aim to strengthen future for rural hospitals

OHA's aggressive response to the needs of its rural members and the communities they serve has been in full swing for nearly two years. OHA's Rural Health department has worked to strengthen relationships and lines of communication to discern how best to provide direct assistance, information, advocacy, and other kinds of support as needed or requested by members.

2016 highlights include:

Potential Future Models for Rural Health Care

Three member hospitals (Sayre Memorial Hospital, Memorial Hospital & Physician Group of Frederick, and EPIC Medical Center of Eufaula) ceased hospital operations this year. Others continue to struggle. OHA continues with work to develop alternative models for the provision of health care services in Oklahoma's rural communities.

- **Co-Located FQHC-Hospital Model:** This simple concept focuses on the augmentation of existing services to expand the access to primary care in communities without a Federally Qualified Health Center (FQHC), but with a Critical Access Hospital or small PPS hospital. Under this model, if FQHC expansion or a new start were desired within the service area of a hospital, it would occur with full cooperation, collaboration, or direction of that hospital. This new entity would allow for shared services (administration, front office, back office, lab, imaging), conversion of existing primary care services, and the addition of oral health and behavioral health to the community. OHA worked this year with three member hospitals to investigate applying as new FQHC sites in a 2016 grant cycle, with one member submitting the first portion of the application before deciding to step back and reconsider in the next cycle.
- **24-hour Outpatient Hospital Model (OPH):** This model is much more of a "last resort" to full closure for a hospital. OHA has pursued this model because nothing like it currently exists as a federal designation and any decision to convert to this model would require a decision by the governing body of the hospital. Under the OPH designation, primary care, outpatient services, emergency medicine, and limited overnight observation beds would be available. Support services and staffing for the OPH would be minimized, providing cost savings, yet access to vital health care services could be maintained. Currently no formal designation or payment system for an OPH exists; however, the OHA has asked the state to develop standards for an OPH in order to move the model from concept to something implementable. OSDH's "Emergency Hospital" standards exist now but are being edited to serve as the OPH standards. From those standards, it is hoped that a payment demonstration project can be created.



Rural hospital CEOs at the Rural Health Session, Convention 2015.

Council on Rural Health

The council has played an important part in reviewing OHA's work on the development of these two models. Meeting twice face-to-face and through several electronic document reviews, the council has performed a vital role in proposing and discussing the OPH model. The members' experience as rural hospital administrators provide a unique insight to the workability of these new concepts for provision of care in rural Oklahoma.

Regional CEO Meetings

OHA groups its rural hospitals into four regions: northwest, northeast, southwest, and southeast. Regional CEO meetings have been reestablished since the forming of the Rural Health department. These meetings not only give the regional CEOs the opportunity to interact with OHA staff, but the opportunity to visit and build relationships with their colleagues from across their regions, which is important based on the continued turnover of hospital CEOs. A rural CEO may feel very isolated, and the chance to hear what others are doing, or just to learn that their peers are struggling with similar issues, provides a great benefit to them.

Federal Legislation

Two bills have emerged in response to the astounding number of rural hospital closures across the country.

- **The REACH Act:** By Grassley (IA) in the Senate, creates a "Rural Emergency Hospital" allowing for the provision of primary care, outpatient services, and emergency services. (Many consider this a "good start," but it is not as comprehensive as needed.)
- **HR 3225 – the Save Rural Hospitals Act:** By Graves (MO) and Loebach (IA), is a comprehensive bill written in four parts:
 - a) restoring recent cuts to hospital reimbursement,
 - b) reduction of higher out-of-pocket costs for Medicare beneficiaries,
 - c) regulatory relief on conditions of payment, and
 - d) creation of a Community Outpatient Hospital designation (based on the 24-hour Outpatient Hospital Model) with grants to assist hospitals' transition to different ways of providing care.

The OHA board has formally endorsed HR 3225 and staff has worked with members to ask the Oklahoma Senate delegation to introduce the Save Rural Hospitals Act on the Senate floor. Once introduced in both houses, the bill would move forward in conference committee, where a passable compromise could be reached.



ActionALERT 
An urgent update from OHA. Please take action now!

HR 3225 Save Rural Hospitals Act
Sept. 7, 2016

HR 3225, authored by U.S. Rep. Graves (MO) and Loebach (IA), with Frank Lucas (OK 3rd District) being among the cosponsors, the Save Rural Hospitals Act, was written to address the factors that have led to the alarming increase in rural hospital closures. The bill addresses these issues in four titles:

1. Rural hospital stabilization – elimination of multiple cuts that are causing rural hospitals to close, and cessation of important rural PPS hospital payments;
2. Rural Medicare beneficiary equity – elimination of higher out-of-pocket charges for rural beneficiaries (total charges vs. allowed Medicare charges);
3. Regulatory relief – elimination of the CAH 96-hour Condition of Payment, reform of supervision requirements for outpatient therapy services at CAHs, and rural PPS modification to 2-Minute Rule and RAC audits and appeals process;
4. Future of rural health – development of a Community Outpatient Hospital (24-hour emergency, diagnostic/emergency care/outpatient services, but no acute inpatient beds), grant funding to assist rural hospital transition, and CMMI demonstration projects for shared savings.

- HR 3225 was unanimously endorsed by the Oklahoma Hospital Association board at its March board meeting.

Action Needed – Contact Senators Inhofe and Lankford
HR 3225 now needs to be introduced on the Senate floor. This step will allow the bill to go to a conference committee between the two houses. Please call and ask our U.S. senators to introduce HR 3225 on the Senate floor so it can move forward. Ask to speak with each senator's health and human services legislative aide.

- Senator Inhofe: 202-224-4721, Jennifer Bowman in his health legislative aide.
- Senator Lankford: 202-224-5754, Kevin Kirschel in his health legislative aide.

If you have any questions, contact Andy Fossum, afossum@okhospa.com, 580-554-0027.

Attached
(1) Copy of Oklahoma Hospital Association's letter to the senators.

At left, an OHA member Action Alert on HR 3225. Above, rural hospital administrators attend an education session.

OHA education opportunities help your organization in the quest for improvement

Through the third quarter of 2016, more than 109 (86 percent) of OHA member hospitals have participated in at least one OHA education event. More than 1,000 individuals from 96 hospitals have participated in webinars and close to 350 individuals from 66 hospitals have participated in live events.

- **28 OHA member hospitals participated in two to five OHA programs**
- **17 participated in six to 10**
- **13 participated in 11-15**
- **8 participated in 16-20**
- **5 participated in more than 20**

Participants range from large systems/hospitals to very small critical access hospitals.

Webinars

Webinar offerings in 2016 included six series. Eighteen OHA member hospitals participated in a webinar series titled "The HCAHPS Breakthrough Series." Each webinar focused on one HCAHPS domain and was crafted to provide participants with a step-by-step actionable blueprint to sustainably improve their patient experience scores.

Others webinar topics included: CMS Conditions of Participation for CAH Hospitals, CMS Conditions of Participation for PPS Hospitals, CMS CoP Deep Dives Series, Trustee Series, and a Retirement Plan Series.

Seminars and Workshops

During 2016, OHA has offered live educational programs on relevant topics including OPPS update, active shooter preparedness, JCR Continuous Service Readiness, and Rural Healthworks Training.



Leadership Events

2016 has been a solid year for the Leadership Development Series for departmental management staff with 19 participants. The series is offered in partnership with the business development department at Oklahoma City Community College. Sessions are interactive, utilizing multiple learning methods to address varying learning styles and to ensure engagement and participation. Because the series is offered as a complete program, participants have been able to develop relationships with others around the state. The hope is this group will serve as a resource to each other as they advance their careers.

The 2016 OHA Health Care Leaders Forum was held at the Hard Rock Hotel near Tulsa. Attendance was up 18 percent from 2015. The education sessions focused on “Hospital Success: Managing the Tipping Point” and built on the conversations begun in 2014 and 2015 about the changing environment shaping the future of Oklahoma’s hospitals and “what hospitals can and should be doing to ensure a successful future.”

Areas of focus included:

- New skill sets for successful CEOs
- Physician Engagement
- Raising the Bar on Board Performance
- Avoiding Legal Pitfalls & Dealing with Government Regulations

CareLearning.com

OHA has been part of *careLearning.com* since 2001. *CareLearning* is a nonprofit online education company providing competency, e-learning and performance products to hospitals and other health care organizations. It is owned and operated by more than 40 state hospital associations.

Oklahoma hospitals participating in the *careLearning* system have access to 29 compliance and regulatory courses as well as nearly 364 custom modules established by Oklahoma users for shared learning. Through a course sharing platform of *careLearning* clients nationally, these Oklahoma hospitals also have access to 5,000 additional courses at no extra cost.

Affiliated Societies

Affiliated societies are personal professional membership groups whose members work in different areas within the health care field. These organizations share many common issues and concerns with OHA.

OHA offers three levels of affiliation to these groups. Currently, there are 12 organizations that affiliate with OHA. OHA provides services to these groups ranging from dues billing and all accounting services, planning or staffing educational programs to providing a staff liaison to attend board meetings.

OHA Annual Convention & Trade Show

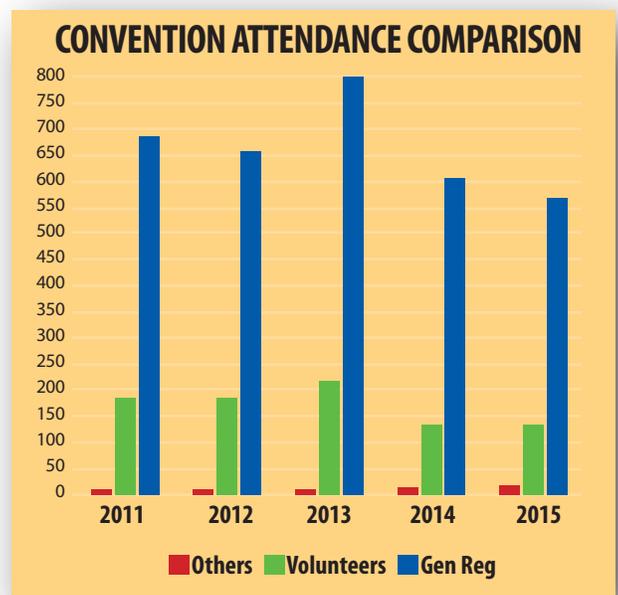
The OHA Annual Convention & Trade Show continues to bring together more health care employees than any other event in Oklahoma. In 2015, the convention hosted just under 1,000 hospital employees from 107 hospitals and systems located in Oklahoma, along with attendees from 13 other agencies and companies. The annual convention offers educational opportunities, as well as time for networking and seeing the newest products and services for health care providers.

The 2015 Trade Show saw 149 companies in 155 booths provide information on their products and services to convention attendees.

The theme for the 2016 Annual Convention was “Joining the Quest for High Reliability,” and was held in Oklahoma City Nov. 2-4.



Leadership Development Series session.



Hospitals excel at health improvement through OHA initiatives

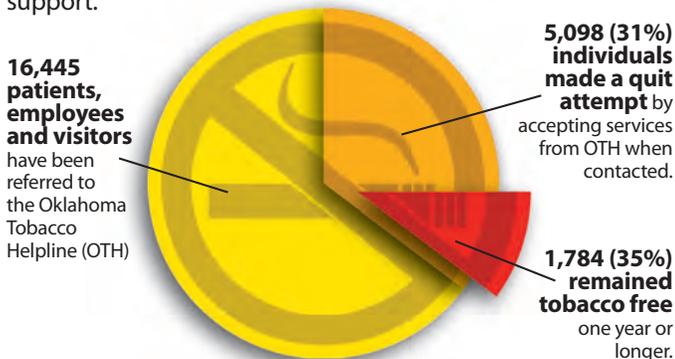


Hospitals Helping Patients Quit

Since 2009, OHA has provided onsite consultation to more than 42 health systems/hospitals to guide them to establish a total tobacco free culture. Hospitals develop permanent system changes, tailored for their system, through campus-wide tobacco free policy development and nicotine addiction treatment implementation. These changes assure a sustainable, consistent process throughout hospitals and their clinics, ensuring that patients and employees who use tobacco are identified and provided the most supportive, effective, evidence-based treatment available, leading them to a tobacco-free life.

Helpline referrals

From October 2010 through July 2016, 51 OHA member hospitals, more than 125 affiliated outpatient clinics, and employee wellness services have implemented, total or in part, the evidence-based treatment protocol including a referral process to the Oklahoma Tobacco Helpline for counseling support.



Oct 2010 – July 2016

HHPQ Participating Organizations

Hospitals/Health systems

AllianceHealth Blackwell
 AllianceHealth Clinton
 AllianceHealth Deaconess, Oklahoma City
 AllianceHealth Durant
 AllianceHealth Midwest, Midwest City
 AllianceHealth Ponca City
 AllianceHealth Seminole
 AllianceHealth Woodward
 Arbutle Memorial Hospital, Sulphur
 Cherokee Nation Health System,
 W.W. Hastings Indian Hospital, Tahlequah*
 Chickasaw Nation Medical Center, Ada
 Craig General Hospital, Vinita*
 Duncan Regional Hospital
 Eastar Health System, Muskogee
 Elkview General Hospital, Hobart*
 Fairview Regional Medical Center
 INTEGRIS Baptist Medical Center, Oklahoma City
 INTEGRIS Bass Baptist Medical Center, Enid
 INTEGRIS Canadian Valley Hospital, Yukon
 INTEGRIS Grove Hospital
 INTEGRIS Health Edmond
 INTEGRIS Miami Hospital
 INTEGRIS Southwest Medical Center, Oklahoma City
 Jane Phillips Medical Center, Bartlesville*
 Lawton Indian Hospital*
 Memorial Hospital of Texas County, Guymon
 Mercy Health Love County, Marietta*
 Mercy Hospital Ada*
 Mercy Hospital Ardmore*
 Mercy Hospital El Reno
 Mercy Hospital Healdton*
 Mercy Hospital Kingfisher
 Mercy Hospital Logan County, Guthrie
 Mercy Hospital Oklahoma City
 Mercy Hospital Tishomingo*
 Mercy Hospital Watonga
 McBride Orthopedic Hospital, Oklahoma City
 Norman Regional Health System, Porter campus*
 Norman HealthPlex*
 Okeene Municipal Hospital
 Pauls Valley General Hospital*
 Purcell Municipal Hospital
 Sequoyah Memorial Hospital, Sallisaw
 Southwestern Medical Center, Lawton
 Southwestern Medical Center Behavioral Health, Lawton
 Stillwater Medical Center
 St. Anthony Hospital, Oklahoma City*
 St. Anthony Shawnee Hospital
 St. John Health System, Tulsa metro*
 OU Children's Hospital and OU Health Sciences Center,
 Departments of Pediatrics & OB/GYN/MFM and
 Perinatal Programs, Oklahoma City
 Valir Rehabilitation Hospital, Oklahoma City
 Wagoner Community Hospital

Outpatient Clinics

AllianceHealth Clinics
 Chickasaw Nation Health & Dental Clinics
 INTEGRIS Cancer Institute of Oklahoma
 INTEGRIS Physician Services
 Mercy Clinics – Statewide
 OU Physicians/Outpatients
 St. Anthony Midtown Clinic, Oklahoma City

Employee Wellness

INTEGRIS Employee Wellness
 Mercy Employee Wellness

*In process of implementation.

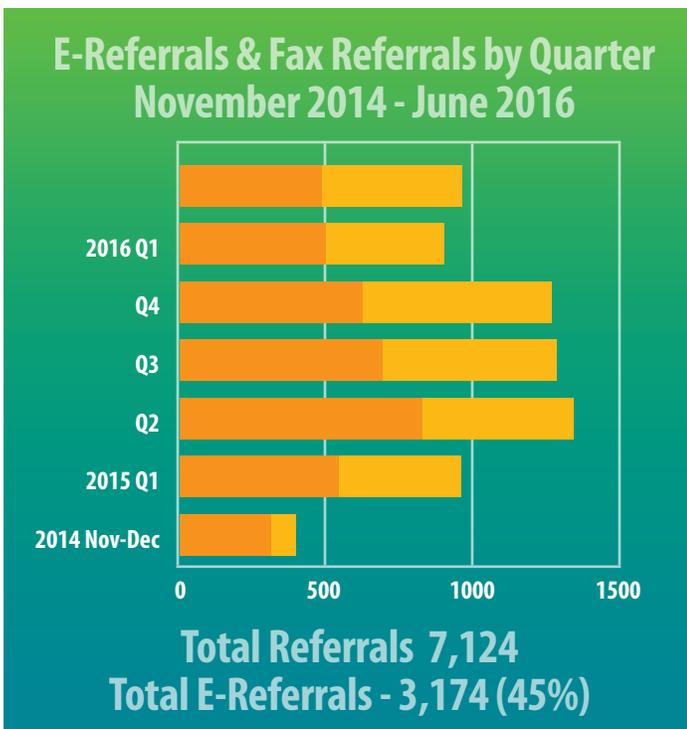
Electronic Helpline Referrals

Numerous Oklahoma hospitals are on the national forefront of providing best practices for patient centered tobacco cessation by integrating clinical tobacco treatment protocols into electronic medical records (EMR).

- The Chickasaw Nation Medical Center, Mercy Health System, INTEGRIS Health System, and Duncan Regional Hospital and all of their outpatient clinics have successfully implemented treatment into their EMRs, including electronic referral (e-referral) capabilities directly to the Oklahoma Tobacco Helpline (OTH).
- The Cherokee Nation Health System, St. Anthony Health System, and OU Children's Hospital are currently nearing this goal.
- EMR changes through the perinatal program, neonatal intensive care unit (NICU) at OU Children's Hospital will allow medical staff to refer parents/guardians of vulnerable NICU newborns to the OTH.

This breakthrough work was presented this past year at two national venues: the North American Quitline Consortium Annual Meeting and the U.S. Public Health Service Annual Conference.

This work was presented at the Oklahoma conference, Preparing for the Seventh Generation, at which OHA and Chickasaw Nation Medical Center staff received the Sally Carter Award to recognize this achievement.



The WorkHealthy Hospitals (WHH) initiative helps hospital and health system leaders, human resources and wellness employees lead and facilitate permanent improvements in their infrastructure, including wellness policies, environment changes and employee benefits, to support employees in improving their health by "making the healthy choice, the easy choice." This, in turn, improves staff morale and employee productivity, reducing absenteeism and employee health costs. OHA staff provides affordable means to assess current organizational wellness and individualized consultation to set health improvement goals and implement specific strategies, resulting in improved wellness. Since 2013, WHH has partnered with nearly 50 Oklahoma hospitals.

WHH Engaged Hospitals (July 2015 - June 2016) 23 hospitals - 15,827 employees

- AllianceHealth Deaconess, Oklahoma City
- AllianceHealth Woodward
- Arbuckle Memorial Hospital, Sulphur
- Duncan Regional Hospital
- INTEGRIS Baptist Medical Center, Oklahoma City
- INTEGRIS Bass Baptist Health Center, Enid
- INTEGRIS Canadian Valley Hospital, Yukon
- INTEGRIS Cancer Institute of Oklahoma
- INTEGRIS Grove Hospital
- INTEGRIS Health Edmond
- INTEGRIS Mental Health
- INTEGRIS Miami Hospital
- INTEGRIS Southwest Medical Center, Oklahoma City
- Jane Phillips Medical Center, Bartlesville
- Lakeside Women's Hospital, Oklahoma City
- Mercy Hospital Watonga
- Norman Regional Health System, Porter campus
- Norman HealthPlex
- Northeastern Health System, Tahlequah
- Okeene Municipal Hospital
- Stillwater Medical Center
- Valir Rehabilitation Hospital, Oklahoma City
- Wagoner Community Hospital



Highest hospital achievements to date

(Gold is the highest achievement in that area):

★ 15 Gold Star Hospitals – Tobacco Cessation

- Arbuckle Memorial Hospital, Sulphur
- Duncan Regional Hospital
- INTEGRIS Health – 10 hospitals
- Mercy Hospital Watonga
- Okeene Municipal Hospital
- Valir Rehabilitation Hospital, Oklahoma City

🏆 4 Gold Medal Hospitals – Physical Activity

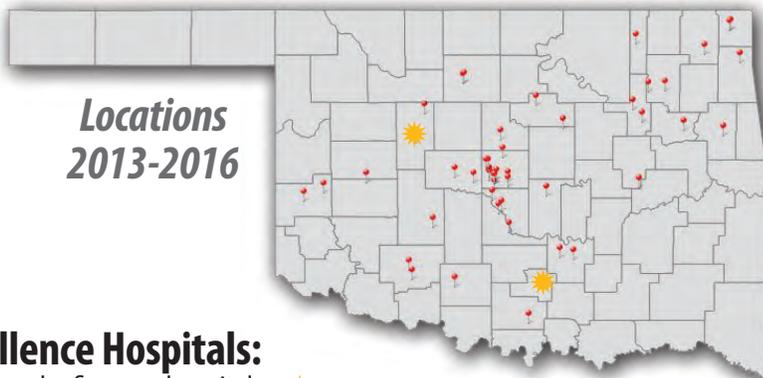
- Arbuckle Memorial Hospital, Sulphur
- Duncan Regional Hospital
- Mercy Hospital Watonga
- Valir Rehabilitation Hospital, Oklahoma City

🍏 2 Gold Apple Hospitals – Nutrition/Food Environment

- Arbuckle Memorial Hospital, Sulphur
- Mercy Hospital Watonga

“The WorkHealthy program has been very beneficial for our hospital. I have seen a dramatic change in our employees since we began. Our entire culture has changed. Many employees have lost weight, quit smoking, started exercising, and improved their health. We have seen less absenteeism and a more positive morale overall. I am very proud of the awards we have received and can attest to the positive changes that have resulted from promoting a healthy work environment in partnership with the OHA WorkHealthy Hospitals initiative.”

– Darin Farrell, CEO,
Arbuckle Memorial Hospital,
WHH Excellence Hospital



Locations
2013-2016

Excellence Hospitals:

This year, the first two hospitals have achieved the highest level of wellness by reaching Gold in all areas!

- ★ Arbuckle Memorial Hospital
- ★ Mercy Hospital Watonga



Above, Mercy Hospital Watonga, and at left, Arbuckle Memorial Hospital, with Excellence Awards.

Innovative Strategies for Employee Wellness

Best practice examples implemented by Oklahoma WorkHealthy Hospitals in 2016

- Include employee wellness goals in the health system strategic plan to sustain the wellness culture.
- Post nutrition information on all food choices to inform consumers of their choices.
- Create a brand name for a healthy meal served daily in the cafeteria, such as “Eat Well,” “Mindful” and “My Plate.”
- Use price leveraging to influence food choices by offering healthier options at a reduced cost.
- Contact the Ardmore Institute of Health for possible grant funding to sponsor an employee physical activity program using Fitbits®.
- Create a “Spirit of Wellness” award in which employees nominate fellow co-workers who have made substantial changes in their health, helped facilitate a culture of wellness in the workplace, and/or continued to live and lead a healthy lifestyle.
- Offer free nicotine replacement therapy to employees using tobacco to assist in tobacco cessation.
- Map out a walking route inside or outside your hospital to encourage walking and include distance indicators along the way. Encourage walkers to walk with a friend or co-worker.

OHA Preferred Partner Network brings savings for members

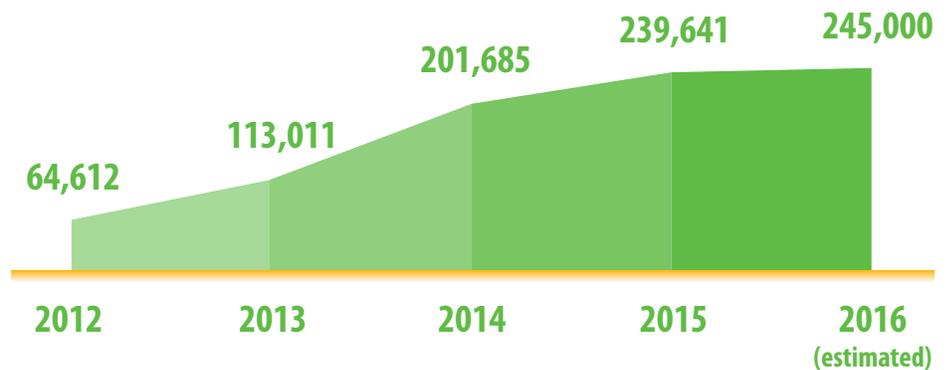
In 2012, OHA brought our preferred vendor program in house with a new name, the OHA Preferred Partner Network. Since that time, OHA staff has been working diligently on behalf of members to find partners that will bring value-added programs and services to OHA member hospitals.



Over the past four and a half years, OHA has developed a core group of companies that are offering their products and services to OHA members. These companies provide services in the areas of background screening, education, insurance, staffing and physician searches, compensation, finance and business consulting, pharmacy, building systems, financial services, quality and safety, equipment leasing, service and warranties, supply chain improvement and more. OHA members can access a current list of participating companies on the OHA website at www.okoha.com/PPN.

By the end of 2016, the partnerships OHA has developed with these companies will have provided more than \$825,000 in non-dues revenue to the Association.

PREFERRED PARTNER REVENUE



Forty-five OHA member facilities are taking advantage of the opportunities offered by PPN companies. Join the savings!

Alliance Health Clinton
Alliance Health Deaconess
Alliance Health Midwest
Alliance Health Ponca City
Blackwell Regional Hospital
Comanche County Memorial Hospital
Cordell Memorial Hospital
Craig General Hospital
Duncan Regional Hospital
Elkview General Hospital
Fairfax Community Hospital
Fairview Regional Medical Center
Great Plains Regional Medical Center
Hillcrest Medical Center
Holdenville General Hospital
INTEGRIS Miami Hospital

Jackson County Memorial Hospital
Jefferson County Hospital
Lakeside Women's Hospital
McAlester Regional Health Center
Memorial Hospital of Texas County
Mercy
Mercy Health Love Co.
Mercy Hospital Kingfisher
Muscogee Creek Nation
Newman Memorial Hospital
Norman Regional Health System
OK Ctr for Orthopaedic & Multi-Specialty Hospital
Okeene Municipal Hospital
Oklahoma Heart Hospital
OU Medical Center

Pauls Valley General Hospital
Perry Memorial Hospital
Purcell Municipal Hospital
Pushmataha Hospital
Sequoyah Memorial Hospital & Home Care
Southwestern Medical Center
SSM HealthCare System of Oklahoma
St. John Medical Center
St. Mary's Regional Medical Center
Stillwater Medical Center
Summit Medical Center
The Cherokee Nation
The Children's Center Rehabilitation Hospital
WW Hastings Indian Hospital

OHA Insurance Agency completes 22nd year of service to members

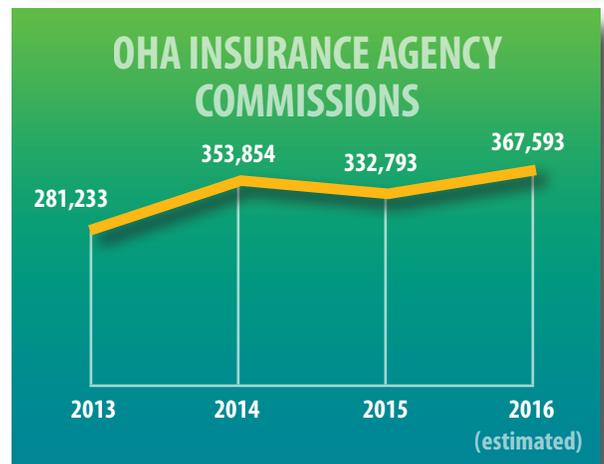
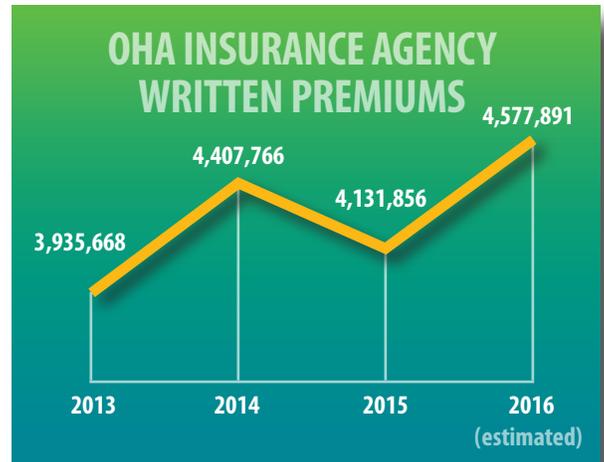
The OHA Insurance Agency is completing its 22nd year as a full service insurance agency that provides insurance products and services to OHA members. Currently licensed in Oklahoma to sell all lines of insurance products, the OHA Insurance Agency is able to provide OHA members with any type of coverage needed with all of the leading insurance carriers across the nation.

The insurance market for health care facilities in Oklahoma has once again been unpredictable. Premiums in the commercial property have been flat this year with the majority of renewals showing minimal increases. Wind and hail deductibles of \$50,000 to \$100,000 have become the norm. Most of the major carriers are willing to quote the Oklahoma market.

The professional/general liability market also remains flat. The purchase of PLICO by MedPro in 2015 appears to be favorable for Oklahoma hospitals.

The directors and officers market has been more competitive this year with a number of carriers willing to quote Oklahoma hospitals. The workers' comp market has once again been very favorable to OHA member hospitals. Oklahoma Healthcare Association paid another dividend this year equivalent to two months premiums. Underwriters for Oklahoma Healthcare Association indicate that a savings of up to 35 percent can be achieved by switching to their policy from a commercial carrier.

Cyber Crime insurance has gained significant interest for hospitals in Oklahoma. OHA Insurance Agency has several carriers that are willing to write this type of policy.

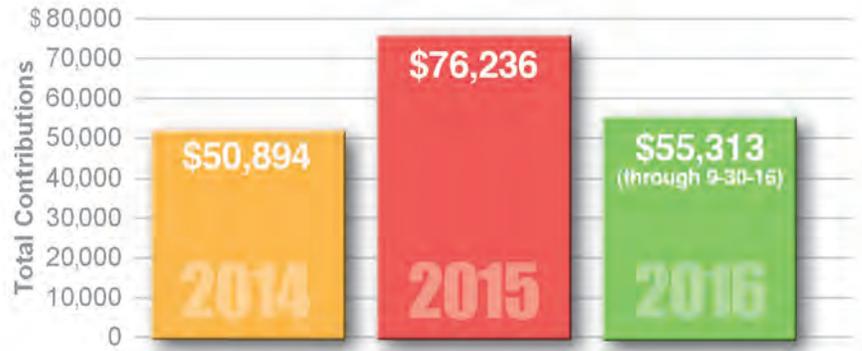


OHA-PAC Contributions

Supporting legislators who support our industry, the OHA-PAC is only as strong as our members' contributions.



OHA-PAC Contributions



Year contributions received



Rex VanMeter (right), president, INTEGRIS Canadian Valley Hospital, discusses issues with Sen. Kyle Loveless at the state Capitol.



For more information on OHA products and services, contact:

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