



## North Carolina Rural Hospital Program

Phone: 919.527.6440 • Fax: 919-733-8300

### 2015 Profile

<http://www.ncdhhs.gov/divisions/orh>

#### Overview

The Office of Rural Health’s rural hospital program focuses on 10 small rural hospitals and 21 Critical Access Hospitals (CAHs).

- A CAH has a special designation from the Centers for Medicare and Medicaid Services (CMS). CAHs have 25 beds or fewer and receive cost-based reimbursement
- Small Rural Hospitals have 49 available beds or fewer.
- ORH administers two federal grants on behalf of Small Rural Hospitals and CAHs to improve their viability, quality of services, and integration with the rest of the health care system. These grants are the Rural Hospital Flexibility Grant Program (Flex) and the Small Rural Hospital Improvement Grant Program (SHIP).

#### Importance

- Small rural hospitals and CAHs are more financially vulnerable than larger hospital systems and are often the only medical facility in a rural community – if they go away there will be reduced access to acute care and emergency room services. In the past year, two CAHs have closed (Pungo Hospital in Belhaven and Yadkin Valley Community Hospital in Yadkinville). Both communities are currently seeking to re-open their hospitals.
- Small rural hospitals and CAHs are economic drivers for many small communities. In some North Carolina counties they are one of the largest employers.
- Small rural hospitals and CAHs typically have limited internal resources to initiate performance improvement projects.
- Small rural hospitals and CAHs must demonstrate value to their customers. ORH provides funding for public reporting on quality of care and patient satisfaction data which fosters greater accountability and transparency (see table below).
- Funds are utilized to deploy proven process improvement strategies (LEAN) and tele-health solutions (telepsychiatry).

#### Cost, Savings and Program Monitoring

- SHIP and FLEX total Federal grant awards for 2015 was \$770,619.
- Number of CAHs using telepsychiatry increased from 29% to 57% in the past year.
- Five CAHs accessed funding from ORH to train staff in Mental Health First Aid.
- Number of CAHs reporting inpatient core measures increased from 85% last year to 90% this year.
- Number of CAHs reporting outpatient core measures has decreased from 70% last year to 60% this year (2 CAHs indicated that EMR transition issues hindered their ability to report).
- Number of CAHs reporting HCAHPS (patient satisfaction data) has increased from 55% last year to 60% this year.
- Five CAHs accessed funding from ORH to continue their LEAN culture transformation journey; those five CAHs completed 32 rapid improvement events (RIEs) over the course of the year.
- Two small rural hospitals (Murphy Medical Center and Blue Ridge Regional Hospital) accessed funding from ORH to assist with the process of converting to CAH designation, which enhances their financial visibility.

#### SFY 2014-15 priorities:

- Improve core measure scores for CAHs and patient satisfaction scores.
- Assist CAHs with process of converting hospital owned physician practices to CMS – Certified Rural Health Clinics (enhanced reimbursement).

#### **Quality of Care and Patient Satisfaction Data**

Program increased the number of small rural hospitals and CAHs publicly reporting quality of care and patient satisfaction data.

<u>Quality of Care</u>	Heart Failure	94%
	Pneumonia	92%
	Surgical care improvement	96%
<u>Patient Satisfaction</u>	Rate 9 or 10	70.0%
	Willingness to Recommend	70.0 %

#### For SFY 2014-2015:

- ORH was awarded \$1,073,369 in grants from federal Human Resources Services Administration (HRSA)



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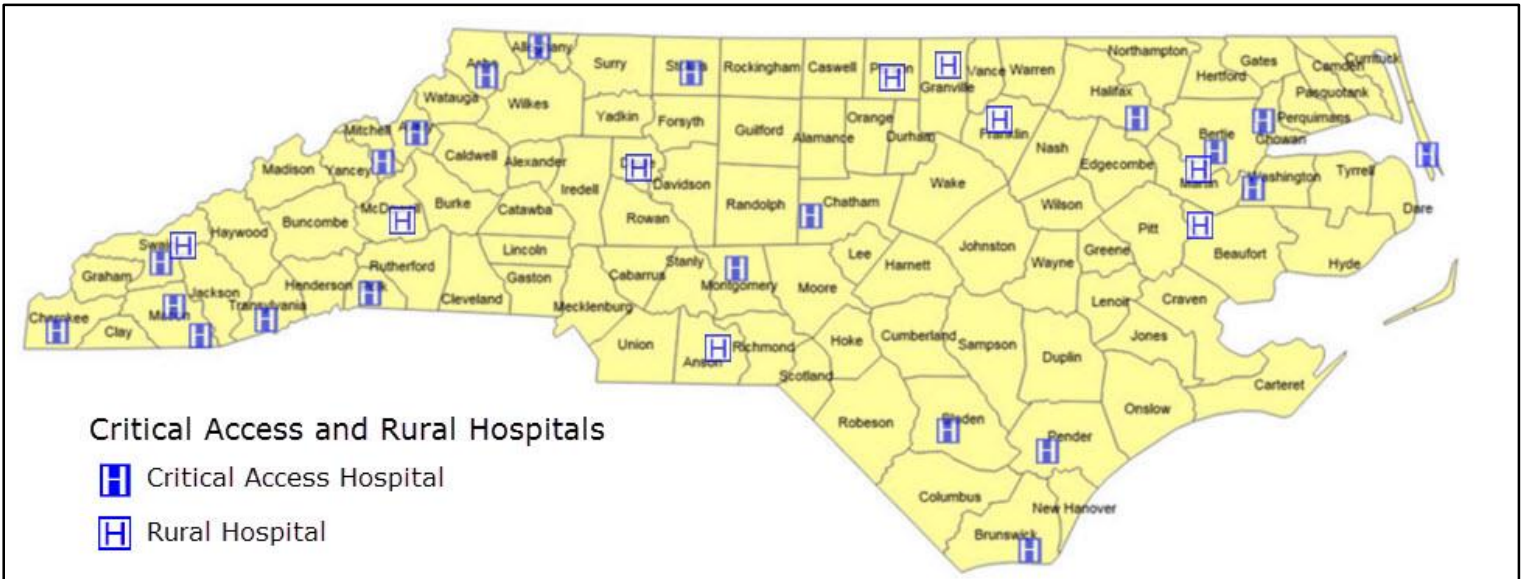
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**Technical Assistance: Supporting safety net infrastructure in vulnerable communities**  
In addition to providing financial support, ORH provides technical assistance by means of site visits and hosting quarterly meetings. During these encounters critical information is shared and emerging issues in rural health care are discussed.

<i>Hospital site visits</i>	39 activities
<i>Quarterly Critical Access Hospital meetings</i>	138 activities
<i>Person-hours of in-depth technical assistance</i>	157 hours

### Program Coverage

- 21 Critical Access Hospitals
- 10 small rural hospitals



**If you have further questions, please contact:**  
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