I just recently buried my father in law and have a lot of insights and questions about what we do in healthcare today.

There are some aspects of healthcare that are great and some, where we could use improvement. What my mother in law and my wife and her siblings experienced was a system that unless you really know a lot about the care being given or have someone who does and knows the questions to ask, you are at the mercy of this system. It does not explain very well what is going on and what kind of care is recommended and why. Should we not all have some sense of knowing what needs done and why so that we can make good decisions?

My father in law was almost 91 years old and had some deteriorating health issues over the last few years. What he really wanted was to spend his last days in his home; what the healthcare system wanted was physical therapy assessments and treatments (his question to them was why they were torturing him?) Rarely was what he wanted considered. Another area for improvement.

We all work in systems where we have some many people checking, double checking and triple checking rather than doing the work of healthcare, providing care, providing support for the care givers, maintaining the physical plant and equipment. This last situation is one that needs national attention. We are in a system where every insurance company or any payer wants the “other” payer to pay for services because it is someone else’s responsibility, not mine.

I want to end on the positive. My father in law had an in-home caregiver who came twice a day. In the morning, she would get him up, give him his bath and help him start his day. She
would come back in the evening and get him ready for bed. Unfortunately, all this care was not covered by insurance; it appears insurance would rather pay for hospital and or skilled nursing care; do not really want to provide care in the home. This caregiver came to see my father in law when he was both in the hospital and in skilled nursing facility. When she would walk in, his face would light up because the person who provided his care was there. Can you imagine what it would be like if; our patients' faces would “light up” when our caregivers walked into their rooms!

What I hope is that this message makes us all reflect on what we do and challenge us to continue doing well what we do well, but to challenge and to change those aspects of our business that need challenged and changed.

Jim Offenberger
President, OSHHRA
Compensation Specialist, Memorial Health System, Marietta, Ohio

OSHHRA MISSION STATEMENT

The mission of OSHHRA is to promote the strategic development of effective human resources management in OHA health care organizations through leadership, education and fellowship. The OSHHRA website is http://ohiohospitals.org/Member-Services/Personal-Membership-Groups/OSHHRA.aspx.

SAVE THE DATE!

2018 OSHHRA CONFERENCE

Sponsored by: Ohio Hospital Association and Ohio Society Of Healthcare Human Resources Administrators

August 16 – 17, 2018
Marriott Northwest
5605 Blazer Parkway, Dublin, OH 43017

Overview
The OSHHRA annual conference is an educational opportunity led by industry experts who will offer best practices, tools, and resources to help you get motivated and generate ideas for change in the way you conduct your HR business at your organization. While you are learning and developing your HR skills, you will also have the opportunity to network and share knowledge with your colleagues.
Who Would Benefit by Attending
HR professionals involved at all levels in healthcare, including senior HR executives, compensation executives, benefit coordinators, HR generalists, HR specialists, and recruiters.

**OSHHRA MEMBERSHIP REMINDER**

It is never too late to join OSHHRA! As a reminder, OHA no longer requires personal membership dues to belong to OSHHRA. To join OSHHRA, please send the following information to Cindy Stump (cindy.stump@ohiohospitals.org) at OHA:

Name, title, hospital, business address, email address, phone number and please note if you are a current member of ASHHRA.

You may also send changes to your current membership information to Cindy as well.

**New OSHHRA Members**

On behalf of the Board, we welcome our new OSHHRA Members since our last newsletter!

- Kim Beisel - Human Resources Business Partner, Mercy Health, Cincinnati, Southwest District
- Lisa Drees – Director, Compensation/HRIS, Premier Health, Dayton, Southwest District
- Craig Ghidotti – Vice President, HR, Lake Health, Concord, Northeast District
- Lori Gulley – Director, Human Resources, Mercy Health Fairfield Hospital, Fairfield, Southwest District
- Tyrone Towns – Recruiter Coordinator, Mercy Health, Cincinnati, Southwest District
- Deidre Windom – Recruitment Coordinator, Mercy Health, Youngstown, Northeast District

**OHA STAFF**

Ohio Hospital Association – 155 East Broad St., Suite 301 – Columbus, OH 43215

Jackie Silvis
Manager, Member Services
Phone 614-384-9159
jackie.silvis@ohiohospitals.org

Cliff Lehman
Sr. VP, Member Services & Operations
Phone 614-384-9121
cliff.lehman@ohiohospitals.org

Amy Bangert
Manager, Staffing Program
Phone 614-221-7614
amy.bangert@ohiohospitals.org
OHA Annual Meeting

OHA invites hospital professionals and corporate partners from across the state to attend the annual meeting in Columbus each year. The OHA Annual Meeting offers a premier opportunity for health care providers and administrators at all levels to gain valuable insight about statewide industry trends, to network with their peers and achieve a better understanding of the health care issues and policies most likely to impact their organizations.

This three-day event features more than 80 education sessions, keynote presentations by national leaders and special recognition events. The conference offers approved contact hours for many disciplines, including an ACHE track offering face-to-face credits.

Download the 2018 Annual Meeting brochure.

Click here to register.

Benefits of Attendance

- Earn Continuing Education Units (CEUs) for many disciplines at no charge
- American College for Healthcare Executives track offering face-to-face credits
- Network with peers, leading experts and health care professionals at all levels from around the state
- Explore new and innovative solutions at the general sessions, keynote speaker events and the luncheons
- Celebrate outstanding caregivers, leaders and hospitals for their stellar service to patient care and their communities at the annual recognition dinner
- Browse the latest products and services offered by OHA’s Corporate Partners
- More than 80 professional development sessions in the following hospital management tracks:
  - Data and Technology
  - Facilities Management
  - Finance
  - Hospital Leadership
  - Human Resources
  - Legal and Compliance
  - Nursing Leadership
  - Opiate Crisis
  - Physician Leadership
  - Physician Relations/Recruitment
  - Public Relations
  - Quality & Patient Safety
  - Risk Management
Location
Conveniently located in central Ohio at the Hilton Columbus at Easton Town Center, the OHA Annual Meeting is held in a unique setting with more than 200 shopping, dining and entertainment venues for attendees to explore.

Hilton Columbus at Easton
3900 Chagrin Drive
Columbus, OH 43219
Phone: 614-414-5000
Website: www.hiltoncolumbus.com

Hotel Accommodations – deadline May 4!
Please make room reservations directly with the Hilton Columbus at Easton here or by calling 614-414-5000. Be sure to use the meeting code "HOA" to receive the special conference room rate of $194/night + tax. The cut-off date to receive the special conference rate is Friday, May 4. Requests received after this date will be accepted on a space available basis at the regular hotel rate. Please note a first night deposit is required with all reservations and will be charged to your credit card. Please make your reservations quickly, as the group block fills up very early.

Registration
Employees, medical staff, trustees and volunteers of OHA member hospitals and health systems and OHA Corporate Partners may register for the education or vendor components at no cost. Some optional special events or meal functions do require a registration fee, and payment must be made by credit card when you register online. If you have additional questions about the event or registration, please contact Sherri Cohen at 614-221-7614.

HR REMINDERS & TOPICS

➢ An Injured Worker Is Required to Inform BWC of Any Third-Party Settlement

Recently the Ohio Supreme Court ruled that an injured worker must notify the Ohio Bureau of Workers’ Compensation (BWC) of a potential third-party settlement that would compensate the injured worker for an injury, even if the application for workers’ compensation benefits has been denied and is under appeal.

This is a good reminder to employers that if you have an employee who has been involved in a motor-vehicle accident or other claim where there is a potential right to subrogation, the employer must notify the BWC and the Attorney General’s Office (AGO) of their rights as a subrogee. Otherwise, the employer could be required to pay the BWC and AGO back for the money spent on the claim.

NOTE: You should consult with your legal counsel to ensure you are in compliance.
➢ BWC proposes largest refund in 20 years

On April 24, 2018, the Ohio Bureau of Workers’ Compensation (BWC) proposed a $1.5 billion premium rebate for state-funded employers. If the BWC board of directors approves the rebate next month, employers could receive their rebates this summer.

“We’ve had healthy income and returns on our investment portfolio, and it’s only right to share that success with our private and public employers,” said Sarah Morrison, the BWC’s administrator and CEO, in a statement during an event at the Land-Grant Brewing Company with Governor John Kasich in attendance. “We know that the more money we leave with employers, the more they can invest in their employees and grow their business.”

Of the $1.5 billion, $48 million would go to schools, $111 million would go to local government entities and the remaining would go to private employers. If the rebate is approved, the BWC will have expanded savings for Ohio employers to $8 billion in the past seven years.

➢ The #MeToo Movement – Timely Reminders for Employers

All employers, of any size and in any industry, must be aware of harassment in the workplace. The attention that the media has brought to workplace harassment may have several consequences. Employers may see an increase in the number of allegations of harassment, and perhaps a spike in jury awards where harassment liability is found. In addition, state and local governments may enact laws that affect employers who face harassment claims. This combination should encourage employers to act early to avoid harassment allegations.

All employers are reminded to:
• Update the company’s anti-harassment policy
• Conduct (mandatory) training
• Review reporting structure and be prepared to investigate
• Stay abreast of legal developments in this area

NOTE: You should consult with your legal counsel to ensure you are in compliance.

➢ What Ohio Employers Should Remember About Medical Marijuana

Ohio’s budding medical marijuana industry is scheduled to bloom on September 8, 2018. At that time, registered medical marijuana patients with a physician recommendation will be able to purchase Ohio-grown medical marijuana from state-licensed dispensaries. Employers will then have to confront how to handle applicants and employees who use medical marijuana.

An employer is not required to permit or accommodate an employee’s use, possession, or distribution of medical marijuana. An employer is not prohibited from refusing to hire, discharging, disciplining, or otherwise taking an adverse employment action against a person with respect to hire, tenure, terms, conditions, or privileges of employment because of that person's use, possession, or distribution of medical marijuana.
A person may not sue an employer for refusing to hire, discharging, disciplining, discriminating, retaliating, or otherwise taking an adverse employment action against him or her with respect to hire, tenure, terms, conditions, or privileges of employment related to medical marijuana.

An employer may establish and enforce a drug testing policy, drug-free workplace policy, or zero-tolerance drug policy. The administrator of workers' compensation may continue to grant rebates or discounts on premium rates to employers that participate in a drug-free workplace program under the auspices of the Bureau of Workers' Compensation. The law maintains the rebuttable presumption that an employee is ineligible for workers' compensation if the employee was under the influence of marijuana and being under the influence of marijuana was the proximate cause of the injury, regardless of whether the marijuana use is recommended by a physician.

The law specifies that a person who is terminated because he or she used medical marijuana is considered to have been discharged for “just cause” under the Unemployment Compensation Law if that use violated an employer’s drug-free workplace policy, zero-tolerance policy, or other formal program or policy regulating the use of medical marijuana. This means the person will be ineligible to serve a waiting week or receive unemployment benefits for the duration of the person's unemployment.

Nothing in the law interferes with any federal restrictions on employment, including U.S. Department of Transportation regulations. Nor does it permit the use, possession, or administration of medical marijuana on federal land located in Ohio.

http://codes.ohio.gov/orc/3796.28v1

NOTE: You should consult with your legal counsel to ensure you are in compliance.

➢ IRS Legislation Change: IRS Backtracks on $50 reduction of 2018 HSA Contribution Limit

Less than two months after announcing a $50 reduction in the 2018 limit on HSA contributions for employees with family high deductible health plan coverage, the IRS backtracked and reinstated the original limit. The $50 reduction, announced March 2, 2018, was prompted by the Tax Cuts and Jobs Act, which mandates a new method of calculating cost of living increases. Employer groups pointed out the difficulty of reprogramming systems after the start of the year and the IRS relented.

If you have already programmed your system for the reduced limit ($6,850), you may – but are not required to – program again for the restored limit ($6,900). An employee who wants to contribute the additional $50 could of course make a separate after-tax contribution to his or her HSA (i.e., not through payroll) and then take a deduction for the HSA contribution on his or her income taxes.
An individual who had already contributed between $6,850 and $6,900 to his or her HSA in 2018 and then withdrew the excess based on the March IRS guidance has some options. He or she may redeposit the withdrawn funds by April 15, 2019. If not redeposited, the treatment depends on whether the contributions were made pre-tax (though payroll) or after-tax. If the contributions were made on a pre-tax basis, the withdrawn funds would be taxed and subject to a 20% excise tax, unless used for medical expenses. If the contributions were made on an after-tax basis, the withdrawal would not be taxed and the 20% excise tax would not apply.

**NOTE:** You should consult with your legal counsel to ensure you are in compliance.

➢ **IRS Changes Hardship Distributions for House Repairs**

A change to Internal Revenue Code (Code) Section 165 makes a small, but significant, change to one of the safe harbor hardship distribution categories found in many 401(k) and 403(b) retirement plans. Buried deep in the Tax Cuts and Jobs Act is a temporary change to Code Section 165, which addresses casualty losses that qualify for deductions. For tax years from 2018 through 2025, a taxpayer may only claim a deduction for a personal casualty loss if the loss is attributable to a federally declared disaster.

In general, a safe harbor hardship withdrawal request must be made based on an immediate and heavy financial need for which the participant has no other distribution resource, such as a plan loan. The safe harbor category regarding expenses to repair damage to a participant’s principal residence further requires that the expenses would qualify for a casualty loss deduction under Code Section 165, determined without regard to whether the loss exceeds 10% of adjusted gross income. Under the old rule, the expenses could be used to repair damage that arises from fire, flood, storm or other casualty. Under the new rule, the damage must still arise from fire, flood, storm or other casualty, but now the casualty loss must also be attributable to a federally declared disaster.

**NOTE:** You should consult with your legal counsel to ensure you are in compliance.

➢ **Federal Court Expands Use of Volunteers Under Wage and Hour Law**

The Sixth Circuit Court of Appeals (which covers Ohio, Michigan, Kentucky and Tennessee) recently held that a church, which ran a for-profit restaurant, did not need to pay its volunteers under the Fair Labor Standards Act (FSLA) (also known as the federal wage and hour law). This is a surprising reversal of a district court case that held the church owed back wages in excess of $380,000.

The televangelist Rev. Ernest Angley leads the Grace Cathedral Church in Cuyahoga Falls, Ohio. The church owned and operated a for-profit restaurant, Cathedral Buffet, where it has paid employees and unpaid volunteers performing the same type of work side-by-side. If the restaurant was shorthanded, the church solicited volunteers during its service and, on at least one occasion, Rev. Angley reached out directly to a church member for his volunteer service at the restaurant.
The Department of Labor (DOL) (who brought the case on behalf of the volunteers) attempted to argue that the church’s “coercion” of its members to volunteer at the restaurant created an employment relationship based on the “economic realities” test under the FLSA. The Sixth Circuit, however, rejected this argument. Instead, the court focused on whether the volunteers had an expectation of compensation, which the court held that they did not. As a result, the volunteers were not employees of the restaurant and were not entitled to compensation under the FLSA.

What is most surprising about this case is the fact that the restaurant was a for-profit entity owned by the church, and the volunteers were performing identical work as the paid employees. Moreover, the breadth of this opinion is striking as well for its primary focus on whether the volunteers had any expectation of pay.

Prior to this opinion, it would have been a very risky proposition to not pay these individuals under those circumstances. It is still too early to see how other federal courts react to this decision or if the DOL intends on appealing this decision to the Supreme Court.

NOTE: You should consult with your legal counsel to ensure you are in compliance.
QUICK TIP FOR MANAGERS

➢ How to Coach 'Problem' Employees: A 4-Step Plan for Managers

When faced with a poor-performing or disruptive employee, it is easy for supervisors to play the wait-and-see game and simply hope the situation will improve. However, problems rarely solve themselves. In addition, that is especially true with problem employees. In most cases, problem employees left unattended will lead to deteriorating morale, weaker productivity and possibly even legal trouble. Effective supervisors must address such problems head-on.

The best method? Meet with employees right when you spot problem behavior or performance—do not wait. In your discussion, focus on the following four steps to get the most from the meeting and to protect the organization from employees who may claim they weren’t treated fairly:

1. THE ‘WHAT’
   • Precisely pinpoint the problem to the employee.
   • Focus on specific task outcomes and/or behaviors.
   • Use examples.
   • Reference previous conversations.

Example: “As we’ve discussed before, your backlog is unacceptable and deadlines are being missed. You know our department standard is ____ and you are not meeting it by _____.“ (Cite specific expectations and examples of poor performance and/or behavior.)

Another approach: “How do you think things are going with your backlog and deadlines this month? I know you’ve been worried about meeting our department standard.” (Actively listen.) “What do you think the problem is? Why is it happening?”

2. THE IMPACT
   • Identify the negative impact (on quality, productivity, service, others, goals, etc.).
   • Gain agreement that a problem exists.
   • Discuss consequences if the problem continues.

Example: “When these deadlines are missed, other departments are affected and it impacts our service. For example ...” (Cite specifics.) “Do you agree this is a problem? I am documenting our conversation. Failure to improve will lead to disciplinary action up to and including termination.”

Another approach: “What do you think happens when these deadlines are missed? How do you think it impacts service?” (Actively listen.) “I know this is difficult and I have confidence you’ll take care of this, but failure to improve will lead to disciplinary action up to and including termination. Just so you’re aware, I do need to document our conversation.”
3. THE ‘HOW’

- Generate solutions to correct the problem.
- Decide on the best course of action.
- Gain commitment from the employee on his or her role in solving the problem.

Example: “I have created a turnaround plan for you with steps to make the necessary improvements. First …” (Describe the plan.) “What can I further clarify? Are you willing to follow this plan?”

Another approach: “Let’s brainstorm ideas on what you can do to meet the standard. I am here to support you in any way I can. I want you to be successful.” (Actively listen, reinforce the employee’s workable ideas, add your own ideas and confirm the plan.) “These are good action steps. Can you summarize them in an e-mail this afternoon?”

4. THE ‘WHEN’

- Establish a follow-up strategy.
- Clearly determine how and when you and the employee will review progress.
- Set specific dates for check-in meetings.
- Recognize improvements as they happen (even small steps).

Example: “I’ll be checking your workload each day to see how you’re progressing. Let us also meet every Friday in the conference room at 3 o’clock to review how you are specifically progressing on the plan. Those meetings will also be documented.”

Another approach: “Let’s meet regularly to go over your progress. How frequently do you think is workable?” (Remain open to the employee’s suggestions but add your input as necessary.) “Let’s go ahead and put that on our calendars.”

6 common reasons that managers give for not dealing with problem employees

1. Let us give it more time; the employee could turn around on his or her own.
2. If the employee left, we would be short-handed.
3. It is easier to just cover the deficiency myself.
4. The employee will get upset/mad/defensive—it is hard to deal with that!
5. It has been going on so long, and I have no documentation or notes on the issue.
6. I would have to admit that I made a bad hiring decision.

NOTE: You should consult with your legal counsel to ensure you are in compliance.
AHA

Plan to Celebrate National Hospital Week, May 6-12, 2018

National Hospital Week celebrates hospitals, health systems, and the women and men who support the health and well-being of their communities through dedication and care from the heart. Celebrating National Hospital Week provides an opportunity to thank all of the dedicated individuals – physicians, nurses, therapists, engineers, food service workers, volunteers, administrators and so many more – for their contributions.

The AHA has created a digital toolkit and a template for a #MyHospital social media campaign that organizations can use during the week.

➢ Our Region 5 ASHRA Chapter Leader is:

ASHHRA PRESIDENT (2018-19)
Jamie Parsons | Vice President, Human Resources/CHRO
Mountain States Health Alliance
3135 Peoples Street, Suite 303 | Johnson City, TN 37604
423-302-3251 | parsonsje@msha.com

REGION 5 REPRESENTATIVE: CAN, IL, IN, MI, OH, WI
Karyn Batdorf | Human Resources Director
Mercy Health West Hospital
3300 Mercy Health Blvd. | Cincinnati, OH 45211
W 513.215.5000 | C 574.514.6148 | kbatdorf@mercy.com

2018 OSHHRA Board of Directors

**Officers/Elected Positions**

**President:** Jim Offenberger (2017/18)  
**President-Elect:** Darwin Smith (2017/18)  
**Past-President:** VACANT  
**Secretary:** Becky Rozell (2017/18)  
**Communications:** Dominic Prunte (2017/18)

**Regional Board Members**

**Central Region**  
Deb Palmer (2017/18)  
Vickie Crumley (2018/19)

**Southeastern Region**  
Lisa Halley (2017/18)  
Steven Brooks (2018/19)

**Southwest Region**  
Sharon Hancock (2017/18)  
Tish Walker (2018/19)

**Northwest Region**  
Liz Foreman (2017/18)  
Jody Meisler-McKillips (2018/19)

**Northeast Region**  
Nicole Russ (2017/18)  
Diana Gardner (2018/19)

**Directors at-large**  
Jill Prendergast (2017/18)  
Porfirio Esparra (2017/18)  
Melanie Rittenour (2017/18)  
Beth Brill (2017/18)

*A = ASHHRA Member*