



# CAHoots

*FLEX*  
Quarterly  
Newsletter

Volume 11 Issue 4

Fall 2011

## Mark your Calendar!

### November 18, 2011

IRHA Fall Forum:

"Harvesting Rural Health Solutions"

Monroe County Convention Center  
302 S. College Avenue  
Bloomington, IN 47403  
8:00am - 4:00pm

### January 17, 2012

9th Annual IRHA Public Policy Forum  
Hyatt Regency  
One South Capitol Avenue  
Indianapolis, IN 46204  
8:00am - 3:30pm

### March 2, 2012

Spring Into Quality Symposium  
Primo West Conference & Banquet Center  
2353 E. Perry Road  
Plainfield, IN 46168  
8:00am - 4:00pm

### June 14-15, 2012

15th IRHA Annual Conference  
JW Marriott Indianapolis  
10 S. West Street  
Indianapolis, IN 46024

Details: [www.indianaruralhealth.org](http://www.indianaruralhealth.org)

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Rural Health (SORH)



Indiana State  
Department of Health

Join the Celebration!

National Rural  
2011 Health Day  
Celebrating the Power of Rural!



November 17, 2011 / [www.celebratepowerofrural.org](http://www.celebratepowerofrural.org)

Rural communities are wonderful places to live and work, which is why nearly 62 million people – nearly one in five Americans – call them home. These small towns, farming communities and frontier areas are places where neighbors know each other, listen to each other, respect each other, and work together to benefit the greater good. They are also some of the best places to start a business and test your "entrepreneurial spirit." These communities provide the rest of the country with a wealth of services and commodities, and they are the economic engine that has helped the United States become the world economic power it is today.

These rural communities also have unique healthcare needs. Today more than ever, rural communities must address accessibility issues, a lack of healthcare

providers, the needs of an aging population suffering from a greater number of chronic conditions, and larger percentages of un- and underinsured citizens. And rural hospitals – which are often the economic foundation of their communities in addition to being the primary providers of care – struggle daily as declining reimbursement rates and disproportionate funding levels make it challenging to serve their residents.

That is why the National Organization of State Offices of Rural Health sets aside the third Thursday of every November – November 17 in 2011 – to celebrate **National Rural Health Day**. First and foremost, National Rural Health Day is an opportunity to "celebrate the power of rural" by honoring the selfless, community-minded, "can do" spirit that prevails in rural America. It also gives us a chance to bring to light the unique healthcare challenges that rural citizens face and to showcase the efforts of rural healthcare providers, rural state associations, and other rural stakeholders to address those challenges.

*We know there is work to be done, but we also believe there is plenty to celebrate. We invite you to join the celebration!* Visit [celebratepowerofrural.org](http://celebratepowerofrural.org) today.

Indiana Rural Health Association has secured a **Proclamation** from Governor Daniels in recognition of November 17th as National Rural Health Day! IRHA is planning some activities in conjunction with the observance of the first National Rural Health Day. We want to encourage others with an interest in rural healthcare to participate in this exciting celebration.

IRHA will be lifting up the "Power of Rural!" If you'd like to join in our celebration by supporting some of the events we are going to be kicking off around the state, please let us know. This is an exciting event for rural Indiana and we are looking forward to the festivities. Please contact Deena Dodd at 812-478-3919 x228 or Cindy Large at x229 with any questions.

## Four IRHA Members in Top 100 CAHs

*Terre Haute, Ind. – September 29, 2011 --* -- Indiana Rural Health Association (IRHA) is pleased to announce that four Indiana hospitals have been recognized on the list of Top 100 Critical Access Hospitals (CAHs) in the United States.

The Top 100 CAH ranking is based on a new hospital rating and ranking system called the Hospital Strength Index (HSI). Developed by iVantage Health Analytics, it is based on 56 measures from publicly-available data and is the first to include market, quality, safety, satisfaction and financial information into a single consolidated score.

Adams Memorial Hospital (Decatur), Indiana University Health Tipton Hospital (Tipton), Margaret Mary Community Hospital, Inc. (Batesville), and Decatur County Memorial Hospital (Greensburg), all IRHA members, were the Indiana hospitals which received scores high enough to be included in the national rankings. "This is truly something we can all be really proud of," said Adams President and CEO, Tom Nordwick. "We make continual efforts to improve patient services, and I think this recognition goes a long way to support what is being done."

The four hospitals are also members of the IRHA's Indiana Statewide Rural Health Network (InSRHN), whose mission is to provide support to rural entities in the development of formal health care networks in order to coordinate, improve and expand access to quality

essential health care services and enhance the delivery of health care in rural areas. Margaret Mary's CEO, Tim Putnam, credits the network with helping the health providers to "work together through InSRHN to improve each other."

The Indiana Rural Health Association is a not-for-profit corporation developed for the purpose of improving the health of all Indiana citizens in rural settings. The Indiana Rural Health Association is a member-driven organization composed of a diverse membership. For more information on the IRHA or any of its programs, go to [www.indianaruralhealth.org](http://www.indianaruralhealth.org) or call 812-478-3919.

### Websites to Check Out!

[www.raconline.org](http://www.raconline.org)  
[www.grants.gov](http://www.grants.gov)  
[www.flexmonitoring.org](http://www.flexmonitoring.org)  
[www.ruralhealthweb.org](http://www.ruralhealthweb.org)  
[www.hrsa.gov](http://www.hrsa.gov)  
[www.ruralcenter.org](http://www.ruralcenter.org)  
[www.ruralhealthresearch.org](http://www.ruralhealthresearch.org)  
[www.ruralhealth.org](http://www.ruralhealth.org)  
[www.datawarehouse.gov](http://www.datawarehouse.gov)  
[www.cms.hhs.gov/center/rural.asp](http://www.cms.hhs.gov/center/rural.asp)  
[www.medpac.gov](http://www.medpac.gov)

## Rural Caucus Gets FCC Project Update *by Jim Miller, IRHA*

Access to broadband internet continues to expand to healthcare providers and communities throughout rural Indiana thanks to a \$16.0 million grant from the Federal Communications Commission.

At its meeting on August 18, members of the Indiana Legislative Rural Caucus learned more about the Rural Health Care Pilot Program, a program administered by the Indiana Rural Health Association to expand broadband access to rural Indiana. The Rural Caucus, a bi-partisan panel of members of the Indiana General Assembly, heard that RHCPP is enabling hospitals and clinics to expand their service base in a variety of telemedicine initiatives, as well as serve as the cornerstone for economic development in their rural communities through expanded Internet access.

Approximately 75 state legislators, state officials, and rural advocates attended the event at the Indiana State Fair.

## News from Scott Memorial Hospital *Submitted by Tori Pugh*

A Hope Light "Cancer Corner" is now open to the public in the Scott Memorial Hospital at 1451 North Gardner Street, Scottsburg, Indiana. This is the first Cancer Corner to open in Indiana, but it joins 11 others currently open in the Midwest. The Cancer Corner is hosted by Scott Memorial Hospital in partnership with The Hope Light Foundation.

Cancer Corner publications are provided at no cost to visitors. The publications consist of brochures, booklets, pamphlets, and DVDs/CDs on all cancer topics, including: cancer prevention, cancer signs and symptoms, screening tests, self-exams, clinical trials and treatments, diet and nutrition information, cancer related financial resources, and how to cope with cancer.

Cancer Corner display units, signs, and materials are provided by The Hope Light Foundation at no cost. The materials are published by well-known and respected national cancer related organizations such as the National Cancer Institute, National Institutes of Health, Gynecologic Cancer Foundation, Leukemia and Lymphoma Society, Us TOO International prostate cancer organization, National Children's Cancer Society, Susan G. Komen for the Cure, Lance Armstrong Foundation, and others.

The Hope Light Foundation's strategy is to make all cancer information conveniently available in rural communities where the people live, work, and learn with the hope of increasing early cancer detection. If cancer is detected, diagnosed, and treated early while in the organ of origin before it spreads to adjacent tissue, lymph nodes, and other organs, the chances for survivorship and a cure are much better.

The Hope Light Foundation is a 501(c)(3) nonprofit "public charity" supported entirely from donations. The George A. Bates Memorial Foundation provides major funding for Foundation activities. For more information on Cancer Corners and all cancer topics, go to The Hope Light Foundation website: [www.hopelightproject.com](http://www.hopelightproject.com).

In other Scott Memorial Hospital news, major improvements are expected in three departments including medical imaging, the laboratory, and health information management services (medical records) by 2012.

The project began with a Medical Imaging Suite renovation that will include the installation of a \$650,000 Digital Radiographic and Fluoroscopy System. The new system will be twice as fast offering patients less exposure to radiation and shorter wait times. As an added benefit, the new machine will have the capability to image both small children and large adults weighing up to 700 pounds.

James Vaughn, Director of Building Services at Scott Memorial Hospital, explained, "In the past ten years we have completed several major renovations. During that time, we have been very intentional about design, and always keeping in mind how we can better serve our community."

In order to keep up with patient demands, the laboratory will also see some changes. The new design includes an expansion that will serve twice as many people. The renovated space will also boast more privacy, including a special "quiet room" which is designed specifically with children and families in mind. The new design will incorporate both the outpatient and main laboratory allowing patients more convenience with faster service.

During this process, the lab will be receiving two new chemistry analyzers costing approximately \$250,000. These machines are responsible for performing 80% of the tests conducted and are capable of analyzing body fluids such as blood and urine for a wide range of potential health problems.

Vaughn explained, "In 2010, the laboratory performed over 90,000 tests, and we are looking forward to exceeding that number in 2011. This renovation will help make that possible."

In addition to the laboratory and medical imaging renovations, health information management services (medical records) will be relocated to a convenient area near the hospital's main entrance. This move will open up space near the Med 3 and Critical Care Units, making it possible for additional patient care rooms in the future.

Vaughn said, "The population that we serve has grown over the years, and this renovation is just one way that we are evolving to better meet the needs of our community."

## Farm Health Initiative at St. Vincent Randolph Hospital

WINCHESTER, Indiana -- Registered nurse Angie Miller says too many farmers pay much better attention to their chores than to their health.

"They're tired when they get home and don't want to go see a doctor," she said. "They attribute

For more than a year, she has been in a special position to help farmers overcome the tendency to neglect basic health care. Miller, clinical nurse manager of the hospital's medical/surgical unit, is also coordinator of its Farm Health Initiative, which offers free or inexpensive health

Randolph County Ag Days held each March. It offers evening appointments once a week at one of the hospital's rural clinics. Its staff members make drop-in visits to grain elevators during harvest season and conduct refresher courses on farm-related injuries for area emergency responders.



aches and pains to their hard work. They're independent and don't think they need help."

Miller can say those things – she grew up on a farm north of Winchester, Indiana, a town of 5,000 people where she works as a nurse for St. Vincent Randolph Hospital. Her late father was a part-time farmer and her mother still has the farm, five miles north of town.

checkups at local events where farmers go to hobnob with their own kind.

Said Kathy Beumer, director of the hospital's foundation and its community advocate, "We're taking our health care to the farmers."

The initiative offers checkups and screenings at three major local farming events, such as the

The 25-bed St. Vincent Randolph Hospital was established in 1919 in Winchester and is one of 18 hospitals of the St. Vincent Health system across Indiana. St. Vincent Randolph primarily serves the 27,000 residents of Randolph County, about 60 miles northeast of Indianapolis, near the Ohio state line. Beumer said the hospital created its Farm Health Initiative in 2005 after holding focus groups with farm families to learn how to serve them better.

The St. Vincent system is a member of Ascension Health, which provided a \$50,000 grant over two years to help get the initiative running.

Among the focus-group leaders was Dan Kirtley, a Purdue University extension service educator for Randolph County. Kirtley said many farmers either don't have medical insurance or only buy policies that cover only major expenses, not doctor visits

or wellness checkups. He said the main reason for that is the expense of individual insurance policies for self-employed people.

Another medical issue, he said, was a tendency of farmers to avoid seeing doctors until they become seriously ill. Kirtley said many farms don't like to schedule medical services because they may need to be working when the appointments come up.

"Appointments are fine late at night or on rainy days," he said. "Farmers can't predict things that far ahead. So they told us they don't see doctors like they should."

Or, as Beumer described it, "They'll drop into a doctor's office with a serious injury and say, 'Hurry up, doc, the corn is waiting.'"

To reach large numbers of farmers, the initiative goes to gatherings that are traditionally scheduled when farm work is less hectic. In addition to the Ag Days in March, the staff goes to the Randolph County 4-H Fair in July and to the field day in August at the Davis-Purdue Agriculture Center, a research farm in northwest Randolph County.

At those locations, the medical staff sets up shop at a few tables and offers a varying list of services that can include checks

of blood pressure, blood sugar, bone density, skin lesions, pulmonary function, hearing, and other basics. The county Health Department provides tetanus shots. Some of the tests are free, and others are bundled into a \$36 fee. Ken Madler, a local audiologist, conducts hearing tests for the initiative.

At the Davis-Purdue event on Aug. 18, the staff looked over about 50 people. Of 24 skin-cancer checks, eight indicated possible trouble and two symptoms appeared "dangerous," said Beimer.

One of the farmers who said he'll take a suspicious spot on his ear to a doctor is Alfred Groth II, whose farm is about four miles southwest of Winchester. Groth said he was grateful for the checkup and the advice.

"We keep our tractors tuned up. We need to do it for ourselves, too," said Groth, 57, who buys high-deductible health insurance. "I'd been meaning to have this thing looked at."

Groth said he went to the fair intending to drop by the hospital's booth. "It's a good thing. It's convenient and cheaper than a doctor," he said. "More farmers should be taking advantage of this."

Miller, the initiative coordinator, said the nurses and other personnel can roll up some daunting statistics on the health

of farmers. Of 528 blood-pressure checks since 2005, seventy-five recorded high readings. Half of the 199 pulmonary tests detected impaired function. And of the 296 examinations for possible skin cancer – an occupational hazard for farmers – 90 indicated pre-cancerous conditions.

Miller said the checkups are available to anyone, although about 90 percent of the patients have been male farmers. She said the wives of farmers tend to take better care of themselves and their children.

At the farm events, the initiative staff list the results of tests on index cards that farmers can take to doctors or the hospital's four rural clinics for further examination. As part of the initiative, St. Vincent Randolph offers 20 percent discounts on fees for members of the Randolph County Farm Bureau.

Miller said the initiative staff doesn't keep track of the names of the people who drop by for checkups at the farm festivals. She said farmers have called back to offer thanks for the useful warnings.

"We've been told that we've saved farmers' lives," Miller said. "That is what makes this so worthwhile."

## 2010-11 Indiana Flex Program Impact Stories

### INDIANA STATEWIDE RURAL HEALTH NETWORK: TELESTROKE NETWORK PROJECT

August 8, 2011, Indiana University Health – Bedford: transferred their FIRST TeleStroke patient on Saturday, August 6<sup>th</sup> at 9 a.m. The patient was transferred from Bedford, Indiana. The physician was on call at IUH in Indianapolis, and the telehealth equipment worked flawlessly. From all reports we have received today, it appears it was a huge success!”

### VIDEO CONFERENCING & E-LEARNING - IRHA

Community Hospital of Bremen was able to use the video conferencing technology established through the FLEX Video Conferencing e-Learning program to meet with their auditors in Indianapolis after business hours. This process saved the auditors 5-6 hours on the road; the hospital also saved the cost of paying the hourly rate to the auditors for travel time.

A Flex Quality Networking Council (FQNC) has been created that will meet monthly, solely over video conferencing, to meet MBQIP objectives.

Many people have had scheduling conflicts for various Indiana Statewide Rural Health Network (InSRHN) roundtable meetings throughout the year. We have been able to accommodate several last minute requests to add videoconferencing to a meeting so that folks could attend a meeting without leaving their hospital.

IRHA facilitated the first e-Learning session on August 4<sup>th</sup>, 2011, and successfully shared a PowerPoint presentation with over 24 individuals over the video conferencing technology enabled by the FLEX program.

### BABY FRIENDLY PROGRAM AT PULASKI MEMORIAL HOSPITAL

The Baby Friendly program at Pulaski Memorial Hospital has lead to some great outcomes and positive feedback from their patients.

C-Section moms are much happier having their baby in the Recovery Room with them. Now, they get to see and spend time with their baby before everyone else. This allows for bonding time and breastfeeding time before returning to their room, where they are frequently met by many visitors.

Pulaski’s lactation consultant has been busy educating 50 clients over the past year at the free Breastfeeding Clinic. One success story involved talking to an outpatient who was there prior to delivery. The consultant told the mom-to-be how breastfeeding was not only good for the baby, but also good for the mother. She explained that breastfeeding helps reduce the risk of breast and other cancers. The patient said, “That does it for me. I have a high risk of breast cancer in my family. I am going to breastfeed my baby.”

Also, as a result of starting district Breastfeeding Coalition meetings, Lactation Stations were set up at four county fairs this summer.

Furthermore, the Pulaski staff has received lots of education as a result of the Baby Friendly process. Previously, patients had received differing instructions from different nurses and technicians, but now they are able to present an informed and united front. One of Pulaski’s own nurse techs even converted to breastfeeding when she became pregnant, as a result of all the information she gained from their Baby Friendly program.

### CAH EDUCATIONAL PROGRAMS – IRHA

On November 30<sup>th</sup>, 2010, through December 1, 2010, IRHA held its annual *Fall Forum: Health Information Technology (HIT) Summit* with 221 in attendance.

On March 3, 2011, IRHA held its annual *Spring into Quality Symposium* with 117 in attendance.

On August 12, 2011, IRHA held its annual *Leadership Seminar* with 82 in attendance.

## CAH READMISSIONS PROJECT – HEALTH CARE EXCEL THE INDIANA QIO

Once again, progress is being made and momentum is gaining in the Critical Access Hospital Readmission project. Because quality professionals at CAHs wear a number of hats, it continues to be a challenge for these facilities to find the time and resources necessary to make rapid improvements. However, in a very short time, many hospitals have taken great steps to examine and improve processes that will reduce the number of heart failure and pneumonia readmissions.

Margaret Mary Community Hospital has been working on value stream analysis, adopting “Lean” principles in their discharge processes, specifically related to CHF/PN patients.

Putnam County Hospital has begun to utilize their Cardiac Rehabilitation staff in telephonic follow-ups with CHF/PN patients.

Rush County Memorial and White County Memorial Hospitals are actively working on improving their CHF/PN clinical pathways and admission and discharge order sets.

As a result of the initial assessment done by HCE, St. Vincent Dunn Hospital was able to identify and change a process involving patient Personal Health Records (PHR). St. Vincent Dunn staff discovered that while they thought their PHRs were being provided to patients upon discharge, there was actually a gap in the process.

Sullivan County Community Hospital, while continuing to report data for the last five months, has been unable to participate in the project due to 100% turnover in two of their key Patient Care Coordinator positions. With key personnel now in place, they are ready to actively move forward on the project and develop a discharge packet for CHF/PN patients.

## GET WITH THE GUIDELINES (GWTG) PROJECT – IRHA AND THE AMERICAN HEART ASSOCIATION

Being part of the IRHA Telestroke Network and the GWTG project has helped the seven participating Indiana CAHs to identify gaps in documented care of their TIA and stroke patients. The opportunity to come up live on the equipment will enhance their ability to provide effective care for patients in their communities.

These seven CAHs have benefitted from the GWTG project in several ways. The most obvious benefit was updating Stroke Protocols with evidence-based guidelines and practice. This included EMS care, ED protocols, and the Inpatient non TPA and TIA protocols. The program has encouraged hospitals to create a more effective stroke team to implement these practices and improve stroke outcomes. They have also implemented awareness by reaching out to the public and providing well-attended community programs. The biggest advantage may be the fact that the participating hospitals are looking at individual cases in more detail to continually improve process and treatment.

The Flex funded IRHA TeleStroke Network and the GWTG project has allowed the facilities to move forward with developing stroke protocols of best practice for the physicians to use when managing stroke patients seen in the emergency department or admitted to the medical surgical unit. The development of the protocols also led to educating medical staff and professional staff about the revised procedures and protocols for managing stroke patients. Increased community awareness through education programs and materials in physician offices has also been made possible.

Contact with Outcomes (GWTG data collections tool) prior to knowledge of continued funding allowed for a group membership rate of \$750 to insure that the program would not be cost prohibitive for the CAHs to continue on their own.

*(FLEX Impact Stories continued on page 8)*

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## 2010-11 Indiana Flex Program Impact Stories (cont.)

### MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP) GAINS NEW PARTICIPANTS

*100 % of Indiana CAHs are now participating in the MBQIP project!*

Rush Memorial Hospital, who had not previously publicly reported data, responded quickly to the project and recently completed uploading their data for the first time to Hospital Compare.

Pulaski Memorial Hospital, also not publicly reporting their data, has also

joined the project and will upload to Hospital Compare in October.

IU Health Blackford Hospital quality coordinator revealed how excited and happy she was that Blackford would also begin the process of reporting its quality data. She mentioned how important it was to her to share the hospital's data. Blackford Hospital's data is scheduled for upload in October.

More stories can be found at  
[www.indianaruralhealth.org/Flex](http://www.indianaruralhealth.org/Flex)

## 2011 IRHA Fall Forum: Harvesting Rural Health Solutions

**Date: November 18, 2011**

**Time: 8:00 am - 4:00 pm**

**Bloomington Convention Center**

**302 S College Avenue**

**Bloomington IN 47403**

**Contact: Laura Carlson**

**Phone: 812-478-3919 ext 221**

**Email: [lcarlson@indianarha.org](mailto:lcarlson@indianarha.org)**

### **Outstanding Presenters, Including:**

**Indiana State Health Commissioner Dr. Greg Larkin**

**Terry Foster, RN, MSN, CCRN, CEN**

**Joanie Perkins, Director, North Sunflower Medical Clinic**

**Paul Evans, DO, FAAFP, FACOFP**

**Dean, Marian University School of Medicine**

### **Three Afternoon Tracts:**

**Resource Initiative, Financial/Revenue Cycle, Rural Health Clinics**

**Register NOW at [www.indianaruralhealth.org](http://www.indianaruralhealth.org)**