



Flex Update

Update Number 159

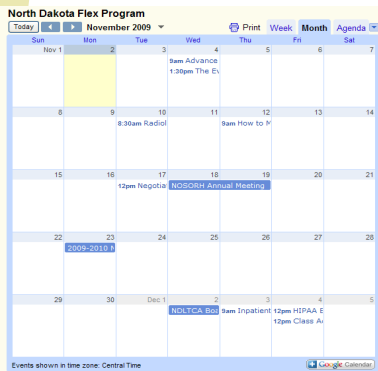
November 2, 2009

ND Medicare Rural Hospital Flexibility Program

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Hospital/Rural Health Events Calendar



<http://ruralhealth.und.edu/projects/flex/calendar.php>

ND Flex Steering Committee Members

- Marlene Miller, Chair
Center for Rural Health
- Brad Gibbens
Center for Rural Health
- Barb Groutt
ND Health Care Review, Inc.
- Tim Blasl
ND Healthcare Association
- Tim Meyer
ND Dept of Health - Division of EMS

Ribbon Cutting Ceremony for Hillsboro Medical Center

On Saturday, December 12, 2009 the Hillsboro Medical Center will host a ribbon cutting ceremony at 2pm followed by an open house until 4pm to celebrate the completion of its \$12.5 million expansion and building project. The project includes a new 36 bed long term care center featuring the "Household Model" of individualized

care; new 16 unit Comstock Corner assisted living apartments; remodeled critical access hospital featuring 16 acute and transitional care beds, radiology suite, 2-bay emergency trauma room, expanded lab department, occupational therapy services and renovated dietary department and administrative area.

Hillsboro Medical Center is located at 12 Third Street SE. Mark your calendars and plan to attend this exciting event!

For additional information visit the Hillsboro Medical Center website at http://www.hillsboromedicalcenter.com/building_project.htm



Hillsboro Medical Center - Nursing home / Assisted Living / Hospital Remodel Diagram

2009-2010 Flex Grants

The ND Flex Program has received 31 applications in response to its Request for Proposals for the 2009-2010 fiscal year. A combined total of \$845,829 has been requested with a wide range of focus areas such as financial analysis, emergency medical services, trauma designation, health information technology, workforce, marketing and more.

The Flex Steering Committee meets in Bismarck on November 19th to review the proposals. Notifi-

cations will be sent out shortly thereafter. The Flex Program has approximately \$299,000 to award through this process and all funds must be expended by August 31, 2010.

One final RFP will be sent out to Critical Access Hospitals requesting applications to host and coordinate regional board trainings. Look for this in December's Flex Update.

Thanks to ND Critical Access Hospitals and their partners for your interest

in the Flex Program. The Flex Steering Committee will be sure to give thoughtful consideration to all requests and award those applications best aligned to the goals of the Flex Program.

- Flex Steering Committee:**
- Marlene Miller, Chair, and Brad Gibbens, *UND Center for Rural Health*
 - Barb Groutt, *ND Healthcare Review, Inc.*
 - Tim Meyer, *ND Department of Health, Division of EMS*
 - Tim Blasl, *NDHA*

Flex Feature Technical Assistance: Internal Personnel Audit

Technical assistance is available through the North Dakota Flex Program to all rural hospitals in the state. Assistance is geared toward helping small rural hospitals with planning and decision making in order to be prepared to meet the health needs of rural residents in North Dakota. There is a wide range of assistance that is offered at no cost to North Dakota's small, rural hospitals. For a detailed list of available assistance visit: <http://ruralhealth.und.edu/projects/flex/rhta/planning.php>

Internal Personnel Audit:

The internal personnel audit survey instrument is used with hospital personnel to evaluate their opinions and impressions on a ten item scale: work facilitation, concern for others, team building, decision making, motivation, communication, conflict management, image, doctor/staff relations, and compensation systems. The instrument specifically asks staff to rate each item of measure, such as the amount of teamwork in the organization,

based on how they feel it actually is in the organization and then how they feel it should be in the facility. This way a "differential score" is created. The greater the difference between perceived reality and perceived ideal, the more intense the problem.

While a community assessment looks at the external world shaping the hospital, the personnel audit does much the same thing for the internal work environment.

This helps board of trustee members and administrators in understanding how staff perceive their work environment and how they think or believe it should be in the facility. It is an instrument to assist the administration in planning.

A copy of the survey can be found at the Flex site: ruralhealth.und.edu/projects/flex/pdf/ipa.pdf. For more information regarding an audit for your facility contact Marlene Miller at (701) 777- 4499.

Each CAH must submit an individual request to CMS to be reviewed for temporary bed limit waive

CAH Bed Limit Temporarily Waived for H1N1 Outbreak

The declaration of a national state of emergency in response the recent H1N1 outbreak, will allow CAHs to file a request to CMS that would temporarily waive the daily limit of 25 occupied beds. Though this does not indefinitely lift the limit, nor does it apply to any bed limits for which H1N1 patients are not a contributing factor, it does seek to address the current outbreak and address for surges in patient loads.

- Hospital Main Contact Person and Contact Information - Phone number, etc
- Explanation/Reason for waiver request
- Number of beds over the limit and duration of beds occupied as a result of the reason for which you are filing the waiver

Regional CMS contact information can be found at <http://www.cms.hhs.gov/RegionalOffices/Downloads/DenverRegionalOffice.pdf>

1135 of the Social Security Act. This authority allows her to temporarily waive certain Medicare, Medicaid, and Children's Health Insurance provisions "to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions."

The waiver is **NOT** automatic and each CAH must submit an individual request to be reviewed by CMS in order for it to be granted. CAHs with high patient loads due specifically to H1N1 should submit a request as soon as possible. The request must include the following information and be sent to their regional CMS office:

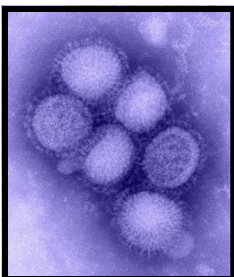
- Name
- City and State
- Provider Number

Unfortunately, the question of how long the durations will be is not specifically answered by CMS, and CMS will not issue a waiver prior to actually exceeding the bed count. Still, we urge you to request this waiver if your hospital is either getting close to the limit or as soon as possible after that limit is reached and exceeded.

This declaration was made official when Secretary Sebelius exercised her authority to waive or modify Section

This was in response to efforts by the NRHA, as well as Congressional offices who have talked to CAHs in their states and districts, and is great news for CAHs who are concerned that the potential surge of H1N1 affected patients are not turned away from treatment.

For more information pertaining to H1N1 you can visit the CMS webpage <http://www.cms.hhs.gov/H1N1/>



H1N1 Influenza Virus courtesy of CDC <http://www.cdc.gov/h1n1flu/>

Feature CAH: Hillsboro Medical Center



The mission of the Hillsboro Medical Center is to provide quality health care and living services with dignity and individualized care.

In 1892, under the head of a United Norwegian pastor and Norwegian physician, a schoolhouse was converted into a hospital and was said to be one of the most complete and modern hospitals in the west. Throughout the following years to present day, the facility has seen name changes, locations and has continued to expand its services to care for Hillsboro community members.

The present facility now stands in the heart of Hillsboro on land that was donated from the Comstock family. Rich in its history and proud of its community support, the hospital was built in the 1950's mostly by volunteers and community funds. In 1964, a skilled nursing home was added to the south of the original hospital. In 1969, ambulance services were added. In 1986 a foundation was established to serve as the fundraising arm to support the mission of the facility. In the fall of 1994, a \$1.5 million capital campaign helped to build clinic space leased by MeritCare Health Systems as well as an attached ambulance garage, physical therapy department, and other remodeling to the hospital.

In 2004, the Hillsboro Medical Center conducted a community assessment needs study as well as a market feasibility study in 2006 to assess and address the unmet needs of the com-

munity. One of the needs identified was to provide assisted living services, which would compliment the medical and living services available in Hillsboro as well as provide a continuum of care for aging residents. In support of these studies, the Hillsboro Medical Center broke ground in May of 2007 on a \$12.5 expansion and remodeling project. The project has expanded Hillsboro Medical Center to house a 16 bed critical access hospital, 36 bed long term care facility, MeritCare clinic, and adding a 16-unit assisted living facility. Community support has again played a crucial role in the \$1.5 million capital campaign.

The hospital was designated a CAH in 2004 and operates at a level IV trauma facility. It is the second largest employer in Hillsboro, next to American Crystal Sugar Company Hillsboro factory,

and offers many services both directly and through contract.

Quick Facts:

Ownership: Nonprofit

Administrator: Patricia Dirk

Chief of Medical Staff:
Charles J. Breen

Board President:
Curt Kaufman

City Population: 1,480
(2007 US Census estimate)

County Population: 7,820
(2008 US Census estimate)

Service Area Population:
8,000 (550 square miles)

Website:

hillsboromedicalcenter.com

See other ND CAH profiles on the ND Flex website at: <http://ruralhealth.und.edu/projects/flex/hospitals.php>

ND Flexibility Program

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For questions or comments contact Marlene Miller at marlenemiller@medicine.nodak.edu / (701) 777-4499 or Elizabeth Huso at ehuso@medicine.nodak.edu / (701) 777-5381.



To learn more about the Flex Program visit:

<http://ruralhealth.und.edu/projects/flex/rhta/>

