
Flex Program News

CAH QI Group To Meet

The Critical Access Hospital Quality Improvement Network will meet on Friday, October 29, 2004 at noon, at the Samaritan North Lincoln Hospital, Lincoln City, Oregon. Lunch will be included.

If you would like to participate in this meeting please RSVP to Sandra Assasnik, assasnik@ohsu.edu, or 503-494-4450, by Wednesday, October 27, 2004.

The 2004 – 2005 Medicare Rural Hospital Flexibility (Flex) Program

The Office of Rural Health (ORH) receives a federal grant each year to carry out its Flex Program activities. Much more than designating rural hospitals as Critical Access Hospitals, Oregon's Flex Program delivers many valuable and innovative services to rural hospitals and communities. Please read on to learn about the highlights of this year's activities (October '04 – September '05).

ORH will continue to fund financial feasibility studies for rural hospitals interested in attaining Critical Access Hospital status. Existing CAHs can choose from two different CPA firms for a financial quality assurance review, an essential element to ensuring that a rural hospital succeeds as a CAH.

The Office of Rural Health will work on many initiatives around quality improvement and quality assurance this fiscal year. There is currently a national push for improving the quality of health care delivery, and ORH is supporting this effort in Oregon through the Flex Program. Flex funds have been allocated to facilitate the growth and development of the Oregon CAH Quality Improvement Network. This group is pooling their efforts and resources to improve the quality of health care delivery in CAHs through networking, sharing best practices, and exploring new ideas.

ORH will continue to support the enrollment of CAHs in the Wisconsin Health Quality Indicators program. This is a quality improvement process that allows small rural hospitals to benchmark measures across time and against similar hospitals. The Joint Commission on Accreditation of Healthcare Organizations has accepted these measures. Measure sets include Acute Care, Long Term Care, Home Care, Behavioral Health Care, and Swing Bed Measures.

Part of the Flex grant funds have been set aside to assist CAHs to pay for quality assurance and credentialing. Funding is limited and only CAHs with limited resources should apply.

Oregon's Flex Program is also dedicated to improving the quality of rural emergency medical services. The Office of Rural Health will support emergency medicine throughout the state by participating in several activities. Joint in-services are planned for CAH emergency department personnel and local EMS agency personnel. The main goal of these trainings is to improve communications between hospital and EMS personnel, thus enhancing quality of care for the patient.

Another activity will build on last year's survey of EMS agencies to identify factors that influence the recruitment and retention of rural EMS providers. The Office will partner with local Area Health Education Centers (AHEC) to conduct focus groups of local EMS personnel. The AHECs will use the information gathered to develop community-based EMS recruitment and retention strategies.

Is your community having a difficult time recruiting a particular type of health care provider or specialty? Flex funds will be used to contract with the regional AHECs to provide assistance. Let us know what your needs are, and we will work with you and your local AHEC to tackle that recruitment challenge.

Three different mini-grants will be offered to CAHs this year. One will help CAHs improve their marketing strategies in their communities and the surrounding areas they serve. The second mini-grant will provide funding to CAHs to

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provide practice management training for local primary care practices. The third provides strategic planning consultation based on prior years' physical plant assessments.

The Community Health Improvement Partnerships (CHIPs), which are supported with Flex funds, will continue to develop ways to improve local health care and support ongoing activities. New this year, CHIP will be involved in implementing projects that encourage increased physical activity. To complement this, funding has been set aside to train local individuals in Motivational Interviewing (MI) techniques by the Oregon Health and Science University School of Nursing. The MIs will work with individuals to affect health behavior change.

The Office of Rural Health is a sponsor and member of the planning committee for the Regional Critical Access Hospital Conference. This meeting will be held on March 23, 2005 at the Red Lion Hotel at the Park in Spokane, Washington. The emphasis will be on quality and sustainability as Critical Access Hospital colleagues discuss issues, learn new ideas and share success stories about the CAH program. This conference is taking place prior to the NW Regional Rural Health Conference, March 24 – 25, 2005. To find out more about the Regional Critical Access Hospital Conference contact Sandra Assasnik, Community Grants Coordinator, at 503-494-4450, or assasnik@ohsu.edu.

Information about the Medicare Rural Hospital Flexibility Program is available on the Office of Rural Health web site at www.ohsu.edu/oregonruralhealth/flexpg.html. Please feel free to contact Sandra Assasnik at assasnik@ohsu.edu, or by phone at 1-866-674-4376, for more information about these exciting new Flex Program activities, or any question you may have about the Medicare Rural Hospital Flex Program.

Two Rural Hospitals Convert to CAH

Curry General Hospital in Gold Beach and Grande Ronde Hospital in La Grande can now be counted as part of the twenty-one CAH designated hospitals in Oregon. Grande Ronde was approved in July 2004 and Curry General Hospital received its' CAH designation in August, 2004.

Hospital Name	Administrator	City
Blue Mountain Hospital	Robert Houser	John Day
Coquille Valley Hospital	Dennis Zielinski	Coquille
Cottage Grove Community Hospital	Tim Herrmann	Cottage Grove
Curry General Hospital	Ginny Hochberg	Gold Beach
Grande Ronde Hospital	James A. Mattes	La Grande
Harney District Hospital	David Harman	Burns
Lake District Hospital	Gordon Ensley	Lakeview
Lower Umpqua Hospital	Sandy Reese	Reedsport
Peace Harbor Hospital	James Barnhart	Florence
Pioneer Memorial Hospital	Victor Vander Does	Heppner
Pioneer Memorial Hospital	Don Wee	Prineville
Providence Hood River Hospital	Interim Jeanie Vieira	Hood River
Providence Seaside Hospital	Bill Sexton	Seaside
Samaritan North Lincoln Hospital	Jack Flaig	Lincoln City
Samaritan Pacific Communities Hsp.	David Bigelow	Newport
Southern Coos Hospital	Jim Wathen	Bandon
St. Anthony Hospital	Jeffrey Drop	Pendleton
St. Elizabeth Hospital	George Winn	Baker City
Tillamook County General Hospital	Wendell Hesseltine	Tillamook
Wallowa Memorial Hospital	Larry Davy	Enterprise
West Valley Hospital	Eric Buckland	Dallas