36TH ANNUAL AHA RURAL HEALTH CARE | LEADERSHIP CONFERENCE

FEBRUARY 19-22, 2023 | SAN ANTONIO, TX

JW MARRIOTT SAN ANTONIO HILL COUNTRY

American Hospital Association™

Advancing Health in America

AHA Events

Navigating the Rural Landscape of Care

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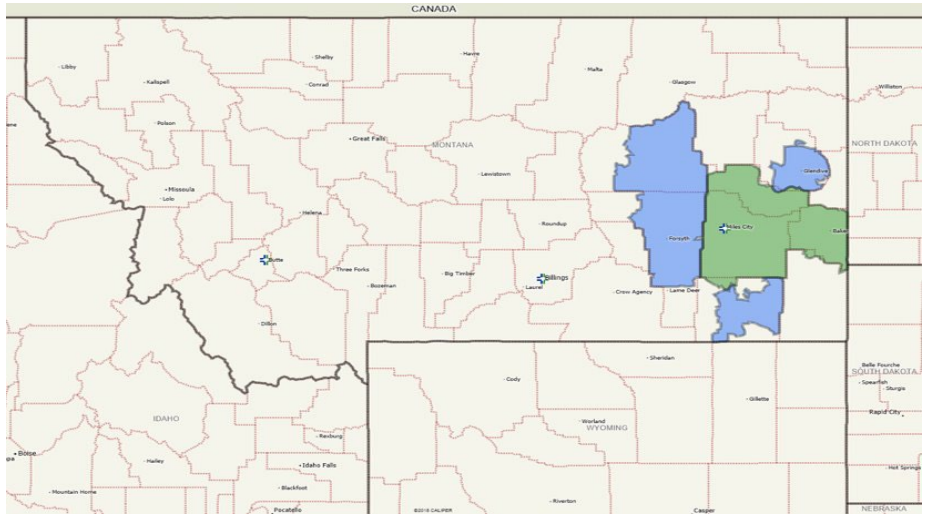
Miles City, MT

Mission We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

SCL Health HOLY ROSARY Now Intermountain Healthcare



Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association.

Landscape: Rural and Frontier Medicine

Seniors are expected to comprise about 20 percent by 2030, with roughly 73 million Americans over the age of 65. The U.S. Department of Health and Human Services projections estimate that 70% of Americans who reach the age of 65 will need some form of long-term care in their lives for an average of three years.

129 reported nursing homes closed in US in 2022; 11 of those in MT (At the beginning of 2022, MT had 71 certified nursing homes)

Holy Rosary is in a community of 8,500 and a catchment area of 10 counties with an additional 3,000 people.

Cost vs reimbursement

- MT is the sixth “oldest” state, with almost 20% of our population 65 or older
- During 2020-2022 costs have increased more than 20% (travelers make up 15% of the workforce)
- 2022 ended with a profit of $10,837 (2021-$126,094; 2020-$859,957; 2019-$971,766)
- We receive multiple requests from larger facilities for transfer; not able to take memory care or high acuity patients

Competitive Landscape

Yes, it happens in rural America too

- HRH employs or contracts with a full spectrum of physicians and APPs
- We have a rural Health Clinic, comprehensive cancer center opening in 2024, Visiting specialists, ED, Walk-in, Surgery, acute care (OB, ICU, Med Surg), Hospice and Palliative Care, swing bed and long-term care
- Competition with a large medical clinic, including urgent care 2 miles away, VA clinic with LTC, independent surgeon

Post acute: Swing bed and Long-term Care

- To be admitted to Swing Bed a Medicare patient must have a three consecutive day qualifying inpatient stay. Medicaid and some other payers do not have this criteria
- Denials can occur if no skilled need, medical stability if the provider determines the patient is not medically stable or requires inpatient level of specialty care that is not available here, or comfort care
- From the perspective of the medical team, it is much easier to get someone to a facility than it is to get them home, especially when they're elderly, frail or lack of resources in the home setting
- Optimal management of care transitions between hospitals and SNFs required more than just clinical assessment; involves payer sourcing and long-term planning
- If a patient is on comfort care, swing bed will likely not be covered

What's Changed?

- Recently, with strained bed capacity in larger hospitals, patients are coming to SNFs quicker and more complicated (hospital focus on LOS contributes to this issue)
- Larger hospitals "quicker" transfers to SNFs to decompress often resulting in readmissions
- Assumption that after a "few" weeks of rehab, patient will be discharged to home

So what ARE we doing about workforce?

- Recent nursing home closure in Miles City quoted as losing over $100,000 per month
- Wage restructure; CNAs make more in the nursing home than in our acute setting
- Internal resource pool to send “travelers” within our system
- Utilizing UAP (unlicensed assistive personnel) program between first and second year of nursing school
- Relationship with local community college; nursing scholarships
- Back to basics in recruiting; visiting universities, nursing schools, PT schools, increases to tuition reimbursement program

Transition of Patients

What's working for us?

- Care management; follow up appointment, transitions of care to family, rehabilitation
- Great collaboration with OP Mental Health Center
- LCSW for psychotherapy to patients in the acute, subacute and LTC settings
- In LTC; building strong family relationships; intake of patients carefully vetted
- Strong network of hospitals; standardized systems of care; support via tele-health and traveling specialists
- Having ability for transfer to our own swing bed is beneficial for patients and families

The Last Great Place

Tagline: Get Lost (in Montana)

“For other states I have admiration, respect, recognition, even some affection. But with Montana, it is love.”

John Steinbeck

A Path Forward: The Evolution of Rural Skilled Nursing Care

Irene Richardson
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Memorial Hospital of Sweetwater County
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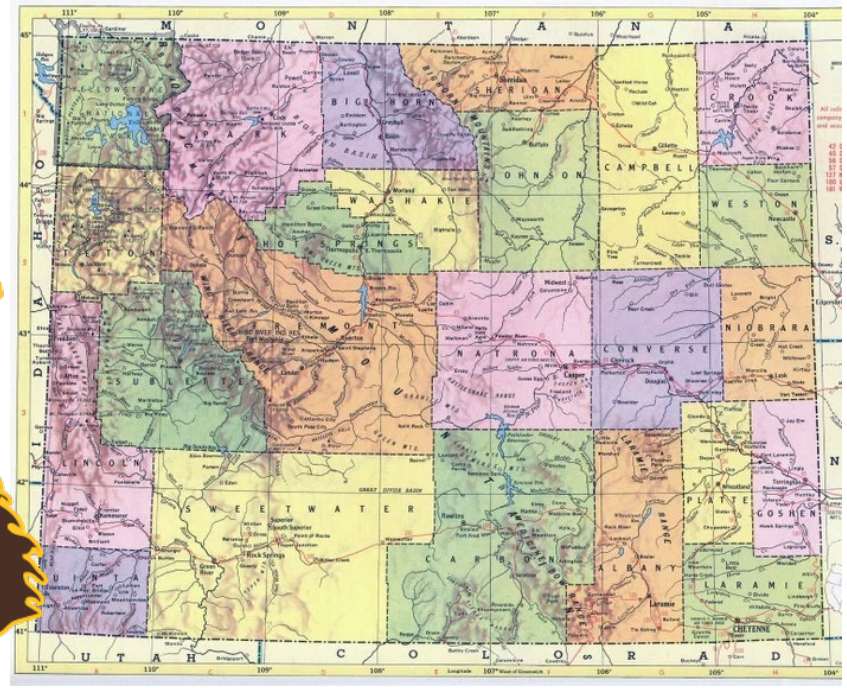

Memorial Hospital
OF SWEETWATER COUNTY

OUR MISSION

Compassionate care for every life we touch.

OUR VISION

To be our community's trusted healthcare leader.

OUR VALUES

Be Kind
Be Respectful
Be Accountable
Work Collaboratively
Embrace Excellence

OUR STRATEGIES

Patient Experience
Quality & Safety
Workplace Experience
Growth, Opportunity & Community
Financial Stewardship

Wyoming and MHSC Data

- Wyoming is the 32nd "oldest" state with a median age of 38, with 17.9% of our population 65 or older.
- Sweetwater County has two nursing homes and one assisted living center. The nursing homes are understaffed due to the nursing shortage and it is often times very difficult to find placement for patients who need post acute care.
- During 2020-2022 overall expenses have increased more than 21% and contract staff expense increased from $881,000 to $7.3 million from 2020 to 2022.
- Uncompensated Care for 2022 was $105 million, which is approximately 50% of our Gross Patient Revenue.

Post Acute Care & the State of Healthcare in Rural Communities

- Post Acute Care
- The State of Healthcare in Rural Communities

The Future of Skilled Nursing Facilities

- Skilled Nursing Facilities must stay nimble and inventive to not only survive but thrive. Private equity will continue to lead the nursing home transaction market pack, and the present staffing situation and waning government support may spell trouble for distressed facilities.
    - Aging population
    - Workforce shortages
    - Not enough beds or access to care

Nursing Shortage Factors

- Nursing school enrollment is down
- Shortage of nursing school faculty is restricting nursing program enrollments
- A significant segment of the nursing workforce is nearing retirement age
- Stress level for nurses has increased and many are leaving the profession

Evolution of Care at MHSC

- Case Management has evolved into Care Management
  - Expanded role of Care Transition
  - Chronic Care Management
  - Patient Navigation
- Walk-in clinic and family practice for ease of access to an appointment.
- Outpatient infusion, suction clinics, dialysis, and cardiac and pulmonary rehab to avoid unnecessary readmissions.
- Hospital outreach includes mobile health services to the community in health fairs, physical screenings, and services provided to local businesses in our county.

Evolution of Care at MHSC

- To continue to provide expansive services in our rural area, we have a partnership with the University of Utah.

- We have partnered with both skilled nursing facilities in Sweetwater County. We employ our physicians and mid-level providers and we allow them to round more frequently in the skilled nursing facilities. This helps reduce readmission rates and helps to work collaboratively with the post acute care facilities to build strong ties in the community.

Evolution of Care at MHSC

- Coordination of care and community partnerships includes the Mountain Pacific Coalition that brings together multiple community resources to share ideas and experiences.

- Collaborating on a community-wide effort during COVID that included MHSC leading the vaccination and testing efforts, and the fact that within the rural community, it is easy to form bonds with our community partners due to the rural nature of the care we provide.

Nursing Shortage Solutions at MHSC

- Maintaining a competent and educated nursing workforce requires continually educating staff from hire throughout their career.
- Patricia Benner's Novice to Expert Model provides a basis to understand nursing educational needs throughout a career. With the nursing shortage, an increasing number of beginning nurses entering the workforce. Ensuring a safe transition upon entry requires programs to ease the gap.
- Nursing Education Mini Orientation (NEMO) provided that for MHSC. We included nurses that started in May 2022 throughout the summer with less than one year of experience.
    - The baseline nursing turnover in July 2022 was 26%. July 2022-January 3, 2023 saw 25 new nurse hires with only one new nurse leaving, resulting in a 4% turnover rate.

Nursing Shortage Solutions at MHSC

- The focus from a nursing perspective has been recruitment and retention to ensure the consistent delivery of safe evidence-based nursing care to patients and families within our community.
- Additional initiatives include an RN Scholarship/Sponsorship program with the local community college beginning in Fall 2023.
- Developed a Preceptor Program to ensure mentoring is sufficient during onboarding and orientation, Models of care, including Team-Based Nursing, made a resurgence after many years here at MHSC.
- Outreach with college programs to recruit and retain nurses.
- Expanding our MOUs to include additional nursing schools.

The future depends on what we do in the present.

~ Mahatma Gandhi