



KHA's Current Report
August 8, 2025

President's Perspective – Protect Wichita Firefighters Initiative to Receive Visionary Award

I am pleased to announce that this year's winner of the [Donald A. Wilson Visionary Award](#) for 2025 is the Protect Wichita Firefighters Initiative.

The Kansas Hospital Association established this award to recognize individuals who have made an outstanding, innovative contribution to health care delivery, health care financing or other initiatives to improve the health and clinical outcomes of their community. The Donald A. Wilson Visionary Award provides KHA members the opportunity to recognize individuals who have truly been agents for change in their community and the hospital industry.

Individuals at four organizations led the Protect Wichita Firefighters: Via Christi St. Francis (Keisha Humphries, Dr. Brett Grizzell, Andrea Gallardo), City of Wichita (Council Member Becky Tuttle), Wichita Firefighters (Chief Becky Snow), and the International Association of Fire Fighters Local 135 (President Ted Bush). The initiative directly addresses a critical and emerging challenge in health care: the alarmingly high rates of occupational cancer, heart and lung diseases among firefighters.

Data from the International Association of Fire Fighters highlights that occupational cancer accounts for up to 70 percent of line-of-duty deaths for career firefighters, representing a significant health disparity for these vital community members. This initiative provides a much-needed solution to a population historically underserved by comprehensive, targeted preventive care. By offering specialized, early detection health screenings and ongoing nurse navigator support, the program improves clinical outcomes by identifying issues at their most treatable stages. Furthermore, by aiming for widespread replication, this initiative has the potential to influence health care financing models by shifting towards preventive care, ultimately reducing long-term costs associated with advanced disease treatment for this high-risk group.

The Protect Wichita Firefighters Initiative took the lead in designing and implementing a specialized, annual screening program tailored to the unique health risks of firefighters. This proactive approach includes comprehensive medical exams, cancer screenings and cardiovascular and pulmonary screenings, all guided by dedicated nurse navigators. This commitment to early detection and preventive care for a specific high-risk population showcases visionary leadership in shifting the paradigm of health care from reactive treatment to proactive wellness. This integrated, firefighter-centric approach represents a novel model for occupational health and preventive care that prioritizes convenience, support and trust.

The Protect Wichita Firefighters Initiative demonstrates close collaboration at multiple levels and has significant potential for wide application. It is a direct result of a partnership between Via Christi, the City of Wichita, Wichita Firefighters and IAFF Local 135. This local partnership effectively pooled resources and expertise to develop and implement the program. The initiative has actively engaged with a broad state-level coalition of fire departments and unions, including numerous IAFF locals across Kansas and the Kansas Fire Chiefs Association, to advocate for legislative support (House Bill 2024). This extensive network of support underscores its replicability.

With funding secured from the Kansas Health Foundation to replicate this model across the state, the Protect Wichita Firefighters Initiative has already proven its capacity for wide application, serving as a blueprint for other communities to address critical occupational health needs. Other firefighter municipalities and law enforcement agencies have approached the group to learn how they, too, can implement this innovative model in their communities.

The initiative has already made a profound difference in improving health care delivery and clinical outcomes within the firefighter community. By providing specialized and convenient early detection screenings for cancer, cardiovascular and pulmonary diseases, the program directly addresses the disproportionately high rates of these conditions among firefighters. This proactive approach significantly enhances the quality of health care delivery by allowing for early diagnosis, which is crucial for successful treatment and improved prognoses. Since the program launched in February, 307 Wichita firefighters have signed up, leading to the identification of multiple cancers and cardiac diagnoses. While direct financial impact data is still emerging, by focusing on prevention and early intervention, the program has the potential to improve health care finances by reducing the need for costly late-stage treatments.



Congratulations to the Protect Wichita Firefighters Initiative. We look forward to officially presenting this honor during the KHA Awards Luncheon on Friday, Sept. 5, at the [KHA Annual Convention](#) in Wichita. I invite you all to attend and join us in honoring this visionary work and the organizations and individuals behind it, as well as other health care leaders who will be recognized.

--Chad Austin

Advocacy Is for Everyone – Your Mission Starts Here

In Kansas and across the nation, health care faces unprecedented challenges. But solutions don't come from the sidelines—they come from YOU.

Whether you're a hospital leader, nurse, patient advocate or health care supporter, your voice is essential. Advocacy isn't just for policy nerds or politicians; it's for everyone who cares about sustaining Kansas hospitals and ensuring quality care for all.

Join us for the Political Advocacy and Grassroots Breakfast at 7:15 a.m. on Thursday, Sept. 4. We will spotlight real Kansans making a difference, and you'll discover how our democracy thrives when more people engage.

Our mission is possible by ensuring a healthy, vibrant health care system through civic engagement, political action and community leadership.

Don't miss [Pete Davis](#), a dynamic advocate for American democracy and co-producer of the documentary *Join or Die*. Pete will inspire us to turn values into action and participation into progress. Pete Davis is a civic advocate and author of *Dedicated: The Case for Commitment in an Age of Infinite Browsing*. His work champions the idea that lasting change happens when people commit to civic life and community action. His message ... democracy depends on us—all of us—to show up, speak out and stay engaged.

Be a part of the mission. Help secure the future of health care in Kansas. Register today for the [KHA Convention and Trade Show](#) and get a ticket for the Political Advocacy and Grassroots Breakfast by visiting: <https://registration.kha-net.org/>.

--Hayley Finch Genschorck

Registration Now Open for the KHA Fall District Meetings

KHA Fall District Meeting dates and locations have been set. These meetings are a great informational and networking opportunity for all CEOs, trustees and senior staff. Join us at 9:30 a.m. for networking. Meeting times will be from 10:00 a.m. to 2:00 p.m. with lunch provided.

You are free to attend any location that best fits your schedule! These meetings are provided at no charge.

KHA

District	Date	Location	Address	City
NC	Oct. 7	North Central Kansas Medical Center	155 W. College	Concordia
NW	Oct. 8	Lincoln Building	920 Lincoln St.	Quinter
SW	Oct. 9	Meade District Hospital/Artesian Health System	510 E. Carthage	Meade
SC	Oct. 10	McPherson Hospital	1000 Hospital Dr.	McPherson
SE	Oct. 14	Southeast Kansas Impact Center	1500 SW 7 th St.	Chanute
NE	Oct. 15	The University of Kansas Health System St. Francis Campus	1700 SW 7 th St.	Topeka




Please contact [Cindy Samuelson](#) or [Melissa Willey](#) if you have any questions.

--Cindy Samuelson

Quality Corner Call: Immunizations – A Tool for Keeping Kansas Healthy

Join the Kansas Hospital Association for a Quality Corner Call on Aug. 13, from noon to 1:00 p.m., where, along with assistant professor of family medicine, KU School of Medicine - Wichita, Lynn Fisher, MD, we discuss information surrounding immunizations in Kansas. This webinar will cover current immunization rates for Kansas, updates on the MMR vaccination, planning for flu shot clinics, updates on COVID-19 vaccination recommendations, human resources immunization issues, partnership opportunities and tools and resources.





--Susan Holmes

Administrative Professional Networking Roundtable – Sept. 17

Administrative professionals and executive assistants are encouraged to register for the Kansas Hospital Association Administrative Professional Networking Roundtable Zoom meeting from 10:30 a.m. to 11:30 a.m. on Wednesday, Sept. 17. This free, interactive session will focus on exchanging best practices, brainstorming and sharing valuable tips.

This isn't just another webinar—active participation is encouraged, so please have your cameras on and audio ready. Note that the session will NOT be recorded.

Chief executive officers, we ask that you share this information with your executive assistants and encourage them to register.



After registration, you'll receive a survey to gather your ideas and topics for discussion. We're eager to hear what you'd like to share or ask!

For questions, reach out to Tom Hagen at thagen@kha-net.org or (785) 233-7436. Let's make these discussions engaging and productive. We look forward to seeing you there.

--Tom Hagen

CMS Releases FY 2026 IPPS Final Rule

On July 31, the Centers for Medicare & Medicaid Services released the fiscal year [2026 Inpatient Prospective Payment System Final Rule](#).

Key Highlights Include:

- IPPS payment increase of 2.6 percent nationally
- Disproportionate Share Hospitals' uncompensated care payments will increase by approximately \$2 billion
- Increases new medical technology payments by \$192 million
- Continues the mandatory Transforming Episode Accountability Model that launches Jan. 1, 2026. Makes certain modifications to the model, including a 31-episode, low-volume threshold that eliminates downside risk in the given episode category for hospitals that do not meet that threshold
- Discontinues the low-wage index hospital policy and adopts a budget-neutral narrow transitional exception for hospitals significantly impacted by the discontinuation
- Modifies four current measures in the Hospital Inpatient Quality Reporting Program:
 - Hospital-Level, Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty to add Medicare Advantage patients to the current cohort of patients, shorten the performance period from three to two years and change the risk adjustment methodology
 - Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity to add Medicare Advantage patients to the current cohort of patients, shorten the performance period from three to two years, and make changes to the risk adjustment methodology
 - Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures to lower the submission thresholds to allow for up to two missing laboratory results and up to two missing vital signs, reduce the core clinical data elements submission requirement to 70 percent or more of discharges, and reduce the submission requirement of linking variables to 70 percent or more of discharges

- Removes four current measures in the IQR program:
 - Hospital Commitment to Health Equity
 - COVID-19 Vaccination Coverage among Health Care Personnel
 - Screening for Social Drivers of Health
 - Screen Positive Rate for Social Drivers of Health
- Modifies its value programs in several ways, including removing the Health Equity Adjustment from the Hospital Value-Based Purchasing Program and including MA patients in calculating hospital performance in the Hospital Readmission Reduction Program; however, CMS did not finalize its proposal to include payment data for these beneficiaries in the calculation of excess readmissions
- Adopts three new certification criteria to support more efficient electronic prior authorization processing and reduce administrative burden for providers

Program changes are effective on or after Oct. 1, 2025, unless otherwise noted.

KHA strongly encourages PPS hospitals to log in to [Advantage Analytics](#) to view their hospital-specific impact report once the final rule analysis is available in the coming weeks. If you need a reminder of your login information, please contact KHA.

--Jaron Caffrey

Health Equity Innovation Award Nominations Now Open

KFMC Health Improvement Partners is pleased to announce the third annual Health Equity Innovation Award. The award recognizes organizations, affiliated groups, partnerships or individuals that have developed and implemented novel approaches, strategies and interventions aimed at reducing health disparities and promoting health equity in their community. Award winners think outside the box, challenge existing systems and implement creative solutions to ensure that everyone has a fair and equitable opportunity to achieve optimal health. Any organization or individual may submit a nomination for themselves or a third party by Wednesday, Aug. 27.



--Jennifer Findley

KAMMCO Announces 2025 Loss Prevention Program – Lessons in Hindsight: Past Claims, Future Clarity

KAMMCO is proud to launch its 2025 *Loss Prevention 2025 program, Lessons in Hindsight: Past Claims, Future Clarity*. The program provides an opportunity for KAMMCO members—and the professionals who support them—to engage in continuing education that promotes the delivery of quality patient care and minimizes the risk of litigation.

Event Formats & Dates:

- On-Location Sessions (Dinner Included):
 - Wichita: from 6:00 p.m. to 7:30 p.m. on Aug. 12
 - Topeka: from 6:00 p.m. to 7:30 p.m. on Aug. 21
- Webinars via Zoom:
 - Noon Webinar: from noon to 1:00 p.m. on Aug. 14
 - Evening Webinar: from 6:00 p.m. to 7:00 p.m. on Aug. 26

Featured Speakers:

Dr. Kim Williams, Tucker Poling, Susan Daignault and Kim Davenport will present three real-life case studies. They'll unpack communication breakdowns, documentation challenges and system-level risks—crucial lessons from past claims that inform safer future practice.

Learning Objectives:

Attendees and online participants will learn to:

- Recognize factors commonly associated with increased risk of professional liability claims arising from adverse treatment outcomes.
- Discuss lessons from past claims to refine risk management practices.
- Examine opportunities to integrate reflective practice into everyday clinical work to enhance patient safety.

Continuing Education & Premium Credits:

All formats of the program offer continuing education credits. Eligible insured members who complete the program earn a five percent premium credit on their 2026 policy. For insured hospitals to receive the five percent premium credit, the facility's administrator or risk manager must participate.

How to Register:

For additional information and to register, visit www.kammco.com/risk-mgmt/loss-prevention. Please direct questions to Jacqueline Grunau at jgrunau@kammco.com.

--Hayley Finch-Genschorck

Assets Available for National Immunization Awareness Month

August is [National Immunization Awareness Month](#). This annual observance highlights the importance of on-time routine vaccination to protect people of all ages against vaccine-preventable diseases. This year, NIAM serves as a key resource to promote reliable, evidence-based information about the importance of staying current with routine immunizations. Select social media assets can be found in the [KHA Box Communications folder](#). Additional assets can be found on the [Voices for Vaccines website](#).

--Shelby Stacy

AHA and Vizient Release Report on Surgical Safety Improvements

This week, the American Hospital Association and Vizient released a [report](#) on evidence-based factors that may have contributed to improved outcomes for hospitalized surgical patients. Key findings outlined in the report included an improvement in hospital mortality rates since 2022. Patient safety indicators were further analyzed and three areas of improvement noted were postoperative sepsis rate, postoperative respiratory failure rate and postoperative hemorrhage or hematoma rate. Infections and falls were reported to be decreasing as well, all while acuity for hospitalized surgical patients continues to rise.

--Karen Braman

Reimbursement for Observation and Transportation of Involuntary Behavioral Health Admissions

As a reminder to most, and new information to some, the Kansas Department of Aging and Disability Services will provide reimbursement for the observation time and the transportation costs for involuntary holds, while waiting for placement at a state hospital. Go to [Behavioral Health and Substance Abuse](#) on the KHA website and [State Hospitals | Department for Aging and Disability Services](#) on the KDADS website for more information. Hospitals can submit requests for reimbursement of time and transportation for care provided since July 1, 2023. The current hourly rate of reimbursement is \$40. KHA is seeking additional information regarding the average hourly costs for hospitals to observe behavioral health patients waiting for state hospital bed placement. If you have been able to calculate that rate or if you have any questions, please email lvanderwege@kha-net.org.

--Larry Van Der Wege

Conditions of Participation for Blood and Blood Products

Our partners with the Kansas Department of Health and Environment Facilities and Licensing Bureau report an increasing number of facilities have questions about the need to provide blood and blood products as a Critical Access Hospital. In [eCFR :: 42 CFR Part 485 Subpart F 618\(c\)\(1\)\(2\)](#), the COPs for CAHs state that "The facility provides, either directly or under arrangements, the following: (1) Services for the procurement, safekeeping, and transfusion of blood, including the availability of blood products needed for emergencies on a 24-hours a day basis." The COPs for rural emergency hospitals refer to the same requirements and are found at [eCFR :: 42 CFR Part 485 Subpart E 516\(c\)\(3\)](#).

In the Interpretive Guidelines found at [State Operations Manual - Appendix W](#), C-0890 found on page 70, the Centers for Medicare & Medicaid Services states that, "This requirement can be met at a CAH by providing blood or blood products on an emergency basis at the CAH, either directly or through arrangement, if that is what the patient's condition requires. There is no requirement in the regulation for a CAH to store blood on site, although it may choose to do so. In some cases, it may be more practical to transport a patient to the source of the blood supply than to bring blood to the patient at the CAH."

This may create confusion, as facilities may not believe they are required to provide it, since it technically doesn't have to be "on site." However, it has to be available 24/7, and they go on to say "'Availability' in this context means that the blood and blood products must be accessible to CAH staff in time to effectively treat emergency patients at the CAH. In order to comply with this requirement, a CAH must demonstrate that it has the capability (i.e., an effective system is in place regardless of whether, in actual practice, it has been utilized) of making blood products available to its emergency patients 24 hours a day."

Please contact KHA if you have any questions or concerns at lvanderwege@kha-net.org.

--Larry Van Der Wege

2026 AHA Rural Hospital Excellence in Innovation Award Applications Now Open

The [Rural Hospital Excellence in Innovation Award](#) honors rural hospitals that are leading the way in innovative, sustainable and community-centered care. If your hospital is operating unique programs and services that address health care challenges in your community, submit an application by noon on Friday, Aug. 29. Honorees will be recognized at the American Hospital Association's Rural Health Care Leadership Summit in February 2026.

--Karen Braman

Federal and National News

CMS Issues FY 2026 Final Medicare Hospice, IRF and IPF PPS Payment and Policy Updates

The Centers for Medicare & Medicaid Services released federal fiscal year 2026 Medicare hospice, inpatient rehabilitation and inpatient psychiatric prospective payment system proposed payment and policy updates.

CMS Issues FY 2026 Final SNF PPS Final Payment and Policy Updates

The Centers for Medicare & Medicaid Services [released](#) federal fiscal year 2026 Medicare skilled nursing facility prospective payment system final payment and policy updates.

CMS Issues FY 2026 Final Medicare Inpatient PPS, LTCH PPS Payment and Policy Updates

The Centers for Medicare & Medicaid Services [released](#) federal fiscal year 2026 Medicare short-term acute inpatient and long-term care hospital prospective payment system final payment and policy updates.

MLN Connects Provider eNews Available

The Centers for Medicare & Medicaid Services issued the following [updates](#) to *MLN Connects Provider eNews*:

- [Laboratories: Switch to Electronic Fee Coupons & CLIA Certificates](#)
- [Improve Your Search Results for CMS Content](#)

Before You Go ...

- The [Suicide Prevention Resource Center](#) released the [Suicide Risk Assessment Toolkit](#). This toolkit is designed to help clinicians conduct an effective suicide risk assessment and includes several additional resources, such as a resource guide, clinical practice scripts and steps for limiting liability.
- The Centers for Disease Control and Prevention will host a COCA Call: [Clinician Update on Measles Cases and Outbreaks in the United States](#) at 1 p.m. Thursday, Aug. 14. The call will discuss the current state of measles outbreaks and cases in the U.S. and address common concerns about prevention, identification and testing.