

NOSORH Region E Meeting
August 19 - 20, 2009
Laramie, WY
Round Robin

State: Alaska	Contact: Pat Carr / Faith Allard
State Sharing Topic/Question: New Dimensions on Workforce Health Disparities	Phone: 907-465-8618 / 269-3456 Email: patricia.carr@alaska.gov Faith.allard@alaska.gov

Rural Hospital Administrative Internships: Active Learning for Graduate Students in Professional Settings

Rural Hospital Administrative Internships (RHAI) is a collaborative among three Alaskan universities, the Alaska State Hospital and Nursing Home Association, and the Alaska Department of Health and Human Services, with program financial support provided by the Rural Hospital Flexibility Program, in an effort to provide experiential learning opportunities for graduate students interested in the business of healthcare. RHA I is an initiative to increase the interest of Alaska trained managers in becoming CEOs or other leaders in our critical access hospitals.

The program is open to graduate students attending the Alaska Pacific University, the University of Alaska, and the Wayland Baptist University. Graduate students interested in health administration may apply for internships in rural Alaskan hospitals. The RHAI experience consists of a visit to a rural hospital site where the student is provided the opportunity to work on a real administrative issue, while being introduced to life in the rural community. Travel, per diem, and other associated academic costs are provided for the student up to a cap of \$3,950. Academic credit may be secured for the work.

Hospital-to-Hospital Mentoring

The ASORH works collaboratively with the Flex Program on a statewide hospital-to-hospital mentoring program, where a CAH staff member in one hospital job shadows a counterpart in a hospital of similar size and type for up to three days. This has offered staff the opportunity to get ideas about how to improve their own programs by observing how things are done differently in another facility. This is a best practice model at its best.

Historically efforts have focused on providing trainings to hospital leadership and typically by traveling attendees to Anchorage for this training. The result has been that staff return to their hospitals highly motivated and well trained, but are not able to truly implement organizational long term success or culture change. By providing learning experiences on site with their peers, it is expected that the networking and sharing of ideas will lead to longer term changes within each organization.

Year 1 – hospital-to-hospital mentoring program

The first year of this mentorship project was a planning year. We determined the number of participating hospitals, the type of staff that will receive mentorship, how staff/facility will be compensated, and how participants will receive orientation and follow up. These decisions were made carefully, so both mentor and mentee could have a good experience with maximum results.

Year 2 hospital-to-hospital mentoring program

The mentorship program will be launched in Year 2. Towards the end of Year 2, staff will assess the success of the program, and their impact in addressing the targeted gaps/needs.

Year 3 hospital-to-hospital mentoring program

Based on previous year’s success, the mentorship program will resume as-is with very little modification.

Office of Minority Health

Over the past several months the ASORH has been conducting activities around the feasibility of an Office of Minority Health / Health Disparities Office within the state. Most recently Pat Carr attended the Office of Minority Health sponsored National Health Disparities Plan Consensus meeting where participants reviewed the 20 common strategies that were established during the regional and national meetings. Over the next few months the National Partnership for Action to End Health Disparities will be publishing an action plan that may be of interest to SORHs.

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State: Idaho	Contact: Stephanie Hansen (or Mary Sheridan)
State Sharing Topic/Question: Training Medical Interpreters	Phone: 208-332-7363 Email: HansenS@dhw.idaho.gov Website: ruralhealth@dhw.idaho.gov

Our office began supporting the training of medical interpreters in 2007 as part of the “Idaho Infrastructure Building Project” with funding from the federal Office of Minority Health. Improving access to qualified medical interpreters for limited English proficient patients was one of the goals of this project and 14 bilingual individuals received medical interpreter training in the spring of 2007.

Idaho choose not to establish State Office of Minority Health, but we couldn’t ignore the overwhelming needs indentified during this project and have incorporated compatible objectives from our minority health project into our SORH and Flex grants. Our rural hospitals were not (and some still do not) use trained interpreters to communicate with patients. Instead providers rely upon *untrained* interpreters, at best, and friends or family members, including children, to interpret patient information.

We supported 2 “Qualification Courses for Interpreters in Health Care” in Blackfoot and Rupert, Idaho in 2008. Classes are limited to 15 participants and are held over two full days with proficiency testing at the conclusion. We contract with Morales Dimmick Translation Services to provide this training. In 2009, the Qualification Course has been (or will be held) in 5 locations (McCall, Weiser, American Falls, Boise, Rupert) throughout Idaho. At the end of 2009, 116 individuals will have received medical interpreter training supported by our office during the past 3 years.

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State: North Dakota	Contact: Lynette Dickson
Round Robin Topic/Question: HIT	Phone: 701-777-6049 Email: ldickson@medicine.nodak.edu Website: http://ruralhealth.und.edu/

North Dakota HIT efforts:

(ND HIT Steering Committee website: <http://ruralhealth.und.edu/projects/sorh/hit.php>)

- **December 2008**
 - Report** - Connecting ND to a Healthier Future (Statewide HIT survey results.)
 - Fact Sheet** - ND Health Information Technology: About HIT
 - Map** - Electronic Medical Record (EMR) Adoption in North Dakota
- **January 2009 – HIT 101 Demonstration at the Capitol, Bismarck, ND** (during legislative session)
- **March 2009 – ND Legislation passed SENATE BILL NO. 2332**
Final Components of Health Information Technology Bill (SB2332) 2009
 - 1) **Establish HIT office within Information Technology Department (ITD)**
 - 2) **Establish HIT Advisory Committee representing a broad range of public-private HIT stakeholders** (will consist of Governor, state CIO, state health officer, Exec. Dir. DHS or designees of each – others to be appointed by the Governor and the state health officer).
 - 3) **Hire HIT Director** (to be hired by and work under the direction of the Advisory Committee) Appropriation \$350,000 (to establish office/hire director/support Advisory Committee, etc.)
 - 4) **Establish a revolving loan fund** in the Bank of ND to purchase and upgrade electronic health record systems (EHR) and other purposes established by HIT Advisory Committee. (This fund will be for use IF federal stimulus funds or other grant funds are received).
 - 5) **Establish an electronic health information exchange fund** (for use IF federal stimulus funds or other grant funds are received). \$8 million will be made available to be used only for the required match for State grant opportunities through the stimulus package. The Advisory Committee will determine how much will be used for each federal opportunity.
 - 6) **Establish a loan fund NOT tied to the stimulus funds** \$5 million will be made available for loans to facilitate and expand electronic health information exchange (e.g. purchase/upgrade EHR). ***Contingent on IF Bank of ND general fund revenues (July-Sept 30, 2009) exceed estimated general fund revenues by at least \$22,500,000 Criteria/eligibility for loans will be determined by the HIT Director in collaboration with HIT Advisory Committee.*
- **August-October 2009**
EMR Readiness Project using SORH/Flex funds (in progress) working with David Ginsberg, PrivaPlan Healthcare Consulting, Inc.

Methodology:

- 1) An initial teleconference was held with each (15) CAH and their team of representative department managers and/or stakeholders.
- 2) Survey to identify current state of HIT and possible readiness gaps.
- 3) Conduct a series of three facilitated webinars with all participating CAH's and a small group of their stakeholders; these webinars will be structured and guide the participants through a discussion and checklist of readiness and needs assessment requirements.
- 4) Interim review of documentation and "homework" assigned to each CAH to complete checklists.
- 5) One follow-up teleconference with each CAH and their stakeholders.
- 6) Hold a vendor fair for all participants upon completion of webinars.

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State: Washington	Contact: John Hanson
State Sharing Topic/Question: Bridging the IT Gap in Western Washington – Building a Health Information Exchange	Phone: 360-236-2819 Email: john.hanson@doh.wa.gov Website: www.doh.wa.gov/hsqa/ocrh
<p>In October of 2007 the Western Washington Rural Health Care Collaborative (WWRHCC), as a subcontractor to the Washington State Department of Health, Rural Health Section, was awarded a 1.4 million dollar grant from the Health Resources and Services Administration (HRSA), Medicare Rural Hospital Flexibility program. This grant, one of only seventeen awarded in the United States was to focus on the development of a CAH-HIT Network in Washington State.</p> <p>WWRHCC proposed to develop a network for Health Information Exchange among three CAHs and their community partners. The rural pilot sites, Ocean Beach (Ilwaco), Whidbey General (Coupeville), and Morton General (Morton), served areas with combined rural populations totaling almost 100,000 people. These CAHs were chosen due to the variety of local clinics/services they operate – i.e., Rural Health Clinics, home health, diabetes education, etc. – and also because each operated a different patient information system. WWRHCC then identified Harborview Medical Center as the project’s tertiary referral partner, which as the State’s only Level I trauma referral destination, was important to CAHs statewide.</p> <p>The project employs HIT as a tool to support patient safety and quality by making clinical information available to prevent misdiagnosis and incorrect treatments. The project is efficient as it prevents duplicative lab and imaging studies and other ancillary procedures, and reduces staff time currently spent managing paper-based patient records and data produced by the wide variety of disparate information systems currently used across all care settings. The project leverages our existing significant experience with building HIT networks and our history of collaboration with both internal and external partners.</p> <p>Furthermore, this HIT Network can serve as the universal EHR exchange platform that can be integrated into the statewide telehealth “pipeline” that is in development, thus making the platform immediately scalable to CAHs and other providers statewide. And finally, the project will be effective because it will integrate existing clinical quality improvement projects (diabetic and cardiovascular) with HIT to improve outcomes.</p>	

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State: South Dakota	Contact: Chrystal Wright
State Sharing Topic/Question: Miscellaneous Program Updates	Phone: (605) 773-2706 Email: chrystal.wright@state.sd.us Website: www.ruralhealth.sd.gov

CHAMPS

The CHAMPS (Community Healthcare-workforce Allies through Mentoring, Partnering, & Solutions) Program was developed under the SD Healthcare Workforce Center to increase awareness of the healthcare professional workforce shortage among local schools and communities. CHAMPS is a group of over 250 healthcare providers from long-term care facilities, rural health clinics, federally qualified healthcare centers, and hospitals that recognize the need to bring the healthcare workforce shortage issue to the forefront. These partners work closely with the SD Healthcare Workforce Center to educate students in their classrooms and local citizens through community events on the exciting and challenging careers of the healthcare industry.

Social Networking

In March, the SD Office of Rural Health launched a Facebook Campaign to promote healthcare careers to high school students. Information about upcoming events, such as health career camps like our Scrubs Camps, is posted to our Facebook group 'SD Health Careers'. Other social media accounts we are in the process of setting-up include a Facebook fan page, MySpace page, Twitter, and YouTube.

Trauma System

In 2008, Legislation was passed to create the SD Trauma System. This past June the Legislative Rules Review Committee approved the administrative rules for the trauma system and implementation is now underway. Recently a trauma system implementation package was sent to all licensed hospitals in SD. Each hospital has to complete and submit the Level Declaration form. Upon receipt of this form, each hospital will be sent an application for trauma hospital designation. Once the application is complete and submitted, a site visit will be scheduled where necessary to ensure compliance with the

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State: Utah	Contact: Robert Jex
State Sharing Topic/Question: STEMI/Stroke	Phone: 801-273-4161 Email: rfjex@utah.gov Website:
<p>The Utah Bureau of EMS is taking the lead on developing a STEMI/Stroke Network that is meant to provide optimal care for victims of STEMI heart attack and Stroke disease in rural areas. Using a spoke and hub system, rural hospitals will develop STEMI and Stroke protocols with templates provided by EMS and will develop triage and transfer guidelines to insure that patients are transferred to an appropriate receiving facility in an optimal amount of time.</p> <p>Rural hospitals not within the time window for intervention at a STEMI or Stroke facility will be encouraged to develop protocols for thrombolytic therapy that will lead to reducing morbidity and mortality for patients in rural communities.</p> <p>The project is in the developmental stages presently, but the tool kit has been developed with an eye on beginning certification programs in January 2010.</p>	

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State: Wyoming	Contact: Sharla Allen
State Sharing Topic/Question: Health professional tracking	Phone: 307-777-7293 Email: sharla.allen@health.wyo.gov Website: http://health.wyo.gov/rfhd/rural/index.html

The Wyoming ORH used a health professional tracking database operated by the RUPRI Center in Nebraska to identify areas of greatest need for Wyoming's state funded Health Professional Loan Repayment Program and Physician Recruitment Grant Program. The Wyoming Healthcare Commission then contracted with the University of Wyoming WYSAC and the University of Washington to continue this work.

1. Wyoming Healthcare Commission dissolved April 2009
2. Not funded by WY legislature 2009
3. The ORH is now considering using Wyoming Board of Medicine licensing information that may or may not be accurate. This data does not identify FTE or whether the address is that of the practicing site or a different address.
4. Contractor does HPSA evaluations for expiring HPSAs that include telephone surveys of all clinics or physicians in that county during the evaluation to establish FTEs etc.
5. ORH will not have state-wide data for physicians without a new process.

Question: How do other states identify their number of providers, where they are practicing, FTE, etc.