



Fact Sheet: ND Medicare Rural Hospital Flexibility Program (Flex) **June 2, 2008**

PROGRAM PURPOSE: The “Flex” program originated from the Balanced Budget Act of 1997. Its **purpose is to improve rural health by addressing access and quality of care issues for rural citizens.** It does this through partnerships between the federal government, state government, rural Critical Access Hospitals (CAHs), acute care hospitals, EMS, and rural communities. Flex is a grant from the federal government to a state entity. In North Dakota, the Center for Rural Health receives and administers the grant in partnership with the North Dakota Healthcare Association, the North Dakota Health Department and the North Dakota Healthcare Review, Inc. The Flex program works to stabilize the rural health delivery system by addressing a number of rural health issues: developing rural health and hospital networks, improving rural emergency medical services (EMS), improving quality of care, developing new community-based services, providing small start-up grants, and providing direct technical assistance to rural hospitals and their communities. The current grant is for \$628,000.

IMPACT IN NORTH DAKOTA - GRANTS: Since 1999, the Flex program has provided over **\$3.5 million in grants** to North Dakota’s rural communities. There have been **121 CAH grants, 47 EMS Network grants (impacting 72 additional partners in 30 counties), 38 CAH Network Enhancement grants (impacting 56 additional partners in 26 counties) and 4 Making a Difference grants. Thirty-four (34) of 39 rural hospitals (87%) have been designated as CAHs in North Dakota; however, approximately 110 communities have benefited from the four types of Flex grants.** The purpose of the Flex grants are to improve access to and the quality of rural health by emphasizing the importance of collaboration through provider networking, improving the rural health delivery system, and underscoring the importance of rural community members in local health care decision making.

The **121 CAH Grants have been used to accomplish the following:**

- ✓ Develop cardiac rehab programs (approximately 9 CAHs have initiated this ser.)
- ✓ Develop pulmonary rehab programs (approximately 7 CAHs have initiated)
- ✓ Develop physical therapy services
- ✓ Develop an Electronic Information System
- ✓ Develop a four hospital peer review system for medical records
- ✓ Develop a small based telemedicine program to address home care
- ✓ Purchase teleradiology equipment and staff training
- ✓ Develop a community wellness program and health fair
- ✓ Address community education on health issues
- ✓ Provide staff training and software on HIPAA, medical records, ACLS, and trauma nurse core coursework

- ✓ Develop a program to address medical error, increase patient safety, address patient education, and discharge planning
- ✓ Develop local physician recruitment and retention process
- ✓ Develop a local nurse recruitment and retention process
- ✓ Develop a local health task force to address community health issues and to forge stronger relationships between hospital and the community
- ✓ Develop an Urgent Care program
- ✓ Purchase a security system for patient and staff safety
- ✓ Provide staff training in such areas as: ACLS, PALS, diabetes, cardiac care, pulmonary care, HIPAA
- ✓ Develop Chronic Disease Management programs
- ✓ Advance communication systems through the purchase of Polycom systems
- ✓ Purchase of lab and radiology equipment to facilitate local service and to lessen unnecessary travel for elderly patients
- ✓ Purchase a Pharmacy Software Program to develop a local network between CAH and area pharmacy
- ✓ Perform financial feasibility studies (27 studies conducted)
- ✓ Implement a community-wide weight loss program with promotion of physical activity, healthy eating, and improved emotional well being. Coordinated by CAH
- ✓ Develop on-site laboratory
- ✓ Develop programming for women and children's health
- ✓ Perform a feasibility study for a capital campaign

The **47 EMS Network Grants have been used to accomplish the following:**

- ✓ 1 CAH, 1 tertiary hospital, 3 ambulances, and six Quick Response units to develop a county-wide Mass Casualty Incident Preparedness program
- ✓ 1 CAH, 2 ambulances, and an tertiary air ambulance service to develop a new communication system
- ✓ 1 CAH and 2 ambulances to develop an on-site training program and equipment
- ✓ 2 CAHs, 2 rural acute hospitals, and 4 ambulances to develop a shared squad training program and equipment/supplies
- ✓ 2 CAHs and three ambulance to develop a new Airway Management program, training, and supplies
- ✓ 1 CAH, 2 ambulances, Fire, Law Enforcement for a new communication system network for EMS, Fire, Law Enforcement, County Emergency Management, and County Dispatch
- ✓ 1 CAH and 2 ambulances for computer, CPR training equipment, radio and training
- ✓ 1 CAH, 1 tertiary hospital, 1 rural ambulance, and 1 tertiary ambulance for recruitment and retention of a rural based Paramedic
- ✓ 1 CAH and 3 ambulances for training, re-certification, recruitment/retention
- ✓ 1 CAH, 1 tertiary, 1 ambulance for telemedicine based EMT training
- ✓ 1 CAH and 2 ambulances for compatible equipment and shared training
- ✓ 1 CAH, 2 ambulances, and local EMS council for mobile radio and pagers
- ✓ 1 CAH, 2 ambulance, and 1 First Responder Unit for digital/analog radio
- ✓ 1 CAH and 3 ambulances for PHTLS course, update on ambulance, and community education on CPR and First Aid
- ✓ 1 CAH and 4 ambulances for monthly squad education, develop loan program for EMS training and equipment and to train 15 new basic life responders
- ✓ 1 CAH and 2 ambulances for radio, training, and education

- ✓ 1 CAH and 3 ambulances to purchase equipment and educate staff
- ✓ 1 CAH and 2 ambulances to expand access to EMS, purchase equipment, retain and educate staff
- ✓ 1 CAH, 2 ambulances and County EMS Council to implement marketing initiative to recruit, support and train new volunteers
- ✓ 1 CAH, 3 ambulances to purchase equipment and engage in shared training to all emergency providers for pediatric care
- ✓ 1 CAH, 1 County EMS Council to provide education and training to EMS
- ✓ 1 CAH, 1 ambulances, 1 First Responder Unit, 1 Fire and Rescue Unit, 1 Quick Response Unit for PHTLS course and compatible equipment
- ✓ 1 CAH, 1 ambulance to provide trauma training
- ✓ 1 CAH, 3 ambulance to provide AMLS training to ambulance staff volunteers, and hospital personnel
- ✓ 2 CAH, 3 ambulances for training, recruitment/retention and purchase medical/non-medical supplies
- ✓ 1 CAH, 1 ambulance, 1 County EMS to purchase Magnetic Medi files for the elderly to help emergency personnel with medical history and provide trauma training
- ✓ 1 CAH, 1 tertiary hospital ambulance, 2 ambulances and 6 Quick Response Units purchase a flatbed vehicle for Mass Casualty Incident preparedness.

The 38 Network Enhancement Grants have been used to accomplish the following:

- ✓ 3 CAHs and 1 Montana CAH for a four hospital surgery network covering 11 counties
- ✓ 2 CAHs for development of a joint task force to explore cooperative opportunities
- ✓ 2 CAHs for development of a joint planning process for shared services
- ✓ 1 CAH, 1 clinic, 1 Wellness Center, 1 ambulance for Cardiac Emergency Network with equipment and paging system
- ✓ 8 CAHs, 1 tertiary, and 1 rural acute care hospital for development of a Quality Improvement Network to address peer review, standardization of patient care protocols, and credentialing
- ✓ 1 CAH and 1 tertiary for a video conferencing network for joint staff training
- ✓ 2 CAHs for shared cancer detection program, staff training, and physician to physician training
- ✓ 9 CAHs for a network to address regulation/guidance, financial analysis, medical records, and facility enhancement
- ✓ 2 CAHs for an improved quality in childbirth program including staff education
- ✓ 1 CAH, ambulance, public school, and First Response unit for county wide CPR and First Aid training
- ✓ 1 CAH and economic development for development of a community Wellness Center to include strategic planning and community assessment
- ✓ 3 CAHs for a network to study feasibility of a shared home health and hospice
- ✓ 1 CAH, 2 Care Centers, and 1 nursing home for an in-home physical therapy network for seniors
- ✓ 2 CAHs and 1 tertiary for an improved home health program addressing quality of care, reduced expenditures and staff efficiency
- ✓ 1 CAH and 1 public school for the development of a wellness facility/sports medicine programming
- ✓ 1 CAH, 1 public school and 1 park district to expand wellness program with concentration on middle aged group.

- ✓ 12 CAH network will evaluate the cost of current supply chain systems and implement supply chain management system dependent on the results
- ✓ 1 CAH and County Health District to collaborate in providing public education events
- ✓ 1 CAH and 1 CHC will streamline diabetic care services, offering 4 “diabetic days” that will offer a continuum of care for patients with diabetes from 4 communities
- ✓ 1 CAH, 3 RHCs and 2 pharmacies to implement an electronic prescription system
- ✓ 1 CAH, 1 County Public Health District will together implement a computer network that allows for shared patient information on immunizations, medication lists, Women’s Way services, etc.
- ✓ 2 CAHs to purchase endoscopy equipment to enhance surgery network program
- ✓ 1 CAH, 1 County Ministries to develop a new parish nurse program
- ✓ 1 CAH, 1 Public Health, 1 clinic, 1 County Prevention Project to develop a Diabetes Prevention project through Worksite Wellness and Community Intervention Program
- ✓ 1 CAH, 1 Fire Department, 1 Ambulance Unit, 1 Policy Department, 1 City Works Department to address disaster and emergency responsiveness in the local area and surrounding counties
- ✓ 2 CAHs to develop an IT Network
- ✓ 2 CAHs to develop surgical services.
- ✓ 5 CAHs, 1 Rural Hospital, 1 Montana CAH to provide board education and development on multiple critical access hospital and other healthcare issues.

The **Making A Difference Grant (MAD)** was developed in 2004 and provides funds to CAHs to enhance or expand a previously Flex funded initiative. One award is made per year. These grants will be used to accomplish the following:

- ✓ Expand a cardiac and pulmonary rehabilitation program into a community wellness program
- ✓ Enhance a collaborative general surgical network involving 3 CAHs and their respective service areas
- ✓ Enhance a community/school-based wellness center in addition to outreach with other interested communities to share development approaches and programming
- ✓ Enhance a health information technology network involving 3 CAHs with the development of electronic medical records

IMPACT IN NORTH DAKOTA - COMMUNITY TECHNICAL ASSISTANCE: The Flex program also works closely with rural communities and hospitals by providing direct community technical assistance (e.g., community-wide health care assessments, strategic planning, community meetings and presentations, etc.) The purpose of this assistance is to help hospitals build stronger and closer linkages with the community. Community input is imperative to rural health system development and survivability. Rural hospitals use the services of the Center for Rural Health, Health Department, and Healthcare Association to determine citizen attitude toward new service development, to gain public support, to plan for future program development, and ultimately to better meet the needs of the population.

The ND Flex Program has provided the following community assistance:

- ✓ 100+ community and hospital meetings (program issues, grants, etc.)
- ✓ 22 community health assessment surveys (of a hospitals service area)
- ✓ 17 market share data analysis (patient origin and destination by condition)
- ✓ 15 strategic planning sessions with hospital board members, staff, and community

- ✓ 9 internal personnel audits to measure staff attitudes toward their work
- ✓ 4 balanced scorecard/performance improvement implementation plans

In addition there have been 18 statewide education workshops for CAHs, a statewide peer review process developed, the formation of a ND CAH QI Network, and a Flex Advisory Committee.

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