

Rural Health Strategic Plan Accountability Committee 2005 Annual Report:

“CONTRIBUTIONS TO IMPROVING THE RURAL HEALTHCARE DELIVERY SYSTEM IN NEVADA”

June 2005

Introduction

Many healthcare agencies and providers have contributed significantly to improving the rural healthcare delivery system during the past year. Access to care is sustained and improved through the wide variety of programs and projects undertaken by these entities in the form of new or expanded services, facilities, equipment, funding, and expertise. This summary is presented to assist the Accountability Task Force to report to the Governor on progress toward the implementation of the Rural Healthcare Strategic plan for the year ending June 30, 2005.

Performance Improvement

- The state Immunization Program contracted with the Nevada Public Health Foundation to hold focus groups in Carson City, Churchill, Elko and Humboldt Counties to discuss how to improve immunization services in these counties. A final summary report of these focus group findings will be provided by June 30, 2005.
- Nevada Health Center clinics in Wendover and Beatty participated in the second State Diabetes Collaborative. The clinic sites implemented strategies to improve the quality of care to diabetes patients.
- Inter-Tribal Council of Nevada (ITCN) and Fallon Tribal Elder partnership with Nevada Office of Aging Services and Bureau of Community Health (BCH) and Great Basin Primary Care Association (GBPCA) to: 1) host a 2-day conference to re-establish ITCN Tribal Elder Committee; 2) Nominate AI/AN representatives to the State Commission on Aging; and 3) Began plans for Nevada American Indian/Alaska Native (AI/AN) representation at the 2005 National Conference on Aging.
- Resource allocations through BCH to support placement of GBPCA Vista program volunteers within tribal communities and to support development of chronic disease prevention efforts with tribe and frontier counties.
- Resource allocation through BCH, Environmental Public Health Tracking Program, to support inclusion of Nevada Tribal Nations.
- State Health Division, BCH hosted CDC training for WISEWOMAN (integrated women's health screening program). Participants included representatives/health care professionals working with disparate groups. As a result of this training many participants refocused efforts to improve women's health care and outreach services in Nevada, including State sponsored Mammovan services and pap/cervical screening.

- Nevada's New Leaf Program (a CDC founded program developed by Univ. of North Carolina) community volunteers trained in basic nutrition, physical activity and other chronic disease prevention messages (tobacco, stress, diabetes, etc). BCH partnership with GPBCA to work with volunteers currently targeting Tribal and Hispanic/Latino communities. State Health Division funding GBPCA Vista volunteer to track program outcomes.
- Nevada Tribes are on record as supporting efforts to reduce the proven disparity in health status of American Indians and Alaska Natives. These priorities chart a path toward realistic improvement in health status.
- South Lyon Health Center, Inc. is in the process of developing model policies and procedures for self-pay patients.
- Staff from Nevada Rural Hospital Partners member facilities will attend an educational presentation by Baird, Kurtz & Dobson (BKD) on a system for Critical Access/Rural Health cost report reimbursement training, scheduled for December 13 and 14.
- Nevada Rural Hospital Partners provided consulting services to complete a strategic plan for Battle Mountain General Hospital using the balanced scorecard method.
- Nevada Rural Hospital Partners implemented an operational and financial benchmarking program to assist hospitals with performance evaluation and decision making.
- Nevada Rural Hospital Partners funded and provided centralized technical assistance supporting rural hospital compliance with HIPAA.
- Nevada Rural Hospital Partners provided a well qualified, centralized, shared Regional Chief Financial Officer to 14 of Nevada's rural and frontier facilities (funded through a subcontract from the State Office of Rural Health (SORH) as part of Nevada's critical access program).
- Four Nevada Rural Hospital Partners members hospitals are either already using, or in the process of linking up with the Change Master.com product. A three day educational program has been scheduled for December 7th thru 9th for those using or interested in using this tool.
- Partnership between State Health Division and tribal health centers in urban, rural and frontier areas to develop and/or provide culturally appropriate tobacco cessation and prevention messages, trainings, and technical assistance activities. Tribal representatives play an active role in the review and revision of the five-year Comprehensive Tobacco Control Strategic Plan.

Quality Improvement and Patient Safety

- The Vaccine For Children (VFC) Program provides state-supplied to over 300 providers statewide, and through quality assurance visits, ensures appropriate vaccine storage procedures and immunization practices are being followed.
- Partnership development with GBPCA, State Purchasing Division Commodity Food Distribution Program, Bureau of Family Services and BCH provides basic nutrition, physical activity and other chronic disease prevention messages and outreach to eight (8) Nevada Tribal Commodity Food Distribution sites.
- BCH funding to support Diabetes Collaborative within state to 19+ clinics. Participants include FQHCs serving medically underserved clients.
- Grover C. Dils Medical Center is testing an emergency medicine charting system that serves to improve ER patient assessment, increases reimbursement for ER department services, enhances CMS compliance and enhances physician productivity and efficiency.
- 100% of Nevada Rural Hospital Partners member hospitals participate in CMS “Hospital Compare” program, reporting quality and patient safety data.
- Nevada Rural Hospital Partners participated in the development of Nevada’s regulations governing the reporting of sentinel events.
- Nevada Rural Hospital Partners developed standardized electronic quality reporting format for hospitals’ internal quality assurance programs.
- Nevada Rural Hospital Partners continued to administer the Liability Cooperative of Nevada, which provides a stable source of medical malpractice insurance to eight rural and frontier hospitals and the physicians they employ.
- Nevada Flex Program, Nevada Rural Hospital Partners, and Health Insight supported a two-day quality improvement workshop – “Human Factors, Patient Safety, and Health Care Quality Improvement” – for rural hospital quality improvement and risk managers in April 2005.
- Nevada Flex Program and Nevada Rural Hospital Partners have supported a quarterly meeting of rural hospital quality improvement and risk managers. These meetings have included educational in-service on a wide-range of topics including medical record documentation, falls-factors and prevention, and credentialing of health care providers.

Information Technology

- The Immunization Program implemented a Web-based registry that can improve the immunization levels of children through reminder-recall efforts and through improved immunization tracking. Several software training sessions have been provided to rural Community Health Nursing staff and to the Humboldt County School District.

- The Community Health Nursing Program implemented a patient management system which will improve reproductive health services and data collection.
- BCH partnership with Inter-Tribal Council of Nevada (ITCN) (representing 26 Tribal Nations) and Nevada Indian Commission to develop American Indian/Alaska Native (AI/AN) Behavioral Risk Factor Surveillance System (BRFSS). Partnership intent is to develop a sustainable AI/AN BRFSS within Nevada and assist tribes with integrating state public health resources within their communities.
- The Washoe Tribal clinic has modern network and patient information systems. In addition, digital radiology equipment has been installed and will soon be expanded from the medical to the dental departments. The transmission of digital images is a form of information technology improvements that saves money, improves performance, and protects patient confidentiality. It is hoped that retinopathy services can be provided using new technology that will allow readings by a skilled physician/radiologist located in Phoenix Indian Medical Center.
- Battle Mountain General Hospital has implemented needed HL7 interfaces, upgrading their information systems to the current industry standards.
- Battle Mountain General Hospital is implementing digital medical records and scanning technology.
- Mt. Grant General Hospital has installed interface technology installed in the hospital, adding efficiency and reducing cost. Approximately 45 – 60 minutes each day is saved in data entry and billing as a result of linking stand alone systems.
- Humboldt General Hospital is scheduled to have interface technology installed in their radiology departments, as part of the HRSA integration grant.
- South Lyon Health Center, Inc. has implemented a new lab information system with the interfaces needed to generate increased productivity and cost savings.
- Nevada Rural Hospital Partners funded and implemented progress toward legacy software integration program to enhance productivity, accuracy, and to reduce cost (ultimately in ten hospitals).
- Nevada Rural Hospital Partners funded and implemented shared data and image archive for Nevada's rural hospitals, in cooperation with the University Of Nevada School Of Medicine.
- Nevada Rural Hospital Partners obtained approximately \$692,000 in federal funding to support the expansion of information technology in Nevada's rural hospitals and to improve four hospitals' ability to digitize, transmit, and archive radiographic images.

- In cooperation with the University Of Nevada School of Medicine and the Northeastern Nevada Area Health Education Center, Nevada Rural Hospital Partners coordinates and supports a wide area network, connectivity, and Internet access for Nevada's rural and frontier hospitals.
- Battle Mountain General Hospital and the Nevada Office of Rural Health have partnered to implement a remote cardiac telemetry project allowing rural patients in Battle Mountain to be monitored by specialists in urban tertiary hospitals.

Facilities

- Providers have met with management and the Washoe Tribal Health Board to continue to make improvements to the 3-year-old Washoe Tribal Clinic. This facility has proven to meet and exceed expectations with minor changes to the original design. The modern facility is one that makes tribal members proud and makes patients want to seek care when it is needed rather than waiting to seek care in inappropriate emergency room settings.
- Washoe Tribal Health Board planning continues to utilize existing facilities for an expansion of behavioral health services.
- Since no HIS funded clinic has been built in Nevada since 1988, some tribes have built their own facilities. The Washoe Tribe is one of those tribes that have built its own facility.
- Great Basin Primary Care Association (GBPCA) operated the Healthy Smiles Family Dentistry Clinic in Yerington which serves over 300 patients per month on Medicaid, Nevada Check Up and provides a sliding fee scale.
- GBPCA, through federal grants, provides financial resources to the Nevada Health Centers' Miles For Smiles dental program serving a five county region from Elko.
- William Bee Ririe Hospital is expanding its lab, physical therapy, emergency and radiology departments. 12,000 sq. ft. of new construction, and an additional 9,000 sq. ft. will be remodeled at a projected cost \$3.5M.
- South Lyon Health Center, Inc. has completed a major renovation of the facility kitchen, bringing it into compliance with current regulations.
- Carson Valley Medical Center reported is constructing 13,000 square feet to house engineering, biomedical maintenance, and purchasing. When finished, construction of a new 10 bed addition will begin.
- Pershing General Hospital has received a USDA loan of \$2.5M for construction of a new clinic, as well as renovation for the long term care facility. Features will include a twelve room exam clinic, a new pharmacy and business office. The bed count after the new

clinic and redesign of the long term care facility will change from seven acute beds to eight and from 30 long term care beds to 40.

- Banner Churchill Community Hospital is expanding its clinic in Fernley.
- Grover C. Dils Medical Center has applied for a community development block grant to support renovation of the Alamo clinic.

Services

- Temporary staff was hired to conduct immunization clinics in Carson City, Churchill, Elko, and Humboldt counties in FY2005 to assist in vaccinating school-age children.
- The Health Division's Diabetes Prevention and Control Program (DPCP) sponsored the placement of a VISTA Health Advocate in White Pine County. The Ely Shoshone Tribal Health Center is providing office space. The Advocate is assisting the tribes on commodity distribution days, has worked with William B. Ririe Hospital on the health fair, and is providing information on chronic disease prevention.
- The Community Health Nursing Program has contracted 1 RN and 3 APNs to expand service delivery in Churchill and Douglas counties.
- GBPCA provided coordination services for rural communities to develop communication systems for public health preparedness.
- Carson Valley Medical Center has entered into an agreement with the county commissioners to solve EMS traffic issues.
- Battle Mountain General Hospital held its Health Fair in October, a practice common for small and rural hospitals.
- Owyhee Community Health Facility is in the planning stage for the addition of CT services.
- State Office of Rural Health coordination with Banner Churchill Community Hospital and Battle Mountain General Hospital to develop a cardiac telemetry support program. Banner Churchill Community Hospital will provide 24/7 coverage by telemetry technicians both to their own facility and to other Nevada rural facilities.
- A Rural Automatic External Defibrillator program through SORH has placed 394+ units throughout rural Nevada, with 70 additional placements projected for FY06.
- SORH rural recruitment and retention program conducting health professions survey for need and demand in all rural counties. They market rural communities to national inquiries and have recruited and placed 5 practitioners during FY 05.

- SORH, through the Nevada Health Service Corps, has initially placed 3 practitioners (1 MD, 2 PAs; 1 urban underserved, 2 rural) during the first 9 months of the FY 05 period with another 9 currently serving obligated practices in Nevada (4 Mental Health, 3 Physicians, 2 PAs; 5 are rural, 4 urban underserved).
- SORH coordination of oral health expansion of Miles for Smiles mobile program; Expansion of two new oral health clinics in Yerington and Elko.
- SORH coordination/collaboration with community partners and Nevada Health Centers, Inc. to develop/implement new Community Health Center in Elko-opened June 2005.
- SORH expansion of Telehealth network to three Native American sites in Ibapah, Washoe Tribe-Gardnerville and Duckwater.
- SORH expansion of Telehealth network to Community Health Center site in West Wendover bringing the Telehealth sites to 51.
- The Rural Obstetrical Access Program, through the SORH, has distributed \$ 150,000 to 12 various practitioners, and 2 clinic networks serving rural community sites to provide OB malpractice offsets and service to underserved prenatal patients.
- BADA provides block grant funds to the Walker River Paiute Tribe; expansion component was funded through the Mason Valley Boys and Girls Club and New club on the reservation in Schurz.

Clinical Equipment and Services

- Mt. Grant General Hospital has upgraded the radiology department, and added a new ultrasound machine. The hospital's PACS equipment has been ordered.
- Owyhee Community Health Facility reported that the hospital is replacing their film cassettes in the radiology department with fully digital cassettes.
- Incline Village Community Hospital has added CT scanner capability.
- Nevada Rural Hospital Partners funded and implemented Pictures Archive Communication Systems in four hospitals to enhance diagnostic radiology quality, and timely interpretation.
- Nevada Rural Hospital loaned approximately \$345,000 to four rural hospitals to support acquisition of clinical equipment, software, and to renovate facilities.
- GBPCA provided communications equipment to rural communities as part of upgrading capacity for public health preparedness.

Other

- The State Immunization Program helped fund the Native American Senior Health Conference in Fallon last October to promote adult immunizations.
- The arthritis Prevention and Control Program are distributing “People with Arthritis Can Exercise” (PACE) videos, Level I and Level II, to rural Native American Indian Reservations.
- The Arthritis Prevention and Control Program are donating up-to-date books regarding arthritis to several rural libraries in Northern Nevada.
- Nevada Tribes have recommended the establishment of an Indian Health Board of Nevada which will be administered by a professional executive director with expertise in health systems, public health, Indian health and politics. It is expected that this organization, that will have tribal council-appointed delegates, can advance health care improvements by increasing Nevada Tribes’ capacity to participate in health care policymaking, work with other service/provider organizations, and engage in disease prevention and health promotion activities.
- Boulder City Hospital is in the process of becoming a Critical Access Hospital.
- Battle Mountain General Hospital has applied for RHC (Rural Health Clinic).
- Banner Churchill Community Hospital is one of fourteen hospitals nationwide to participate in a CMS demonstration project to evaluate the feasibility of the Rural Community Hospital designation. Program goals are to evaluate the feasibility of larger hospitals being designated as Critical Access Hospitals. Fallon’s hospital will receive cost-based reimbursement, and their commitment includes investing the additional funds in services that support increased access to healthcare in the community.
- Nevada Flex Program within the SORH assisted two facilities – Mesa View Regional Hospital in Mesquite and Humboldt General Hospital – with the successful certification as Critical Access Hospitals (CAH) by CMS. CAH facilities receive are reimbursed 101% of cost for inpatient, outpatient, and post-acute SNF services.
- Nevada Flex Program within the SORH completed a community health care needs assessment for William Bee Ririe Hospital in Ely (December 2004) to assist the hospital with long-term planning of services in White Pine County.
- Nevada Flex Program within the SORH assisted in providing coordination and instruction in two EMT programs: EMT Basic – 33 students trained (Elko only)
EMT Intermediate - 34 students trained (Elko, Eureka, Crescent, Ely, Owyhee).

- Nevada Flex Program within the SORH assisted in providing an 8 hour CEU, hands-on Trauma Workshop for EMTs. 54 participants traveled to Elko from Ely, Battle Mtn., Austin, Eureka, Crescent Ely., Jackpot, Wells, and Owyhee. Additionally, eight 2-hour CEU classes were held through out the year via compressed video to rural sites.
- Nevada Flex Program within the SORH provided sponsorship for the 14th Annual Rural EMS Conference held in Ely, Nevada, April 28-May 1, 2005. Over two hundred participants from around the state attended the conference for a total of 19 CEUs.
- Nevada Flex Program within the SORH assisted in providing coordination and instruction for 4 Weapons of Mass Destruction classes. The course was designed to prepare health care professionals (EMTs, Physicians, nurses, dentists) for potential acts of terrorism and public threats. The class meets the mandates of AB 250 which was adopted by the 2003 Nevada Legislature. 200 plus students attended these classes.
- SORH participates as a selected national representative on the Committee to define Frontier for the Office of Advancement of Telehealth.
- SORH participates with the WICHE (Western Interstate Commission on Higher Education) HCAP (Health Careers Access Program) Committee to define Underserved populations for the purposes of Oral Health Services. The definition will address barriers to care for vulnerable populations.
- Nevada Flex Program within the SORH and the UNR Center for Economic Development have produced an analysis of the economic impact of the hospital sector on income and employment in rural and frontier Nevada, and will develop county-level impact analysis by the end of the summer 2005.
- GBPCA assists in coordination of the Tribal Commodities Coalition Program to reduce the incidence of diabetes among tribal clinic populations.

Workforce Development

- Williams Bee Ririe Hospital in Ely is providing financial support to a staff member to attend the four year Medical Technician program at Weber State in Utah.
- Working together, Nevada Rural Hospital Partners, the Nevada Office of Rural Health, the Northeastern Nevada Area Health Education Center, Churchill County, Banner Churchill Community Hospital, and the Nevada Rural Hospital Partners Foundation, provided approximately \$135,000 in funding to support expansion of Nevada's community college nursing programs at Western Nevada Community College (Fallon), and Great Basin College (Elko). The expansion created two rural nursing track programs.
- BADA is working with Western CAPT to provide cultural competency training for state and local staff.

- SORH developed rural dental student rotation sites to begin summer of 2005.
- SORH facilitated recommendations to establish the planning, development and coordination of a 2006 Health Professions Summit sponsored by the Board of Regents of the Nevada System of Higher Education.
- University of Nevada School of Medicine (UNSOM) developed the funding base to initiate support of the Health Workforce Data Analysis functions of the Medical Education Council of Nevada (MECON).
- SORH is facilitating the strategic planning to address expansion of Rural Training Track programs with the Departments of Family and Community Medicine in both northern and southern Nevada.
- SORH/MECON collaborated to develop several health workforce studies including completion of the 2004 and 2005 Resident (Medical and Dental) Exit Survey.
- SORH provided quarterly designations of Rural Dental Underserved Areas to the Board of Dental Examiners to assist with geographic licensing provisions.