South Carolina Flex Program

Fiscal Year (FY) 2019 Significant Accomplishments, Best Practices, and Lessons Learned

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Program Area 1: CAH Quality Improvement

For the South Carolina Office of Rural Health (SCORH), enhanced communication with the Critical Access Hospital (CAH) Quality Team was a top priority during FY19. In addition to the quarterly or semi-annual Critical Access Hospital Quality Workgroup meetings, there has always been an open line for the CAH Quality Teams to reach out to the SCORH office. During FY19, there was active outreach to each CAH Quality leader at least once per month, almost always more frequently.

There is a significant difference between offering an "always open" line of communication and regularly checking in with the quality teams. The CAH Quality Teams often are small (if bigger than a single individual at all) and wear many hats in their roles at the facilities. Reaching out to them provides a moment to address issues or questions which they might not have deemed worth their time to reach out on their own, or when they may have been waiting for a free moment that never comes

Lessons Learned During this Activity

SCORH recommends ensuring frequent check-ins with the CAH Quality teams and plans to continue this process moving forward. It may be difficult, and an organization may think they are already communicating effectively, but increasing frequency of communication can be very beneficial.

Program Area 2: CAH Operational and Financial Improvement

SCORH, with the assistance of Wipfli CPA and Consulting firm, completed a statewide operational and financial needs assessment. The assessment was disseminated to each CAH via email. Individual and global CAH data were reviewed in a webinar, which was attended by three of the four CAHs. The data reports included a summary of risk of financial distress for South Carolina CAHs and financial information by hospital.

At the end of the financial assessment webinar, three of the four CAHs identified their area of focus (greatest need) to be support around appropriate hospital expenditures and budget leveling for COVID-19 CARES Act and Paycheck Protection Program (PPP) funds. SCORH anticipates that three out of the four CAHs will engage in this support from SCORH. Additional areas of interest will be assessed again in February 2021.

Lessons Learned During this Activity

The lesson learned this year was to be flexible, to provide support the best way possible and to expect disengagement due to unforeseen new workload on CAHs. Dividing Flex support to focus on each hospital individually has been an interesting and effective way to engage the CAHs during this pandemic. SCORH might continue to utilize the individual support approach moving forward.

SCORH recommends this activity to other Flex programs. CAHs need additional support in understanding how to appropriately allocate and spend Federal COVID-19 relief funds. If funds are returned after money has been allocated, the CAHs in South Carolina do not have the means to pay it back. SCORH assumes that most of the national CAHs are in the same situation with federal COVID funding.

Program Area 3: CAH Population Health Improvement

In FY19, SCORH provided technical assistance to two CAHs around their community health need assessments (CHNAs). One was completed and submitted to the Internal Revenue Service (IRS) in January 2020 and the other was completed and submitted to the IRS in August 2020. Neither facility had completed a CHNA on their own before and needed facilitation on how the process works and how to make it meaningful.

Following the CHNAs, SCORH developed a Community Learning and Doing Collaborative with the assistance of Iron Sharpens Iron Consulting firm. This learning collaborative provides education, training and support for the rural CAH leaders to help them engage in their community health improvement work. The learning collaborative was designed to help the hospitals transition from the CHNA to the Community Health Improvement Plan (CHIP) to long-term community engagement. This learning collaborative is not developing the hospitals' CHIPs, but providing best practices on successful community engagement and partnerships. All four CAHs are participating in the learning collaborative and the anticipated outcomes include: review of successful initiatives that have been tested in other communities; deeper cross-section partnerships and relationships; clarified goals and shared vision for each county; mindset shift from "deficit-focused" to one of "abundance-focused" and action oriented; understanding of skills and tools needed to drive action for improved community health outcomes.

The CHNA work allowed SCORH to engage the CAHs in a more meaningful way and helped focus shift towards their communities. The CAHs seem to have developed better community relationships and found value in deepening those partnerships.

Lessons Learned During this Activity

SCORH would recommend that any state office of rural health get engaged in the CHNA development of the CAHs. As mentioned above, this allowed SCORH staff to bridge that gap between hospital and community. And not only is it helpful to the CAHs, it is a required IRS activity. In South Carolina, it helped the CAHs to expand outside of their walls and have a greater relationship and impact within the community, the Department of Health and Environmental Control (DHEC), local representatives from behavioral health and alcohol and drug departments, and other like healthcare entities.

Program Area 4: Rural EMS Improvement

SCORH has performed an assessment of the four emergency medical services (EMS) agencies in counties with a CAH for many years. The assessment follows that of the Wisconsin Office of Rural Health's Attributes for a Successful EMS Agency. This year, the assessment was provided to all EMS agencies within the state holding the county contract. The intention had been to hold a face-to-face meeting with the agencies to form new relationships and increase the participation. Considering the public health emergency, the assessment was converted to a virtual format and sent out electronically to all the target agencies.

SCORH was excited to have 25 EMS agencies complete the assessment. This includes the four EMS agencies in counties with a CAH which have regularly completed the annual assessment. Together these agencies represent over half (25 of 46) of the EMS agencies that hold the county contract in South Carolina. The increased agency participation will provide a more significant benchmark while comparing individual agencies against the current state average.

Lessons Learned During this Activity

Utilizing a larger pool of information will allow SCORH and other rural EMS agencies the opportunity to view the current needs of the state. Our rural EMS agencies will be able to see to a more comprehensive benchmark compared to just three other counterparts to gauge their standings and possibly discover areas where they may be falling behind. The same information will be beneficial for the SCORH team in identifying areas to focus our efforts during future program years to have the most significant impact.

SCORH will continue to seek inclusion of all EMS agencies throughout the state in this assessment. While it is important to focus on the rural agencies, it is also important to understand the climate of EMS across the state. SCORH also recommends the Attributes of a Successful EMS Agency assessment from the Wisconsin Office of Rural Health as an invaluable tool. The assessment provides insight into relevant areas of success and opportunities for growth for an EMS agency in an easy-to-understand and trackable format.

Program Area 5: Innovation Model Development

The South Carolina trauma system now includes the Level IV trauma designation; SCORH Flex staff was instrumental in this designation in FY18. This designation was designed to be the most accessible entry to the trauma system and should allow small, rural hospitals the opportunity to join. During FY19, small, rural hospitals were approached and educated about the trauma system and the Level IV designation. Facilities had the opportunity to submit data and participate in a feasibility study for this new level of trauma care to understand the impact this designation may yield. The end product will be a report and interactive data sheet which can be utilized in assisting rural facilities in their decision to seek Level IV trauma designation. They expect this will allow more rural facilities to confidently enter the trauma system.

Through these meetings, key information about the Level IV designation criteria and process was disseminated and the areas of concern from facilities gathered. The data collected will be compiled into a feasibility report which will allow any rural facility, including CAHs, the ability to review their own processes and service areas to determine the effects achieving this new designation level may likely have across their facility.

Lessons Learned During this Activity

There is a fear of entering the trauma system for many rural facilities that had not previously had the option to participate. It has been important to address these concerns as a first step in the discussions about participating in the trauma system. Rural hospitals may not understand the impact and prevalence of the trauma cases in their area having never been exposed to the system before. Providing a report that puts it in terms they understand and uses their own structure makes a significant difference in bringing them to the table to talk about joining the trauma system.

Level IV trauma designation is not something that is available in all states; however, the states that do have this designation, Flex staff reached out and connected to those SORHs in FY17-18. At the state level, SCORH worked closely with the South Carolina trauma system leadership to lead the recognition of this level for our state. SCORH continues to spread the information and address hospital questions. They are excited to continue driving this opportunity forward to benefit the rural and underserved communities of South Carolina by ensuring appropriate access to the trauma care system across the state.