

2024

Washington
State Office of
Rural Health
Annual Report



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Publication Number

DOH 609-034 September 2024

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Several Department of Health teams including the Center for Health Systems and Workforce, Office of Family and Community Health Improvement, and Emergency Care Systems contributed to this document. Additionally, our contract vendors, rural health systems, and partners provided comprehensive content we have displayed in the pages to follow. We appreciate the time and effort contributed by these experts to create this comprehensive report.



This publication was made possible by Grant Number U2WRH33326 from the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Health Resources and Services Administration or the U.S. Department of Health and Human Services

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WASHINGTON

STATE OFFICE OF RURAL HEALTH

Partners and Community Members,

As the Washington State Office of Rural Health (WA-SORH), we are pleased to present our Annual Report for 2023-2024. This past year has been one of significant progress and impactful change for our rural communities. Our office, housing the State Office of Rural Health Grant (SORH), Medicare Rural Hospital Flexibility Program Grant (FLEX), and Small Rural Hospital Improvement Program (SHIP) grants, has been at the forefront of addressing the unique challenges faced by rural healthcare providers and residents.

Our commitment to enhancing the quality and accessibility of healthcare in rural Washington has never been stronger. Through the dedicated efforts of our team and the invaluable partnerships with local organizations, healthcare providers, and community leaders, we have made strides in several key areas:

State Office of Rural Health Grant (SORH): This year, we have focused on improving healthcare delivery and expanding access to care in under served areas. Our initiatives have included the Washington Rural Palliative Care Initiative, increasing access to palliative care for rural residents with serious illness, Veteran suicide prevention, pediatric behavioral health care coordination, expansion of telehealth, and increasing resources and assistance for Rural Health Clinics.

Medicare Rural Hospital Flexibility Program Grant (Flex): The Flex Program has been instrumental in supporting Critical Access Hospitals (CAHs) through quality reporting support, utilizing data for improvement, focused financial and operational improvement efforts, population health assessments, and advancing the rural EMS workforce. Our purpose continues to support rural facilities in their mission to deliver high-quality care to their communities.

Small Rural Hospital Improvement Program Grant (SHIP): The SHIP program has enabled us to assist small rural hospitals in meeting value-based payment and care goals. Our focus has been on helping these hospitals adopt innovative practices and technologies to improve patient outcomes and operational efficiencies.

Looking ahead, we remain committed to our mission of improving the health and well-being of rural residents through collaboration and innovative solutions. We will continue to advocate and support rural healthcare, invest in programs that build local capacity, and work tirelessly to ensure that every resident has access to the care they need.

Thank you for your continued support and partnership. Together, we can make a lasting difference in the health and vitality of our rural communities.

Sincerely,



Mandy Latchaw, MBA
SORH Program Manager



Danielle Kunkel
Flex Quality Manager



Linday Vincent
Flex Program Manager

EXECUTIVE SUMMARY

MISSION

To promote equitable healthcare for all rural residents of Washington State by implementing strategic initiatives, fostering innovative programs, and providing dedicated support to healthcare facilities and professionals.

VISION

To be a catalyst in rural healthcare transformation and innovation.

INTRODUCTION

The Washington State Office of Rural Health (WA-SORH) remains steadfast in its mission to promote equitable healthcare for all rural residents of Washington State. In 2024, WA-SORH continued to implement strategic initiatives, foster innovative programs, and provide dedicated support to healthcare facilities and professionals across the state. This year's efforts have been particularly impactful in several key areas: expanding telehealth services, enhancing quality improvement initiatives, and addressing the critical issue of workforce shortages in rural communities.

2023–2024 KEY ACHIEVEMENTS

- **Telehealth Expansion:** Recognizing the geographical challenges that rural communities face, WA-SORH significantly expanded telehealth services, particularly in behavioral health and chronic care management. This expansion has allowed more residents to access vital healthcare services without the need for long-distance travel, addressing a crucial gap in service delivery for isolated communities.
- **Quality Improvement Initiatives:** Through targeted support and funding, WA-SORH has empowered Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs) to participate in a variety of quality improvement projects. These initiatives have focused on improving patient outcomes through better care coordination, reducing hospital readmission rates, and implementing evidence-based practices such as antimicrobial stewardship and swing bed programs. WA-SORH's commitment to quality improvement is evident in the success stories from facilities across the state, which have seen measurable improvements in patient care and operational efficiency.
- **Workforce Development:** Workforce shortages remain one of the most significant challenges for rural healthcare. In response, WA-SORH has intensified its efforts to recruit and retain healthcare professionals in rural areas. Programs like the 3RNET Academy and the National Rural Health Association (NRHA) certification courses have provided essential training and resources to healthcare providers, equipping them with the skills needed to thrive in rural settings. The office also supported numerous initiatives aimed at attracting new talent to rural areas, including partnerships with educational institutions and community organizations to create a pipeline of qualified professionals ready to serve in these communities.
- **Financial Support and Sustainability:** WA-SORH has provided critical financial support to rural healthcare providers through the Medicare Rural Hospital Flexibility (Flex) Program and the Small Rural Hospital Improvement Program (SHIP). These grants have been instrumental in helping rural hospitals and clinics improve their financial stability by adopting value-based care models, enhancing billing and coding practices, and optimizing operational efficiencies. The financial support has also enabled these facilities to invest in new technologies and infrastructure, ensuring they can continue to provide high-quality care to their communities.
- **Population Health Initiatives:** Addressing the unique health needs of rural populations is a cornerstone of WA-SORH's work. In 2024, the office launched several population health initiatives aimed at improving health outcomes for vulnerable groups, including veterans and children. Programs such as the Veteran Suicide Prevention Training and the FAST-B Program for pediatric behavioral health have made a tangible difference in the lives of rural residents, providing critical resources and support where they are needed most.

LOOKING AHEAD

As WA-SORH moves forward, the focus will remain on being a catalyst for transforming rural healthcare in Washington State. The office plans to further expand telehealth services, particularly in regions where access to care remains limited. Continued investment in workforce development will be a priority, with an emphasis on creating sustainable solutions to the ongoing shortage of healthcare professionals in rural areas. WA-SORH also aims to enhance its support for quality improvement initiatives, helping rural health facilities meet evolving regulatory requirements and improve patient outcomes. Finally, financial sustainability for rural healthcare providers will remain a key focus, with efforts directed towards optimizing reimbursement processes and supporting the adoption of innovative care models that can adapt to the changing healthcare landscape.

WA-SORH is dedicated to ensuring that all rural communities in Washington State receive the sustainable, innovative, and equitable healthcare they deserve. The progress made in 2024 is a testament to the office's unwavering commitment to its mission, and the vision of a healthier, more equitable future for all rural residents remains at the forefront of its strategic efforts.



PAINTING OUR RURAL PICTURE

WASHINGTON STATE OFFICE OF RURAL HEALTH

About Washington



7,951,150 Total Population

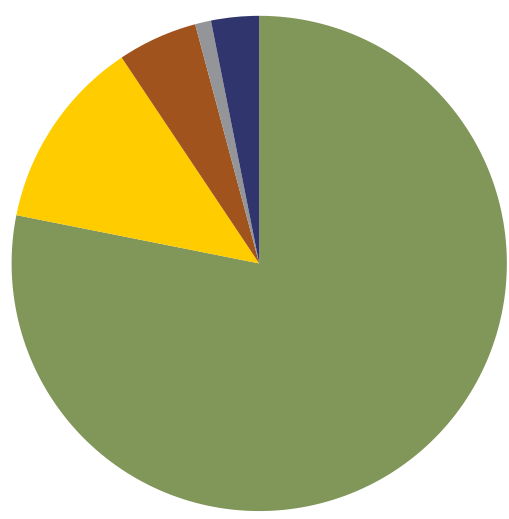
80% of state land is considered rural



Our Rural Population

Demographics

- White (Non-Hispanic)
- Hispanic or Latino
- Native American/Alaska Nat...
- Black or African American
- Asian and Pacific Islander



1,651,524
Rural Population



49.5%
Female

50.5%
Male

20%
Aged 65 or older

Median Household Income

\$55,000



Poverty Rate

14%
below poverty



Unemployment Rate

6%



Rural Veteran Population



52%
Age 65 or older

28%
Engage in
telehealth



11%
Lack access to
broadband
Internet

90% Male
10% Female

29%
Enrolled in VA
health care


Rural Veterans must travel an average of
43 minutes and 33 miles
by automobile to receive primary care
services from a VA facility

PAINTING OUR RURAL PICTURE


WASHINGTON STATE OFFICE OF RURAL HEALTH

Health Indicators


77
Years
Average Life Expectancy



5.8
per 1,000 live births
Infant Mortality Rate



12%
Uninsured
Access to Health Insurance




Housing

72%
Homeownership Rate




Rural areas of Washington have lower rates of homelessness but higher rates of housing instability.

15% of households spend more than **30%** of their income on housing costs




Transportation

95%
Households own at least one vehicle



20%
Have access to public transportation



Employment Sectors

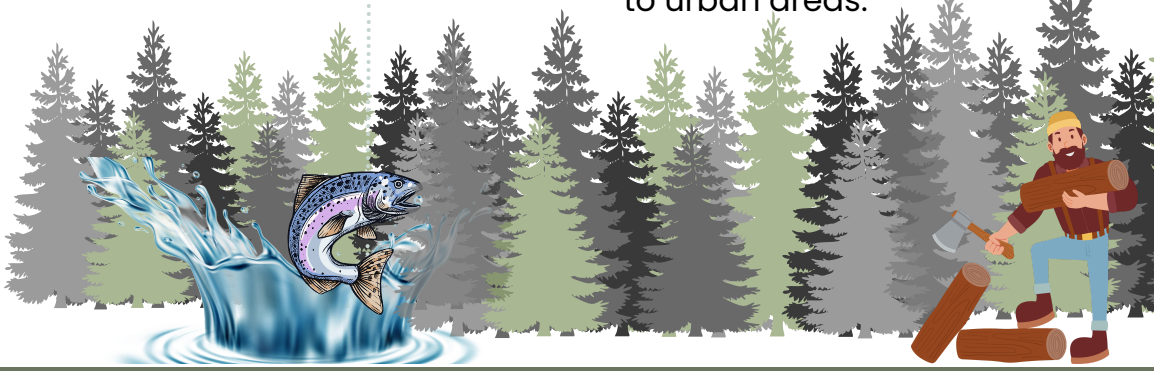
Industries

Agriculture, forestry, fishing, and hunting account for **10%** of rural employment, while manufacturing accounts for **15%** and healthcare accounting for **12%**

Workforce Participation

60%

Workforce participation in rural Washington, with higher rates of part-time and seasonal work in comparison to urban areas.



PAINTING OUR RURAL PICTURE

WASHINGTON STATE OFFICE OF RURAL HEALTH

The rural health system in Washington plays a vital role in providing healthcare to residents in some of the most geographically isolated areas. This section presents key data on the healthcare facilities that serve these rural communities, including Critical Access Hospitals, Rural Health Clinics, and Federally Qualified Health Centers. These facilities are essential in ensuring access to primary care, emergency services, and specialized treatments, often serving as the backbone of healthcare delivery in rural regions. Despite their importance, many of these facilities face significant financial and operational challenges, which impact their ability to meet the needs of the populations they serve.

Rural Health System

39



Critical Access Hospitals

113



Rural Health Clinics

34



Tribal Clinics

6



Rural Hospitals

87

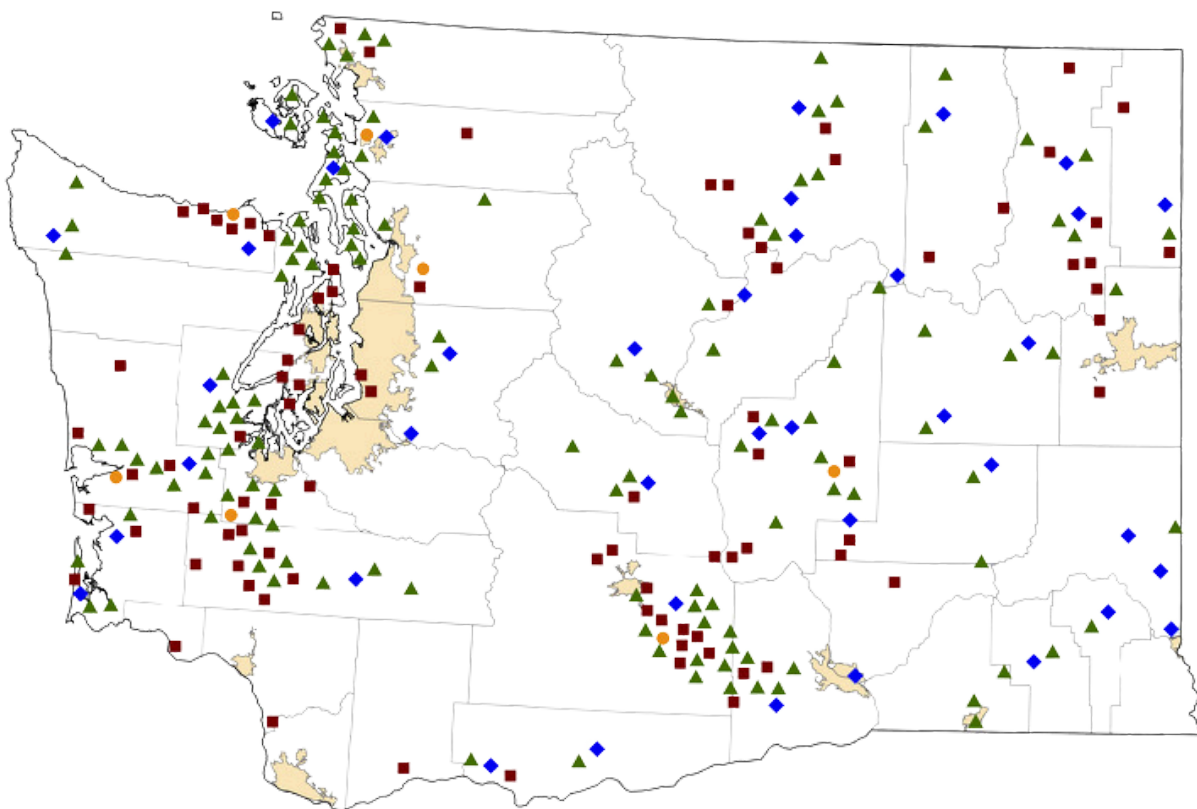


Rural Federally Qualified Health Centers

34



Free Clinics



- ◆ Critical Access Hospital
- ▲ Rural Health Clinic
- Federally Qualified Health Center Site in Rural Area*
- Short Term/PPS Hospital in Rural Area*
- *Non-Rural Area (U.S. Census Bureau Urban Area with a population of 50,000 or more)

PAINTING OUR RURAL PICTURE

WASHINGTON STATE OFFICE OF RURAL HEALTH

Workforce

37 of 39



Counties are designated as Health Professional Shortage Areas (HPSAs) for primary care.

1:500

Ratio



Mental Health Providers to Population

50:10,000

Ratio



Registered Nurses to Population

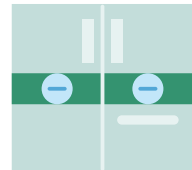
Healthcare Utilization



75 per 1,000 people

Rural residents are more likely to use the ED for care, with rural Washington ED visit rates about

EMERGENCY



Rural Washington ED utilization rates are

20%

higher than urban areas.

Financial Viability

Rural hospitals in Washington depend heavily on public insurance, with

60%



of revenue coming from Medicare and Medicaid reimbursements.



Washington's rural hospital operating at a

25%

loss, on average

Health Outcomes



Rural residents experience higher rates of preventable hospitalizations, with a rate of 1,800 per 100,000 people.

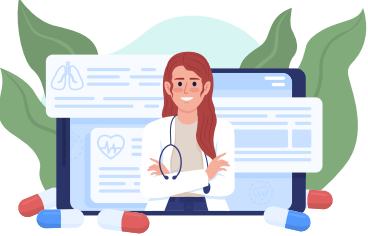
Rates of hospitalizations due to **chronic conditions** like diabetes and chronic obstructive pulmonary disease (COPD) are significantly higher in rural areas.



Telehealth & Innovation

Since COVID-19, telehealth usage has increased in rural Washington by

200%



25%

of rural households in Washington lack access to high-speed internet.



SORH Grant

State Office of Rural Health (SORH) Grant

The State Office of Rural Health (SORH) Grant has long been a pivotal force in enhancing healthcare across Washington's rural communities. Established by Congress in 1991, the federal SORH Grant program was designed to empower state offices of rural health to improve healthcare delivery in under served areas. With this funding, state offices like ours can support critical initiatives that address the unique challenges faced by rural healthcare providers and the populations they serve.

In an exciting development following a recent reorganization, the Washington State Office of Rural Health (WA-SORH) is now housed within the newly established Office of Healthcare Innovation and Strategy at the Washington State Department of Health. This strategic move represents a fresh approach to advancing healthcare in our state, as the Office of Healthcare Innovation and Strategy is dedicated to driving forward-thinking solutions and fostering collaboration across the healthcare system.

This new structure provides the WA-SORH with enhanced opportunities to innovate, adapt, and more effectively address the needs of rural communities. By aligning our efforts with the broader mission of healthcare innovation and strategy, we are better positioned than ever to strengthen rural healthcare systems and improve access to care for all residents of rural Washington.

The reorganization signals a renewed commitment to making a tangible impact in rural health. With the SORH, Flex, and SHIP grants housed in the WA-SORH we continue to fund and support a wide range of projects that contribute to building a more resilient, accessible, and high-quality healthcare system in our rural areas. We are excited about the possibilities this new structure brings and look forward to continuing our work with renewed energy and focus.

SORH Program Areas

- Access
- Quality
- Population Health
- Finance & Operations
- Healthcare Transformation
- Innovation
- RHC Technical Assistance

WA-SORH Staff



Mandy Latchaw, MBA
SORH Program Manager

The SORH program provides funding for Rural Health Clinics to participate in a wide variety of programs, educational opportunities, and rural initiatives. The grant funding year runs **July 1st** through **June 30th** annually. The WA-SORH collaborates with state and national partners to provide RHCs with a wide variety of resources and targeted programs.

SORH KEY PROJECTS

The Washington State Office of Rural Health (WA-SORH) is dedicated to improving healthcare access and quality in rural communities across our state. Through targeted grants and strategic initiatives, our office supports a wide range of projects that address the unique challenges faced by rural healthcare providers and the communities they serve.

This section highlights the key projects funded by the State Office of Rural Health Grant over the past year. Each project reflects our commitment to enhancing rural healthcare through collaboration, innovation, and direct engagement with our rural health partners. From veteran suicide prevention training to comprehensive needs assessments, these initiatives are designed to empower rural health providers, improve patient outcomes, and ensure that all Washington residents have access to the care they need, regardless of where they live.



QUALITY

\$6,500
Funding

Expanding Pharmacy Services at KVH Family Medicine

Overview

Kittitas Valley Healthcare (KVH), with support from funding provided by the SORH grant, embarked on a project to expand pharmacy services across its primary care clinics. The goal was to improve clinic efficiency by integrating pharmacy services into routine patient care, allowing clinical staff to focus more on direct patient interactions.

Key Focus Areas

- Medication Refill Services
- Pharmacy Technician Training
- Future Services

Challenges

- Aligning EMR systems across different roles
- Adjusting protocols to meet insurance requirements

Outcomes



82,000

Prescription refills



REDUCED

Work load



INCREASED

Time for patient care

Next Steps

KVH plans to continue expanding pharmacy services, refining SOPs, and seeking additional funding to support the growing demand. The success of this project has laid the groundwork for further improvements in patient care and clinic operations.

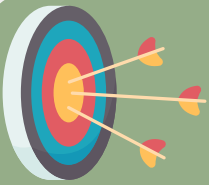
QUALITY

\$6,000
Funding

Advancing Chronic Care Management at Pomeroy Medical Clinic

Overview

Garfield County Hospital District's Pomeroy Medical Clinic embarked on a project to implement a Chronic Care Management (CCM) program focused on improving care for Medicare patients with Type 2 Diabetes, particularly those with elevated Hemoglobin A1C (HgA1C) levels.



Key Focus Areas

- Patient Identification
- CCM Toolkit utilization
- EHR Integration



Challenges

- Patient HgA1C levels higher than anticipated
- Staff transitions

Outcomes



Foundation

Strong foundation for programmatic success



Focused Start

Group of 6-8 Medicare patients prepared to begin workgroup

Next Steps

With a new provider, now in place and the EHR system nearly ready, Pomeroy Medical Clinic is set to begin enrolling the initial group of Medicare patients in the Chronic Care Management (CCM) program. The clinic will start with a small, focused cohort to ensure a smooth implementation. As the program progresses, there are plans to expand the CCM initiative to include additional diagnoses and a broader patient base. Ongoing data collection will be critical for evaluating the program's effectiveness and making any necessary adjustments to improve patient outcomes.

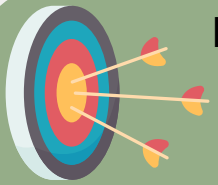
QUALITY

\$6,500
Funding

Expanding Access to Behavioral Health Services Through Virtual Care

Overview

Three Rivers Family Medicine identified a significant need for behavioral health services within their community, as the nearest clinic was 30 miles away. To address this gap, they collaborated with Okanogan Behavioral Health and Ingenium to establish a virtual care program within their Rural Health Clinic. This program ensures that patients have access to virtual behavioral health services.



Key Focus Areas

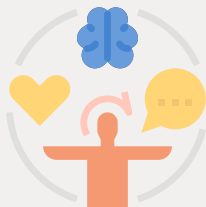
- Collaborative Development
- Technology Integration
- Community Impact



Challenges

- Logistical complications

Outcomes



New Service Line

RHC successfully developed a new behavioral health service line



Collaboration

Stronger relationships between RHC and local behavioral health providers

Next Steps

Three Rivers Hospital/Three Rivers Family Medicine is preparing to go live with their virtual behavioral health services, with plans to gradually increase service availability based on community demand. They aim to continue and expand this service in the coming years, improving access to essential behavioral health care for their rural community.

POPULATION HEALTH

FAST-B Program Enhances Behavioral Health Support for Families in Oak Harbor

\$13,000
Funding

In the past year, the Washington State Office of Rural Health (WA-SORH) has been instrumental in improving behavioral health support for families in Oak Harbor, WA through the funding and implementation of the First Approach Skills Training-Behavior (FAST-B) program. With a \$13,000 contract from the State Office of Rural Health Grant, the Washington Chapter of the American Academy of Pediatrics (WCAAP) successfully piloted the FAST-B curriculum at two elementary schools in Oak Harbor, addressing a critical need for mental health resources in this rural community.

The FAST-B program was delivered to parents at Olympic View Elementary School, where families gathered once a week for six weeks to participate in evening sessions. These sessions were led by Dr. Amy Garrett of Pediatric Associates of Whidbey Island (PAWI) and behavioral health specialists from the Island County Health Department. The school played a crucial role in ensuring accessibility by providing childcare and dinner at each meeting, removing barriers to participation for many families.

The initiative was born out of the community's expressed need for greater behavioral health support,

particularly in light of the limited mental health resources available in the region. Olympic View Elementary's Principal, Sara Lucero, highlighted the urgent need for tools and resources to better support children's behavioral health.

The FAST-B curriculum, known for its accessible and evidence-based approach, was selected to address these needs, offering brief interventions for youth and families facing common mental health challenges.

Throughout the program, families worked in small groups, focusing on different strategies each week. These included "Special Time," "Giving Good Instructions," "Planned Ignoring," and "Considering Consequences." The positive feedback from parents, school staff, and facilitators was overwhelming. The program not only equipped families with practical behavioral interventions but also fostered a strong sense of community among participants. Parents valued the opportunity to connect with others facing similar challenges, sharing experiences, and learning that they are not alone in their struggles.

One of the facilitators observed, "They look forward to it because they have created community over these past weeks."

POPULATION HEALTH

(continued) And that is part of what is missing in their lives—a community that embraces them and their kids at the same time.”

The success of the Oak Harbor pilot has generated significant interest in expanding the FAST-B program to other rural communities across Washington State. WCAAP Program Managers Colleen McCarty and Leslie Graham shared the project’s outcomes at the Northwest Rural Health Conference in March, sparking enthusiasm among participants for replicating this model in other regions. WA-SORH remains committed to supporting initiatives like this that leverage local expertise and partnerships to address the unique challenges faced by rural communities.

As we look to the future, WA-SORH will expand this work for FY24 and explore additional grant opportunities to help spread the FAST-B model to other rural areas, continuing our mission to improve health outcomes and strengthen community connections in Washington’s rural regions.



Photo: Oak Harbor, Washington



Photo: Oak Harbor, Washington



Saving Lives in Rural Communities: Veteran Suicide Prevention Training

170
Rural Attendees

In an effort to address the issue of veteran suicide in rural communities, the Washington State Office of Rural Health (WA-SORH) collaborated with the Washington State Department of Veterans Affairs' Veteran Suicide Prevention team to deliver specialized training to frontline professionals. This initiative, focused on equipping rural Emergency Medical Services (EMS), social workers, and other healthcare professionals with the skills and knowledge necessary to identify and support at-risk veterans in their communities.

Through a series of virtual training sessions, 170 professionals from across Washington's rural areas received this critical education. The training sessions were designed to enhance the ability of rural healthcare providers and social workers to recognize warning signs of suicide, engage veterans in crisis, and connect them with the appropriate resources and support networks.

This collaboration reflects WA-SORH's commitment to addressing the unique mental health challenges faced by veterans in rural communities, where access to specialized services is often limited.

By partnering with the Veteran Suicide Prevention team, WA-SORH ensured that these training sessions were accessible to rural professionals, who play a crucial role in the health and safety of their communities.

The virtual format of the training sessions made it possible to reach a wide audience across Washington State, overcoming the geographic barriers that often limit access to professional development opportunities in rural areas. Participants gained valuable insights and practical tools for suicide prevention, which they can now apply in their daily work with veterans and other at-risk individuals.

In addition to this initiative, WA-SORH is actively participating in the Governor's Challenge for Suicide Prevention, a nationwide effort aimed at developing comprehensive strategies to reduce veteran suicide. The Governor's Challenge in Washington State focuses on fostering collaboration across state agencies and community organizations to create a cohesive, community-based approach to suicide prevention, particularly in rural areas. Through its involvement in this initiative, WA-SORH continues to expand its efforts to support veterans and improve mental health outcomes in Washington's rural communities.

RHC TECHNICAL ASSISTANCE

Listening to the Frontlines: 2nd Washington Rural Health Clinic Needs Assessment

The Washington State Office of Rural Health (WA-SORH) conducted its second annual Rural Health Clinic (RHC) Needs Assessment this year, continuing our commitment to directly engaging with the clinics that serve as the backbone of healthcare in our rural communities. This assessment is a crucial tool that allows WA-SORH to hear firsthand from RHCs about the challenges they face and the support they need to deliver quality care to rural populations.

Through the Needs Assessment, WA-SORH gathers valuable insights into the operational, financial, and clinical issues that RHCs encounter. This feedback is instrumental in shaping our programs and initiatives, ensuring that they are responsive to the evolving needs of rural healthcare providers. By understanding the specific challenges faced by RHCs, WA-SORH can more effectively advocate for resources, tailor technical assistance, and develop targeted interventions that strengthen the capacity of these clinics.

The annual assessment has become a vital feedback loop, providing RHCs with a direct line to WA-SORH and enabling us to align our efforts with the realities on the ground. This year's assessment highlighted key areas of need, including workforce recruitment and retention, financial sustainability, and access to mental health services.

These findings will guide our strategic planning and resource allocation in the coming year, as we work to address the most pressing issues facing Washington's rural health clinics.

By maintaining this open dialogue with RHCs, WA-SORH continues to build a stronger, more resilient rural healthcare system, ensuring that clinics have the support they need to thrive and that rural residents have access to the high-quality care they deserve.



Photo: Goldendale, WA

2024

RHC NEEDS ASSESSMENT

The 2024 Assessment, conducted by the Washington State Office of Rural Health (SORH), marked a significant milestone in gathering valuable insights from Rural Health Clinic (RHC) leadership throughout the state. This year, the assessment was administered through Survey Monkey, providing a convenient and efficient platform for RHCs to share their perspectives. Recognizing the importance of minimizing the time burden on busy healthcare professionals, the SORH took proactive measures to streamline the survey, reducing the number of questions while ensuring the collection of crucial information. By adopting this approach, the SORH aimed to maximize participation and capture a comprehensive understanding of the current needs and concerns of RHCs in Washington State. The feedback obtained through this assessment will play a vital role in informing programmatic decisions and shaping future initiatives that address the unique challenges faced by RHCs.



RHC Overview & Survey Responses

113
Total
Washington RHCs



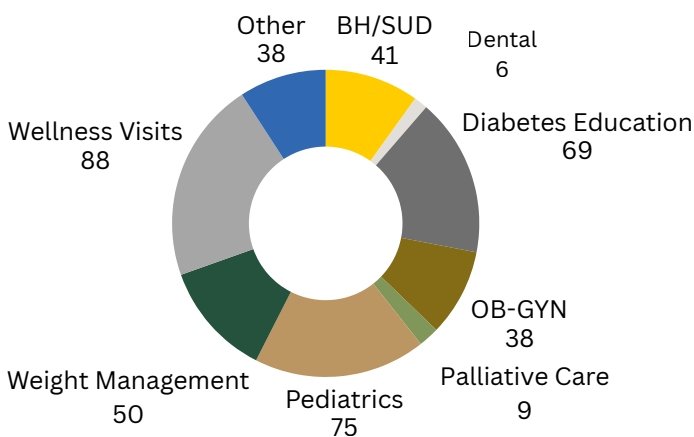
58
Total RHCs
Responded



51%
Total RHCs
Needs Assessed

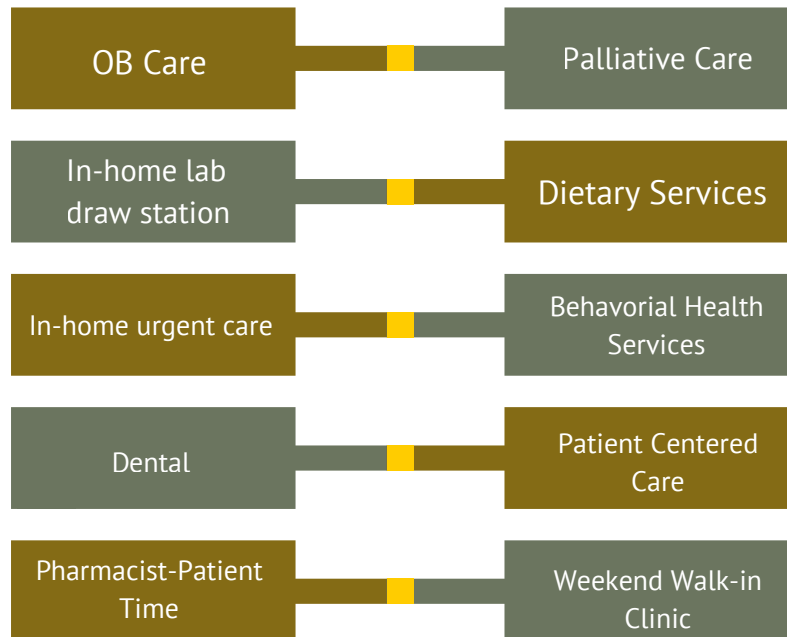
RHC Services Provided

of responding RHCs



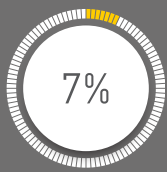
Other services include: orthopedics, general surgery, podiatry, occupational health, sleep medicine, women's health, and chronic care management

What Unique services does your RHC offer?

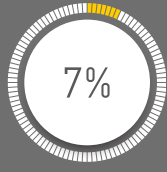


Service Line Integration Interest

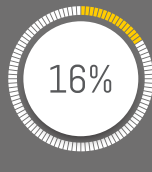
% of responding RHCs who are interested in exploring the following services



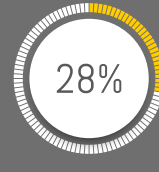
Dental



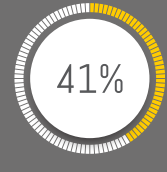
Palliative Care



Behavioral Health



Diabetes Prevention /Management



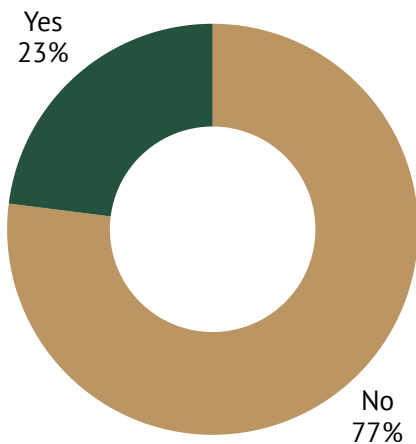
No Interest

RHC Workforce

RHCs are experiencing significant workforce challenges. Limited availability of healthcare professionals, including physicians, nurses, and other specialized staff, pose an obstacle to providing quality care in rural areas. These workforce shortages can lead to reduced access to care, longer wait times for appointments, and increased strain on current healthcare professionals.

The WA-SORH is dedicated to bridging the gap by providing targeted assistance, such as recruitment and retention programs, funding opportunities, rural health workforce development, and various training opportunities.

RHC Utilization of 3RNet

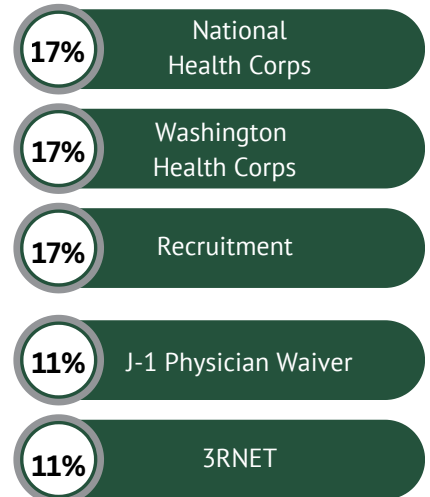


What is 3RNet?

3RNET stands for the National Rural and Remote Health Professionals Network. It is a nonprofit organization that connects health professionals with job opportunities in rural and underserved areas across the United States. The network helps to address the healthcare workforce shortage in these areas by facilitating the recruitment and retention of healthcare professionals. 3RNET also provides resources and support to healthcare professionals and employers to ensure the success of placements in rural and remote communities.

Workforce Resources

% of interested RHCs



Workforce Development Programs: % of RHCs with program type

73% Clinical Rotations

57% HS Internships/ Job Shadowing

47% Apprenticeships

27% Residency Programs

23% Certification Programs

13% Youth Interest Programs

6% Other

3% None

Biggest Workforce Challenges to Recruitment Efforts?

“ Housing in our area. We might be able to find someone that wants to work here, but housing is limited. We also have to find someone that WANTS to work out here ”

“ Lack of qualified candidates ”

“ Location, size of city and salary structure ”

“ Competitive pay/benefit practices in many industries makes it hard for healthcare to keep up with pay practices. ”

“ Staying competitive with other healthcare organizations has been a challenge. FQHC's are paying staff at a higher rate than we are able to afford in our RHC. ”

“ Finding primary care physicians that want to work rurally ”

“ Remote location, no skilled workforce pool in the area. Getting patients in-home resources, when home health organizations are understaffed or don't service our area. ”

“ Rural location, lack of housing ”

“ Not able to compete with competitive wages ”

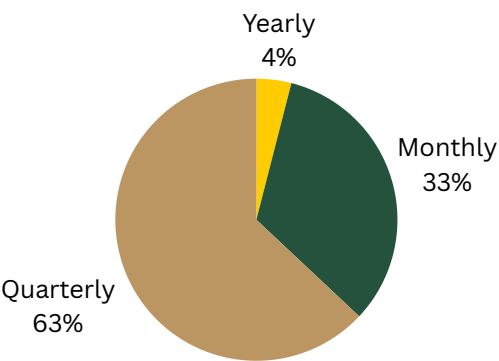
“ We are a small town, housing is an issue and competitive pay ”

“ Finding quality providers ”

Technical Assistance

The Washington State Office of Rural Health (WA-SORH) offers a wide range of technical assistance services tailored to the specific needs of RHCs. This includes guidance and support in areas such as healthcare management, financial planning, regulatory compliance, quality improvement, and workforce development. By partnering with RHCs and understanding their unique challenges, we help clinics navigate complex healthcare landscapes and implement effective strategies to overcome obstacles. Through expertise and resources, we equip RHCs with the knowledge and tools needed to enhance their operations, improve patient outcomes, and address the healthcare needs of rural populations. By providing this critical assistance, we ensure that RHCs can continue to serve as essential healthcare providers in Washington's rural communities.

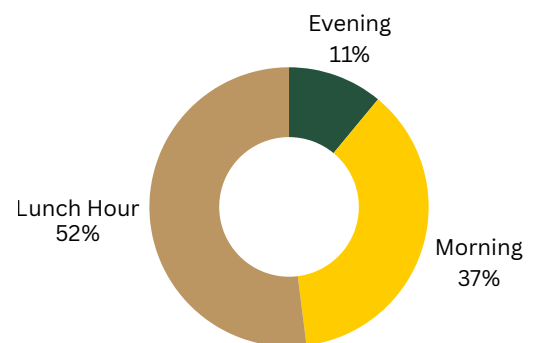
Technical Assistance
Frequency Preference



Top 5 Identified Needs



Technical Assistance
Time of Day Preference

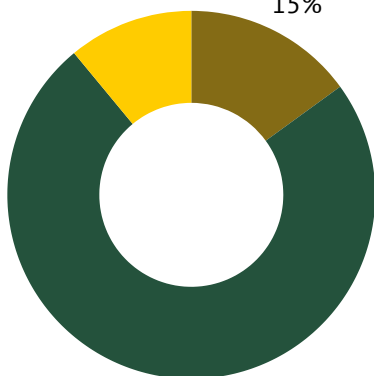


Survey Readiness & Mock Surveys

The Washington State Office of Rural Health recognizes the significance of being prepared for surveys in Rural Health Clinics (RHCs). That's why we provide valuable mock survey services, specifically designed to educate and equip RHCs with the necessary knowledge and skills to excel in their survey readiness. Our expert team is dedicated to supporting RHCs in their ongoing commitment to delivering high-quality healthcare services to rural communities. Trust us to help you navigate the complexities of surveys and ensure your RHC is well-prepared.

How prepared do WA RHC's feel for next survey?

Completely Prepared
15%



Somewhat Prepared
74%

Does your clinic have interest in a mock survey?

67% Yes

33% No

Interest in Compliance Learning Cohort?

52% Yes

48% No

Priorities & Needs

What gaps are you seeing in your clinic's ability to provide care to meet the health needs of the community?



Lack of healthcare providers



Access to OB care



Aging technological infrastructure



Lack of patient accountability for health



Staffing shortages



Inadequate access to specialists



Inability to provide timely care



Financial constraints

Priorities & Needs

If funding or assistance was available, what financial, operational, or quality activities or projects would you like to conduct, repeat, or expand at your clinic?



Enhance Workforce

- Hire providers
- Specialty triage nurses
- Specialty providers



Operational Efficiency

- Chronic care management program
- Skills fairs



Financial Incentives

- Bonuses for employee longevity
- Patient assistance for Durable Medical
- Clinic restructuring



Expand Services

- Mobile unit
- Women's health
- Vision
- Diabetes education & management



Technology Infrastructure

- Upgrade EMR
- Improved onboarding and training system

What could the Washington State Office of Rural Health do to better serve you?



Help preparing for and passing survey



Updated survey checklist



Help preparing for and passing survey



More updates on recent and upcoming changes



Learning opportunities & more webinars



Lookup tools, discussion board, and resources



Increased engagement regarding WACs and rules



Financial Incentives



Webinars and resources for providers



Increased collaboration across RHCs

Summary of Findings

The 2024 Rural Health Clinic (RHC) Needs Assessment conducted by the Washington State Office of Rural Health (WA-SORH) provides valuable insights into the current state and needs of RHCs across the state. The assessment was streamlined to minimize the burden on busy healthcare professionals, resulting in a high participation rate and comprehensive understanding of the challenges faced by RHCs.

The data reveals that RHCs are grappling with significant workforce challenges, including difficulties in recruiting and retaining healthcare professionals, particularly physicians, nurses, and specialized staff. These workforce shortages have led to reduced access to care, longer wait times for appointments, and increased strain on current healthcare providers. The assessment highlights the need for targeted assistance, such as recruitment and retention programs, funding opportunities, rural health workforce development, and various training initiatives, to address these critical workforce gaps.

RHCs also expressed interest in service line integration, particularly in the areas of dental, behavioral health, and palliative care, indicating a desire to expand their scope of services and better meet the evolving healthcare needs of their communities. Additionally, the assessment identified the need for technical assistance in areas like healthcare management, financial planning, regulatory compliance, quality improvement, and telehealth, which the WA-SORH is well-positioned to provide.

In terms of survey readiness, the majority of RHCs feel somewhat prepared, with a significant proportion interested in participating in mock surveys to enhance their knowledge and skills. This reflects the RHCs' commitment to delivering high-quality healthcare and their recognition of the importance of being survey-ready.

The assessment also highlighted various gaps in the RHCs' ability to provide care, including lack of healthcare providers, access to OB care, patient accountability for health, aging technological infrastructure, staffing shortages, inability to provide timely care, inadequate access to specialists, and financial constraints. These findings will inform the SORH's programmatic decisions and shape future initiatives to address the unique challenges faced by RHCs in Washington State.

Overall, the 2024 RHC Needs Assessment provides a comprehensive understanding of the current landscape and identifies critical areas for targeted support and investment. By addressing the identified needs and priorities, the WA-SORH can empower RHCs to enhance their operations, improve patient outcomes, and continue to serve as essential healthcare providers in Washington's rural communities.

RHC TECHNICAL ASSISTANCE

Strengthening Rural Health Clinics: SORH Mock Surveys Enhance Quality and Compliance

\$7,000
Funding

In our ongoing effort to support Rural Health Clinics (RHCs) in Washington State, the Washington State Office of Rural Health (WA-SORH) continued the WA-SORH Mock Survey program, a key quality improvement initiative funded through the State Office of Rural Health Grant. With a \$7,000 contract, this program has provided invaluable mock survey services to RHCs across the state, helping them prepare for official compliance surveys and ultimately improve the quality of care delivered to rural communities.

The mock surveys, conducted by a contracted expert with knowledge of rural health clinic operations, offer RHCs a comprehensive review of their practices, policies, and procedures. These surveys are designed to simulate the conditions and criteria of an official compliance survey, allowing clinics to identify areas of strength as well as opportunities for improvement. By receiving feedback in a low-pressure, supportive environment, clinics can address any deficiencies before their actual surveys, reducing the risk of non-compliance and enhancing overall operational efficiency.

Over the past year, two RHCs have taken advantage of this program, reporting significant benefits from the insights and recommendations provided through the mock surveys. The feedback has helped these clinics refine their practices, improve documentation, and strengthen their readiness for official evaluations.

Additionally, the program has fostered a greater understanding of regulatory requirements among clinic staff, contributing to a culture of continuous quality improvement.

One of the most significant outcomes of the WA-SORH Mock Survey program has been its impact on patient care. By ensuring that RHCs are well-prepared and compliant with state and federal regulations, the program helps maintain high standards of care for the rural populations they serve. This, in turn, supports WA-SORH's broader mission of improving health outcomes and ensuring access to quality healthcare in Washington's rural areas.



RHC TECHNICAL ASSISTANCE

Financial & Operational Empowerment: Educational Webinars for RHCs

\$3,000
Funding

This year, the Washington State Office of Rural Health (WA-SORH) partnered with Wintergreen and LilyPad to deliver a series of educational webinars tailored specifically for Rural Health Clinics (RHCs). These webinars aimed to equip RHCs with the knowledge and strategies needed to navigate the evolving healthcare landscape and enhance their operational and financial performance.

The webinar series focused on critical topics such as legislative changes affecting RHC reimbursement, best practices for financial and operational management, and the development of value-based purchasing models. Each session provided actionable insights and practical tools for RHCs to implement within their facilities.

The series successfully engaged RHC managers and staff, offering them valuable information to drive improvements and adapt to new regulatory and market conditions. This initiative underscores SORH's commitment to supporting rural healthcare providers by facilitating access to high-quality educational resources and fostering collaboration across the rural health community.



60
Total attendees

Webinars Offered

- > Updates & Impacts: Legislative Trends & Data Analytics for RHCs
- > Best Practice Checklist: RHC Financial Performance
- > Time is Money: Building RHC Value-Based Purchasing Models

Expanding Recruitment and Retention: 3RNET Academy

\$2,500
Funding

In its ongoing effort to strengthen the healthcare workforce in rural areas, the Washington State Office of Rural Health (WA-SORH) annually funds the 3RNET Academy, a vital training opportunity aimed at enhancing recruitment and retention strategies for rural healthcare providers. This year, the program saw impressive participation, with 99 attendees from across Washington State taking advantage of the training.

The 3RNET Academy offers specialized courses designed to equip rural healthcare organizations with the knowledge and tools they need to attract and retain skilled professionals in their communities. Given the persistent challenges of workforce shortages in rural areas, this training is crucial in helping rural facilities remain competitive and fully staffed.

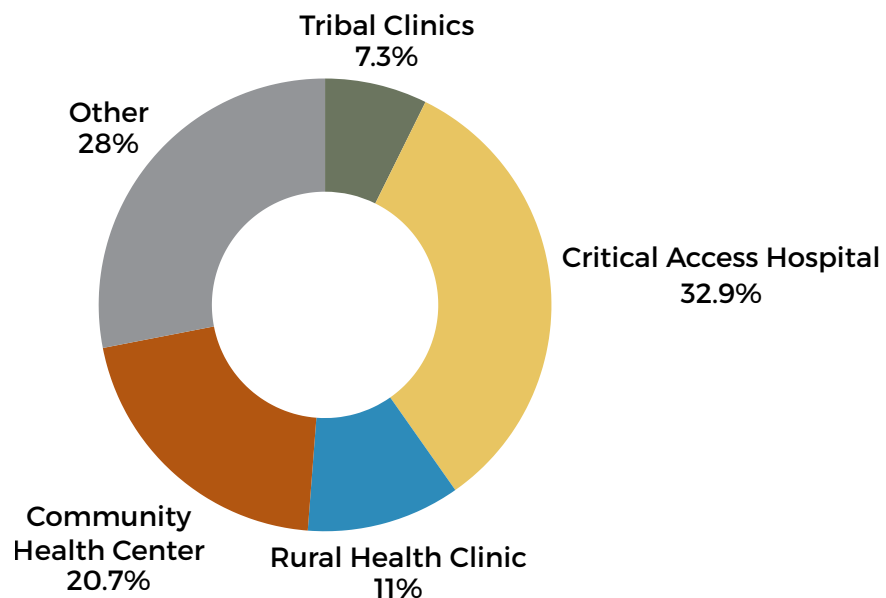
Participants in the academy gain insights into best practices for recruiting healthcare providers, strategies for retention, and ways to create an appealing work environment in rural settings. The knowledge and skills acquired through the 3RNET Academy are directly applicable to the real-world challenges that rural healthcare organizations face, making this program an essential component of WA-SORH's broader mission to support and sustain a robust rural healthcare workforce.

81

Total rural healthcare facilities in attendance

3RNET Academy Attendance

By Facility Type





Building the Rural Healthcare Workforce: 3RNET Workforce Recruitment

\$4,500
Funding

To address the ongoing challenge of workforce shortages in rural healthcare, the Washington State Office of Rural Health (WA-SORH) continues to invest in the 3RNET Workforce Recruitment platform. This essential tool, funded annually by WA-SORH, connects rural healthcare facilities with qualified candidates seeking employment in rural communities.

This year, the impact of the platform was particularly significant, with over 540 candidates registering to explore career opportunities in Washington’s rural healthcare sector. The 3RNET platform serves as a critical resource for rural healthcare providers, offering them access to a wide pool of professionals who are committed to serving in under served areas.

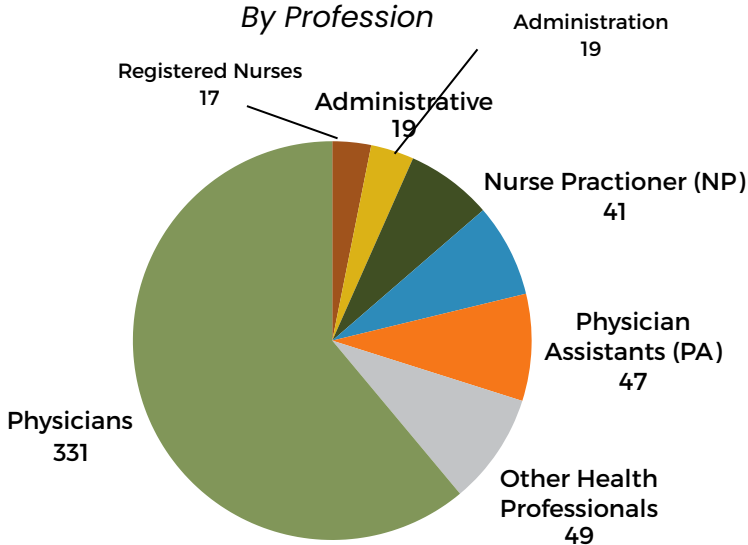
Through 3RNET, rural healthcare organizations can post job openings, connect with candidates who are passionate about rural health, and streamline their recruitment process. For healthcare professionals, the platform offers a user-friendly way to explore job opportunities that align with their values and career goals, particularly in communities where their skills are most needed.

542

Total candidates registered on 3RNET showed interest in working in Washington State.

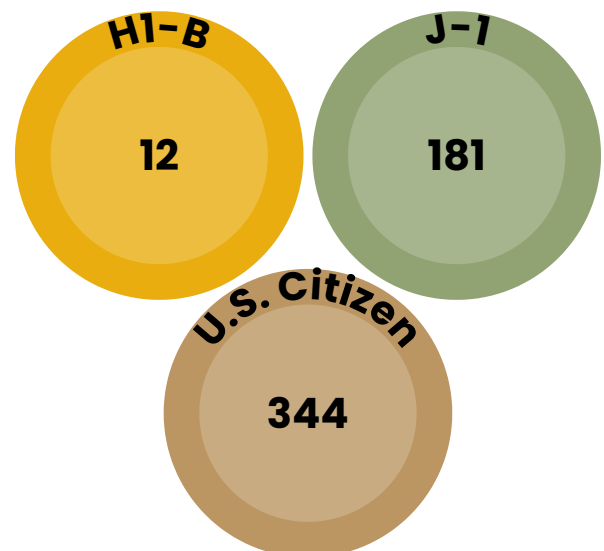
3RNET Candidates

By Profession



3RNET Candidates

By Citizenship Status





Empowering Rural Healthcare Leadership: NRHA Rural Hospital CNO Certification Program

\$4,900
Funding

In support of leadership development within our rural healthcare settings, we sponsored a Registered Nurse from Harbor Regional Health to attend the National Rural Health Association (NRHA) Rural Hospital Chief Nursing Officer (CNO) Certification Program. This certification program is specifically designed to enhance the skills and knowledge of nursing leaders working in rural hospitals, providing them with the tools necessary to navigate the unique challenges of rural healthcare management.

Key Benefits of Certification Program



Enhanced Leadership Skills



Strategic Management Expertise



Increased Regulatory & Compliance Knowledge



Quality Improvement Initiative Implementation



Networking Opportunities



Workforce Retention & Development



Strengthening Rural Health Clinic Leadership: NARHC Certified Rural Health Clinic Professional Certification

\$8,000
Funding

To further enhance the skills and knowledge of our Rural Health Clinic managers, we sponsored the participation of 15 RHC managers in the NRHA Certified Rural Health Clinic Professional Certification course. This certification course is designed to equip managers with the specialized knowledge and tools needed to effectively navigate the unique challenges of running a Rural Health Clinic. This investment in our clinic managers is a critical step in strengthening the operational and financial health of our Rural Health Clinics, ultimately leading to better care for the rural communities we serve.

Skill Building Areas



Leadership



Regulatory & Compliance



Operational Efficiency



Financial Management



Networking Opportunities



Quality Improvement

WORKFORCE

Enhancing Rural Health Workforce through Targeted Development and Training

\$6,500
Funding

Overview

The project aimed to strengthen Coulee Medical Center's Rural Health Clinics (RHCs) by addressing critical workforce challenges through targeted development initiatives. This included enhancing staff skills, filling key staffing gaps, and improving the overall quality of care.

Key Focus Areas

- MA-C Apprenticeship Program
- Off-site Clinical Staff Training
- Cast Training

Challenges

- Aligning EMR systems across different roles
- Adjusting protocols to meet insurance requirements

Outcomes

3

Medial Assistant Certified (MA-C)

added to workforce



INCREASED

staff morale



ENHANCED

patient care by adding in-house casting services

Next Steps

Coulee Medical Center plans to continue these workforce development initiatives, with an ongoing focus on MA-C apprenticeship opportunities and further staff training to enhance service quality.

Medicare Rural Hospital Flexibility Program (Flex) Grant

The Washington State Flex Program

The Balanced Budget Act (BBA) of 1997 established the Medicare Rural Hospital Flexibility (Flex) Program. Funding from the Federal Office of Rural Health Policy (FORHP) for this program provides resources to create rural networks, promotes the sharing of rural health services, and improves access to care for rural residents.

In Washington State, the Flex program is housed within the State Office of Rural Health (SORH), located at the Department of Health (DOH). The Washington State Flex program encourages and supports developing cooperative systems of care in rural areas, joining together Critical Access Hospitals (CAH), emergency medical service (EMS) providers, clinics, and health practitioners to increase efficiency and quality of care.

Flex Program Areas

- Quality Improvement
- Financial & Operational Improvement
- Population Health Management
- Rural EMS Improvement
- Innovation
- CAH Designation

Washington State Flex Program Historical Activities

- Hospital Antibiotic Stewardship
- Statewide Work Groups & Initiatives
- Financial Consultants & Chart Master Reviews
- Operational Improvement Projects
- Supporting Statewide Hospital Networks
- Hospital Led Population Health Improvement Initiatives
- Quality Data Abstraction and Reporting Assistance
- Leadership Education and Training
- Rural EMS Development
- Workforce Assessment & Recruitment & Retention Improvement

Washington State Flex Staff



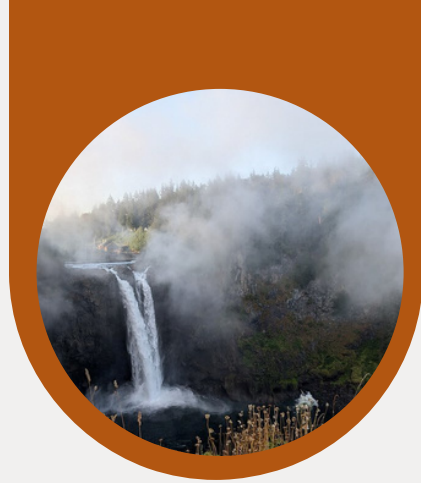
Danielle Kunkel DHSc MPH
Rural Health Systems Quality
Program Manager



Lindy Vincent
Rural Hospital
Program Manager

The Flex program provides funding for hospitals to participate in a wide variety of programs, educational opportunities, and rural initiatives. It requires the development of rural health plans and funding efforts to implement community-level outreach. The grant funding year runs **September 1st** through **August 31st** annually. The WA State Flex Program collaborates with state and national partners to provide facilities with an abundance of resources and targeted programs.

QUALITY



Medicare Beneficiary Quality Improvement Project (MBQIP)

Quality is one of the Flex program focus areas and includes the Medicare Beneficiary Quality Improvement Project (MBQIP). MBQIP reporting requirements were created to push CAHs toward 100 percent data reporting for rural applicable measures as a way to ensure their readiness for CMS mandated reporting.

FY23 MBQIP CORE Measures			
Global Measures	Patient Safety	Patient Experience	Emergency Department
CAH Quality Infrastructure Implementation	HCP: Influenza Vaccination Coverage Among Healthcare Personnel Antibiotic Stewardship: CDC NHSN Annual Facility Survey	HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems	Emergency Department Transfer Communication OP-18: Median time from median arrival to ED departure OP-22: Patients left without being seen

The goal of MBQIP is to improve the quality of care provided in CAHs, by increasing quality data reporting and then driving quality improvement activities. MBQIP allows individual hospitals to look at their own data, measure their outcomes against other CAHs, and partner with other hospitals in the state around quality improvement initiatives to improve outcomes and to provide the highest quality care to each patient.

MBQIP is made up of core rural relevant measures. To participate in the Washington State Flex Program activities or to receive funding from our program, a hospital must be in good standing for the MBQIP program. In FY23 (September 1, 2023 – August 31, 2024), FORHP announced a new set of measures to be implemented September 1st 2025.

Although our program continues to promote and support 100% consistent reporting of measures, we are committed to supporting our hospitals regardless of their reporting status.

FY25 New Measures

In addition to current measures listed above

- > Hospital Commitment to Health Equity
- > Safe Use of Opioids (eCQM)
 - > Hybrid All-Cause Readmissions
 - > SDOH Screening
- > SDOH Screening Positive

QUALITY

MBQIP Reporting Recognition

CAHs report quarterly quality data to multiple entities. For MBQIP this includes the Centers for Medicare & Medicaid, The National Healthcare Safety Network, and directly to our Flex program. Hospitals are also required to report other various data points to entities outside of our program. Because reporting hospital quality data can be daunting, we want to recognize our top reporters for the MBQIP program.

TOP MBQIP REPORTERS

Performance calculations within this section are based on the most recent data reports available to date. The data includes:

- 2023 EDTC (Q1 – 4)
- 2023 Influenza Vaccination among Healthcare Personnel
- 2023 Patients left without being seen
- 2023 NHSN ASP Annual Survey
- 2023 Outpatient measures (Q1-4)
- 2023 (Q1-4) - HCAHPS Survey
- CAH Quality Infrastructure Survey

Reporting 100% of measures in all four applicable quarters

Mason Health
Lourdes Health
Coulee Medical Center
Jefferson Healthcare
Providence Mount Carmel

Mid-Valley Hospital
Kittitas Valley Healthcare

Providence
St. Joseph's
North Valley Hospital
Astris Sunnyside
Pullman Regional Hospital



QUALITY

MBQIP Reporting Goals

Domains

- Global Measures
- Patient Safety
- Patient Experience
- Care Coordination
- Emergency Department

For FY23 MBQIP had four measure domains with a fifth domain to be added in FY25 (Care Coordination). Our program encourages reporting at least one measure in each domain to maintain system log ins and updates. Each year we set goals for the upcoming grant year. With the transition to new reporting measures currently underway, we focused our efforts on education, training, and understanding of the new reporting program.

Sustained High Performers

Each year we recognize those that are sustaining high performance in specific quality measures. High performance is defined as meeting or surpassing the national average and those that achieve this three years in a row are considered sustained high performers in our Federal reporting systems.

HCP

Top Performace

Snoqualmie Valley Health
99% HCP Vaccination

Sustained High Performance

Jefferson Healthcare
PeaceHealth United General
Pullman Regional Hospital
PeaceHealth Peace Island

85 % of CAHs are reporting in the FY23 four domains

ASP Annual Survey

Willapa Harbor Hospital
Lincoln Hospital Skyline Hospital
Othello Community Hospital
East Adams Rural Healthcare
Ocean Beach Hospital Klickitat Valley Health
Coulee Medical Center
Three Rivers Hospital Mid-Valley Hospital
Providence Mount Carmel
Snoqualmie Valley Hospital
Mason General Hospital Lourdes Health
Pullman Regional Hospital
Kittitas Valley Healthcare St. Elizabeth
PeaceHealth Peace Island
WhidbeyHealth Medical Center
Jefferson Healthcare Whitman Hospital
PeaceHealth United General

OP-22

Providence St. Joseph
Ocean Beach Hospital
Whitman
Providence Mount Carmel
Kittitas Valley Healthcare
PeaceHealth Peace Island
Willapa Harbor Hospital

100% of WA CAHs completed the Quality Infrastructure Survey

QUALITY



HCAHPS REPORTING

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a standardized survey of hospital patients that captures their unique perspective on hospital care to provide the public with comparable information on hospital quality.

HCAHPS consists of a standardized survey instrument, and a set of data collection and reporting procedures. Hospitals and their survey vendors use these to gather information about patients' perspectives on care in the organization. Often this survey is conducted by a vendor who also submits the data to CMS. Some CAHs do not have the volume to receive the full benefit of HCAHPS data.

WA State STATS

33

CAHs Reporting
HCAHPS

12

CAHs with Star
Rating

10

CAHs with 80% or
higher
recommendation
rate

39

WA participation
ranking out of 45
states with Flex
programs

Most vendors do not report HCAHPS data to CMS if a hospital has not received a minimum of 25 surveys that quarter. You must request your vendor report these.

Hospitals will not receive a star rating unless they have a minimum of 100 surveys for that rolling year (past four quarters).

Hospitals with top star ratings ----->

FIVE STAR PERFORMERS

Mason Health

Newport Hospital & Health Services

Pullman Regional Hospital

Tri-State Health

Jefferson Healthcare	4
Mid-Valley Hospital	4
Prosser Memorial Health	4
Kittitas Valley Healthcare	4
WhidbeyHealth	4



Based on CY 2023

*Not all hospitals receive star ratings due to lower inpatient volume or survey response.

QUALITY

2023-2024

Quality Improvement Micro-funding Program

A Sample of the FY23 Awarded Projects

Improve ED throughput and reduce patients left without being seen, length of stay, and leaving against medical advice by analyzing ED processes and introducing fast track methods with a dedicated fast track provider.

Multi-method fall prevention program leveraging the evidence-based methods of AHRQ Fall Prevention Program. The aim of this project is to establish a consistently secure environment that promotes a zero-fall culture.

Postpartum hemorrhage reduction and outcome improvement through procedure updates and drills to improve actions and response times. Improving responses among all nurses in both ED and Acute departments creates a safer environment for laboring patients.

At the start of FY23 we began the sixth year of our annual competitive application process for CAHs to propose hospital quality improvement projects. Accepted proposals receive a small amount of funding to assist with the costs of executing their proposals.

For this year we had \$40,000 in funding and selected 6 projects that just completed their work in August.

The proposal process for FY24 closed August 15, 2024. We are thrilled to have received numerous inspiring proposals and are expecting another successful year.

This program is intended to fund projects that will improve the quality of care at the hospital level. Projects must include the basic elements of quality improvement:

- Identify a process, outcome, or area of care that needs improvement. Provide data to support the problem.
- Develop an intervention or change to improve it.
- Collect and analyze data to determine whether the change was effective.
- Decide whether to adopt or adapt the change or try another change.

6

Accepted
Proposals

\$40K

FY23
Funding

56

Total
Projects

**The key to this funding program
is the identification and tracking
of measures to show change.**

QUALITY



CAH Quality Infrastructure Survey

At the start of FY25 (September 1 2025 - August 31 2026) the MBQIP program will have several new measure requirements. One of these measures was introduced in FY23 - the CAH Quality Infrastructure Survey.

This measure is a structural measure to assess CAH capacity, processes, and infrastructure for quality activities based on the nine core elements of CAH quality infrastructure. The measure is part of the Flex Program's MBQIP core measures, and is submitted annually through the National CAH Quality Inventory and Assessment ("Assessment"). This measure was developed based on findings from the 2023 Critical Access Hospital Quality Infrastructure Summit, which brought together national experts to create a set of core elements of quality infrastructure for CAHs.

Nine Core Elements of CAH Quality Infrastructure:

Leadership Responsibility & Accountability

Quality Embedded within the Organization's Strategic Plan

Workforce Engagement & Ownership

Culture of Continuous Improvement through Behavior

Culture of Continuous Improvement through Systems

Integrating Equity into Quality Practices

Engagement of Patients, Partners, and Community

Collecting Meaningful and Accurate Data

Using Data to Improve Quality

For the first year of this measure we pushed hard for 100% participation in order to have an accurate and complete baseline. We are happy to report we achieved this goal. Below are some of the results of this survey:

Response Rate

WA State CAHs - 100%
National CAHs - 89.7%

Meeting All Nine Core Elements

WA State CAHs - 2.6%
National CAHs - 10%

Median Number of Elements Met

WA State CAHs - 6%
National CAHs - 6%

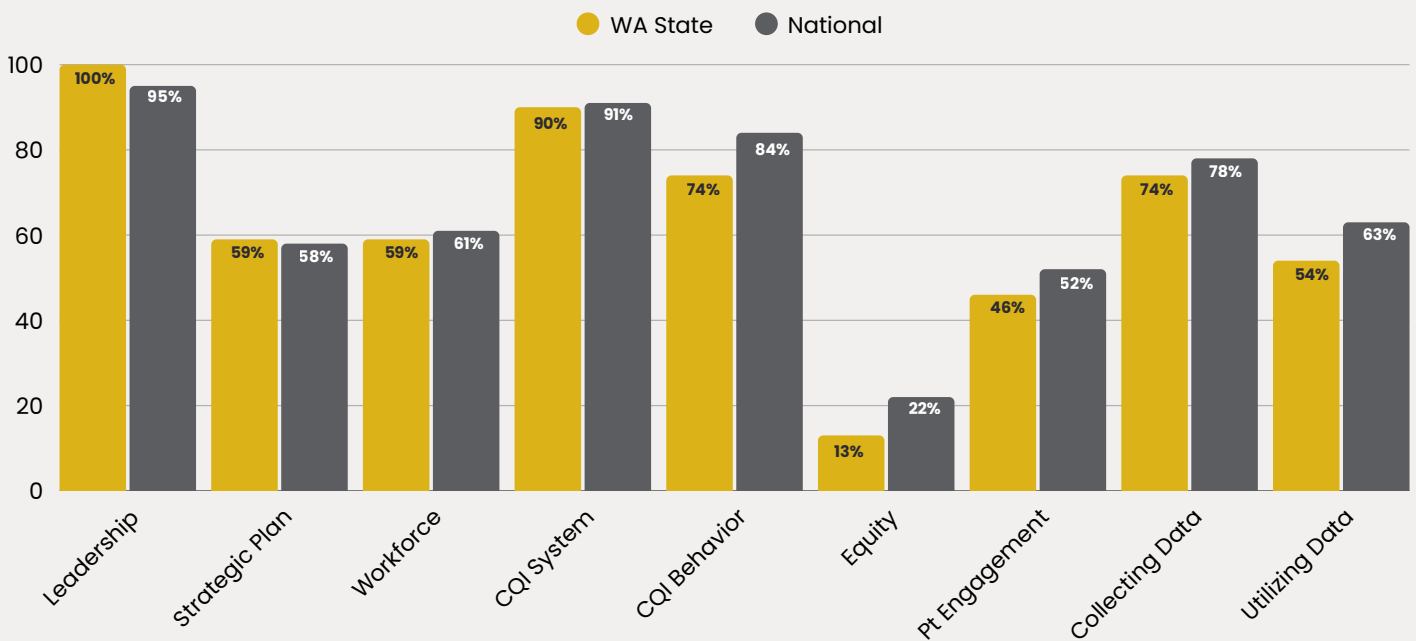
Weakest Element

WA State CAHs - Equity
National CAHs - Equity

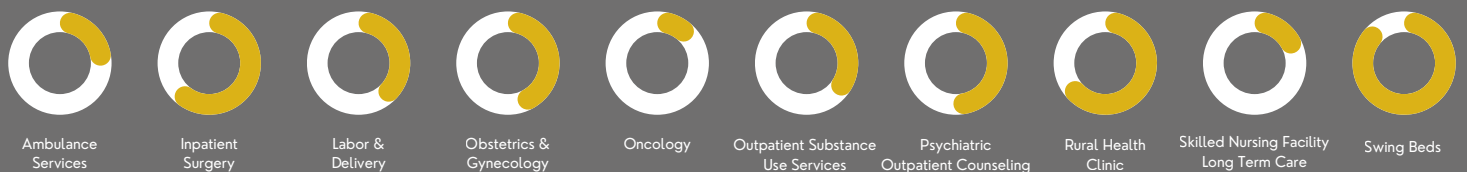
QUALITY

CAH Quality Infrastructure Survey Cont.

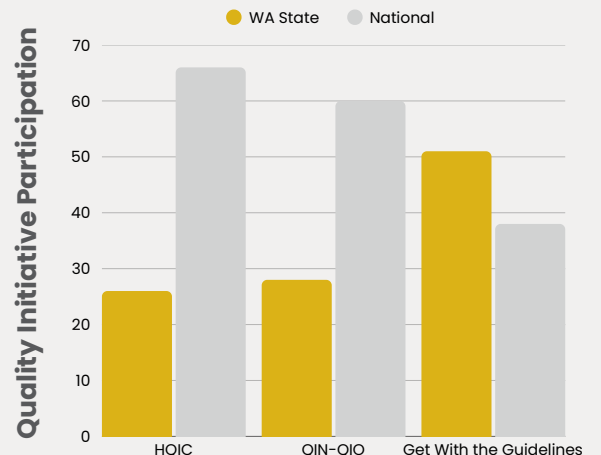
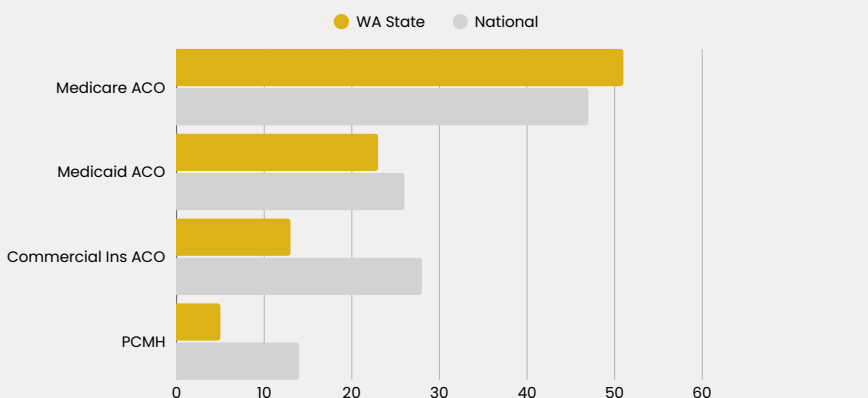
This survey identifies nine elements to determine capacity, processes, and infrastructure of CAHs to execute quality related improvement activities. This information assists the Federal Office of Rural Health Policy with determining how Flex programs can target funding to meet the quality needs of hospitals. The chart below displays the percentage of hospitals meeting each of the nine elements compared to national responses:



Service Line Availability Among WA State CAHs



Percent CAH Participation In Payment Models



QUALITY



Antibiotic Stewardship

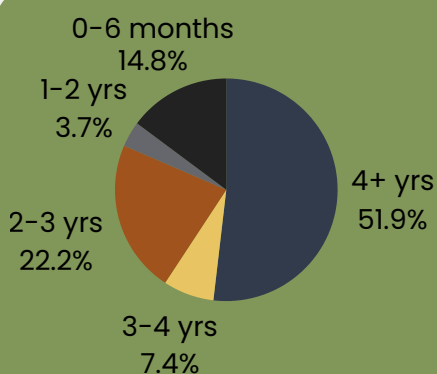
Antibiotic resistance is one of the paramount health threats today. It requires that every healthcare institution cultivate effective interventions that promote the prudent use of antimicrobials. Rural and Critical Access Hospitals are key players in this battle, yet often lack the time and resources to independently create robust antimicrobial stewardship programs.

The [University of Washington Center for Stewardship in Medicine \(UW CSiM\)](#) empowers antimicrobial stewardship teams throughout the region by providing education, mentoring, community building, and resource sharing.

The WA Flex program supports UWCSiM through financial support of the Tele-Antimicrobial Stewardship Program (TASP) ECHO - *a weekly Telehealth meeting with peer facilities for education and case discussion* - as well as their annual conference and potential intensive cohorts.

CSiM Stewardship Core Elements

- CSiM faculty led Antimicrobial Stewardship assessment and review
- Hospital-led Quality Improvement PDSAs tools and portal
- Toolkits, resources, and guidelines
- Grand Rounds opportunities with CSiM faculty
- Antibiotic Pocket Guide
- Annual Conference
- Quality Improvement mentoring and support



Hospital Participation

Over half of participating hospitals have been with the program over four years.

Our program has supported UW CSiM since 2017

\$56,000

FY23 Funding Support

28

Participating CAHs

4

CAHs Participating in Intensive Cohorts

34

CAHs completing the NHSN ASP Survey

32

CAHs meeting all 7 elements

37

Resources Created

Intensive Cohort Work

Focused on the implementation of a quality improvement initiative to improve diagnosis and treatment of urinary tract infections and asymptomatic bacteriuria.

Swing Bed Improvement

Swing Beds are an optional service that may be provided in CAHs that meet the Centers for Medicare and Medicaid Services (CMS) eligibility criteria for CAH designation and swing bed conditions of participation (CoP) described in the code of federal regulations (CFR) – 42 CFR485.645(a).

When a patient is too acute to go home, but no longer meets the eligibility or medical necessity criteria for acute reimbursement, a physician can choose to swing them into a post-acute or extended care bed. Rather than discharging this patient to a Skilled Nursing Facility (SNF) where they will potentially lose revenue, the hospital can provide SNF level care while keeping their patient in house and receiving full reimbursement. Medicare provides reimbursement at 100% for up to 20 days of skilled care within a swing bed.

FY23 Education Sessions

In FY23 we encouraged swing bed measure data collection by hospitals, but focused mostly on education and assisting with re-establishing swing bed programs for those that may have been put on hold.

11

Webinars

30

CAHs participating in education

1

CAH collecting data

14

Meeting or surpassing ADC target

- Swing Bed Data Collection Tool
- Swing Bed 101
- Understanding the Five Categories of Skilled Nursing
- Swing Bed Documentation
- Quality Improvement and Portal Demo
- Swing Bed Finance
- Swing Bed Growth Strategies
- Swing Bed Discharge Planning
- Swing Bed Spectrum Development
- Swing Bed Finance

Swing bed use has also shown a good return to home rate, reduced readmission, and reduced emergency room visits.

FY24 Future Plans

After several years of swing bed quality education and encouraged data collection, our program is looking to expand the available education opportunities and assist hospitals with their work towards improving swing bed operations and leveraging maximum reimbursement. Activities in FY24 include:

- New Swing Bed Training Series
- Swing Bed Certification Program
- Standardized Swing Bed Operations Policy, and Procedures Manual
- Library of Swing Bed Best Practices
- Technical Assistance with Swing Bed Certification and Regulatory Compliance

QUALITY

Education & Credentialing Program

The Flex Program provides funding for staff at Washington State CAHs to continue their professional development. We currently partner with the Washington State Hospital Association (WSHA) to manage this program. This partnership allows us to offer a wide variety of opportunities to foster a high performing efficient delivery system.

In FY23 this program explored new education opportunities in diversity, equity, and inclusion as well as continued to build on quality improvement essential education and additional specialized quality education.

274

Total participants since 2016

In addition to various certification programs, this funding also supports additional education and training opportunities as requested. See list for this year's additional work.

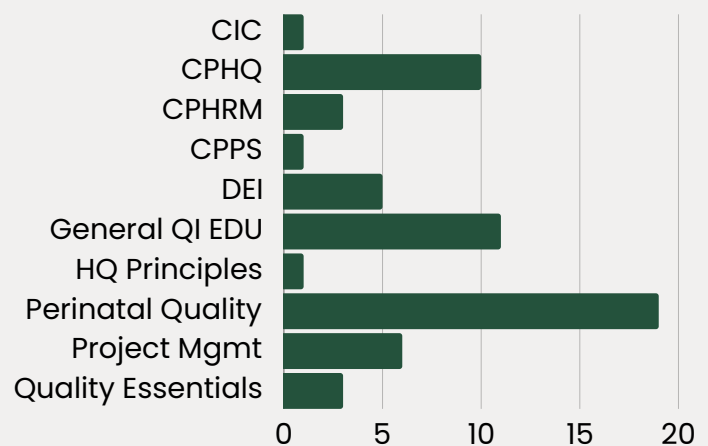
Eligibility Requirements

- Must be a staff member at a WA State CAH
- Obtain supervisor/manager support or approval before participating
- Understand eligibility requirements and meet minimum qualifications for full certification in the program they are applying for
- Respond to quarterly program check-ins with WSHA's Program Manager
- Commit to studying the material
- Seek support as appropriate from WSHA and the Certifying Vendor
- Complete the requirements and pass the exam (as applicable)

Additional Program Ventures

- Diversity, equity, & Inclusion needs assessment
- Rural DELTA Days
- Quality Essentials 101
- QL Learning Collab
- Rural QI Reporting Guide
- Exploring SDoH reporting and improvement
- Project Management
- Always accepting suggestions!

NUMBER OF PARTICIPANTS PER PROGRAM in FY23



TO APPLY : [WSHA Dashboard](#)

QUALITY

The Rural Collaborative Quality & Operational Improvement Initiative

Each year, we partner with and support hospital networks and cohorts across Washington State. In FY23, we maintained our collaboration with The Rural Collaborative (TRC), providing ongoing financial support to advance their important initiatives and committee work. This marked our third consecutive year of funding for their efforts, reflecting our continued commitment to their progress. The amount of funding support available is small compared to the need.

TRC remains committed to advancing rural healthcare through collective action and innovation.

INITIATIVE FOCUS

- Identifying the key issues TRC members are currently facing.
- Identifying and prioritizing projects/activities that the members of TRC can work on collaboratively to address the identified issues.
- Identifying lessons learned and best practices that can be shared with other rural health systems.

The focus of this work continues to be on helping rural health systems learn from each other and collaborate on strategies that can improve the effectiveness of their programs over time.



The Rural Collaborative (TRC) has outlined its strategic goals for 2024 to 2026, focusing on delivering measurable value to its members. These goals include enhancing interdependence among members for financial and operational benefits, establishing fair payer contracts, improving access to quality care, and boosting workforce recruitment and retention.

Recent achievements include launching the Rural Health Enterprise, a for-profit entity aimed at providing additional services and returns on investment. This entity also extends benefits to non-member rural health systems.

TRC is addressing administrative challenges by collaborating with Molina, a major Medicaid Managed Care Organization, to streamline contract requirements. Peer-based learning remains a core aspect of TRC, with various platforms for members to share knowledge and tackle common issues.

Quality improvement efforts are supported through the DASH data system and initiatives like depression and breast cancer screening programs. TRC is also enhancing its internal processes by surveying committee members and refining operations based on feedback.

Communication with members and the public is being strengthened, including in-person visits, monthly reports, and participation in broader discussions on rural health. As a result, TRC is seeing increased interest in collaborating from other rural health systems in Washington, and other rural health networks across the nation.

QUALITY

MBQIP Training Series

With the introduction of new reporting measures announced in late FY22, we continued our cross state collaboration to bring a second year of the MBQIP Training Series. The purpose of this was to continue training on current MBQIP measures as well as educate on the upcoming MBQIP reporting measures in FY25. This series consisted of five training sessions presented virtually by the Rural Quality Improvement Technical Assistance (RQITA) team staffed by Telligen.

PURPOSE

We plan to continue this collaborative training series in FY24 with a continued focus on measurement and abstraction, but hope to expand into utilizing data to drive improvement. The purpose is to:

Articulate the purpose of the MBQIP program and its position in the national quality reporting landscape.

Identify resources to support abstracting, submitting and confirming data submission to the CMS Hospital Quality Reporting (HQR) secure platform.

Identify characteristics of a culture of quality. Assess current state of organizational culture as it relates to quality and identify short- and long-term opportunities for improvement.

Identify trends in quality measure reporting and discuss implications for critical access hospitals.

FY23 Training Session Topics

- Current Status of MBQIP & Beyond
- Learn about the new MBQIP Measures
- Embedding Quality Improvement into Organizational Culture
- How to Leverage MBQIP Data for Improvement: SDOH & Health Equity
- CAH Quality Infrastructure Implementation



PARTICIPATING STATES

- Arizona
- Colorado
- Idaho
- Iowa
- Montana
- Oregon
- South Dakota
- Utah
- Washington

31

Washington
CAHs
Participated

Financial Improvement

Improving the financial health of rural hospitals is essential for ensuring continued access to vital healthcare services in underserved areas, maintaining operational stability, and supporting community well-being. Financially stable hospitals can invest in technology, staff training, and facility upgrades, which enhance the quality and safety of care. Additionally, better financial resources help attract and retain skilled professionals through competitive salaries and benefits, streamline operations for greater efficiency, and contribute to the local economy by creating jobs. Strong financial footing also improves emergency preparedness, ensures regulatory compliance, and boosts the ability to secure grants and funding. Overall, financial improvement is crucial for rural hospitals to provide high-quality care and sustain their essential services.

One of the core focus areas of Flex is to support CAHs in assessing and improving hospital financials in order to maintain services in even our most remote areas. In FY23, our program conducted several programs to support hospitals in these endeavours.

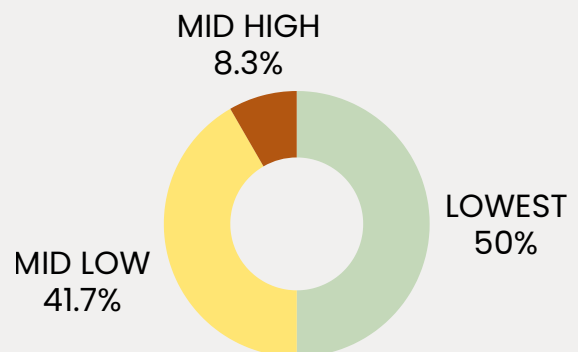
Hospital Billing and Coding Analysis and Training

Each year we support statewide billing and coding webinars as well as consultants for individual hospital assessments and chief financial officer trainings. Additionally our program provides charge master reviews and cost report analyses when requested.

Billing and coding training is critical for rural hospital financials for several reasons:

- Accuracy in Reimbursement
- Compliance with Regulations
- Reduction in Denied Claims
- Enhanced Financial Management
- Improved Patient Satisfaction
- Efficient Operations
- Cost Control

WA CAH RISK OF FINANCIAL DISTRESS



Zero WA CAHs have financial data indicating *High* risk
*Based on the Fiscal Monitoring Unit 2021 financial date

Billing and coding training is essential for rural hospitals to optimize reimbursement, ensure regulatory compliance, reduce claim denials, manage finances effectively, and maintain operational efficiency.

FINANCE & OPERATIONS

Chief Financial Officer Summit

A Rural Hospital Chief Financial Officer Summit provides valuable opportunities for learning, collaboration, and strategic development, helping rural hospital CFOs effectively manage their financial responsibilities and drive sustainable growth.

To support the rural hospitals CFOs in our state, the WA Flex program supported the Annual Washington State Hospital Association Rural CFO Retreat for another year. This event is always well received by executive financial staff.

Benefits of CFO Summits

- 📌 Networking Opportunities
- 📌 Knowledge Sharing
- 📌 Problem-Solving
- 📌 Education and Training
- 📌 Benchmarking
- 📌 Strategic Planning
- 📌 Regulatory Updates
- 📌 Innovation and Trends

The goal is to provide an opportunity for CFOs to network, share best practices, and hear expert speakers on healthcare transformation and the shift from volume to value-based payment, population health management, and the importance of quality improvement in new payment and delivery models.

Summit Sessions

In FY23 we supported the WSHA CFO summit for another year. Themes for this year's summit were data collection, understanding new laws, and exploring ways to improve hospital financials while providing an opportunity to network.

10

Sessions

10

CAHs
participating

\$18,000

Funding
support

- 📌 Financial State of Hospitals
- 📌 Cost Report Hot Topics
- 📌 Staffing Law
- 📌 Denials Management
- 📌 Swing Bed Dashboard
- 📌 340B Program
- 📌 Clinician Productivity
- 📌 Department of Health Update
- 📌 AI Solutions

This summit provides valuable opportunities for learning, collaboration, and strategic development, helping rural hospital effectively manage their financial responsibilities and drive sustainable growth.



Cost Report Analysis

Cost report analyses offer significant advantages to rural Critical Access Hospitals (CAHs) by providing a clearer picture of their financial performance, including revenue, expenses, and profitability. This analysis helps CAHs manage costs more effectively, optimize reimbursements from Medicare and other payers by ensuring all allowable costs are reported, and benchmark their performance against similar facilities to adopt best practices. Additionally, it supports strategic planning by identifying financial strengths and weaknesses, ensures regulatory compliance to avoid penalties, and aids in securing grants and funding by showcasing financial needs and stability. By identifying trends and improving operational efficiency, cost report analyses help CAHs make informed decisions, streamline operations, and sustain their services in rural areas.

In FY23, our Flex program worked with Wintergreen for the second year in a row to provide five CAHs cost report analyses and findings to promote financial improvement. In addition, Jonathan Pantenburg with Wintergreen conducted a three hour pre-conference session at the 2024 Northwest Rural Health Conference - *CAH Reimbursement Heuristic: Using Medicare Cost Reports to Reveal Opportunities*.

\$400K

Among the five hospitals receiving cost reports, nearly \$400,000 in Medicare reimbursements were left on the table due to the failure to accurately track ED professional time

FY24 Cost Report Findings

- Hospitals still have opportunities to leverage Method II to improve reimbursements for eligible outpatient services.
- Several of the CAHs continue to see an increase in observation days compared to acute which increases the cost for Medicare patients due to the coinsurance set at a percent of charge.
- The collective CAHs had opportunities to improve the stats used on B-1 which determines overhead allocations.
- Several of the CAHs were negatively impacted due to the change in the RHC reimbursement methodology brought forth by the Consolidated Appropriations Act of 2021.
- The CAHs continue to overstate the amount of professional time for the Emergency Department which reduced reimbursements received.

Operational improvement in rural hospitals aims to boost efficiency, effectiveness, and quality of care through several key strategies. The WA-SORH and Flex grant continuously explore ways to assist our rural facilities with improving their operations through a variety of initiatives including -

- » Streamlining processes and simplifying procedures to reduce delays and enhance workflow efficiency.
- » Optimizing resource utilization focuses on managing staff, equipment, and facilities effectively to minimize waste.
- » Enhancing financial management includes improving billing accuracy, managing expenses, and optimizing revenue cycles for greater financial stability.
- » Upgrading technology with modern tools like EHRs and telemedicine platforms improves care delivery and operational efficiency.
- » Improving patient care through best practices enhances outcomes and safety, while staff training and development ensure high-quality care and job satisfaction.
- » Enhanced communication, both internal and external, ensures accurate information sharing.
- » Strengthening community engagement and expanding services help meet local needs and attract more patients.
- » Implementing quality improvement programs drives continuous refinement of practices based on performance metrics and feedback.
- » Overall, these improvements help rural hospitals provide better care, maintain financial health, and sustain their operations.

FY24 Operational Improvement Activities

Hospital Resuscitation Improvement Project

Wenatchee Valley College Workforce Improvement Campaign

Executive Leadership Training

Operational improvement in rural hospitals is about enhancing every aspect of services to better meet the needs of their community. By refining operations, they can deliver more efficient, high-quality care, ensure staff is well-supported, and sustain the vital role in the health and well-being of the people they serve.

The majority of Flex funded activities aim at operational improvement even if considered a different focus area.

Resuscitation Quality Improvement Program

The WA Flex program supports several hospital specific initiatives every year. Operational improvement projects can range from specific skill improvement, consultant work on policies and procedures, operational assessments, to hospital survey readiness assistance. In FY23, one Critical Access Hospital proposed a Resuscitation Quality Improvement (RQI) Program through Laerdal Medical and the American Heart Association. Implementing the RQI program assisted the hospital with obtaining required BLS, ALS, PALS certificates and ensuring staff all remain in compliance while reducing the time burden of certifying every two years. This program has led to more efficient certification processes, tracking, and has improved skill development and maintenance.

The program has improved certification compliance, relieved the burden and time expense, educator and class fees, and the hospital is achieving excellence with CPR skills. This in turn improves patient care and outcomes.

- ✔ The initial goal of the program was to onboard all benefited employees into the RQI platform for compliance and education, which was completed.
- ✔ Second, the hospital has created a system to capture new hires and place them in the appropriate courses for their job code.
- ✔ Third, per diem employees have the option to opt into the program, thus benefiting them with the education, or to opt out whereas they will provide proof of their certificates every 2 years.

Lessons Learned

The Medical Staff (provider) policy was not updated to reflect that they would be participating in these courses. This update would allow providers to maintain their certificates through RQI.

The initial time burden of onboarding was significant. This will be built into new hire onboarding so it is not lost in the orienting to the clinical aspects.

NEXT STEPS

Working with HR to expand the RQI program to include non-clinical areas that come in contact with patients or the community. These staff members will be offered BLS from RQI.

Per their HR policies, any staff in any position has the opportunity to utilize RQI for their CPR certifications.

Wenatchee Valley College – Medical Laboratory Technology (MLT)

Each year, the WA Flex program collaborates with workforce teams at the Department of Health to address the healthcare workforce crisis in our state. One notable collaborative workforce activity was the support of the Wenatchee Valley College (WVC) MLT program, working towards increasing clinical staff in our state, particularly in rural communities.

The MLT program at WVC is the only program in eastern Washington designed to support rural healthcare facilities. The success of the program’s online option has led them to expand it to western Washington in addition to Oregon and Idaho. Due to the difficulties rural facilities have with recruitment, this program works closely with facilities and local community colleges to support current employees in the facilities and members of the communities to get access to the 1st-year prerequisite courses and 2nd-year clinical training thus resulting in a 2-year associate’s degree in medical laboratory technology.

In FY23, WA Flex partnered with the Primary Care Office to support a recruitment campaign for the WVC MLT program in order to boost the number of students working towards these clinical education achievements.

MLTs perform a great variety of scientific laboratory procedures, utilizing automated computerized instrumentation, all of which aid in the detection, diagnosis and treatment of disease.

Campaign outcomes resulted in positive change to recruitment

Campaign Facts

The social-media campaign utilized Meta and Snapchat and ran from November 20th, 2023 through June 15th, 2024.

Advertising was sent to the following communities: Wenatchee, Omak, Moses Lake, Colville, Skagit Valley, Port Angeles and Lewiston/Clarkston.

25

Rural Hospitals Participating in the WVC MLT Program

Impact

- 481,252 impressions
- 6,447 clicks
- Click-through rate of 1.34%
- 2,103 landing page views

NRHA Center for Rural Health Leadership

Rural hospital executive leadership turnover poses challenges such as operational disruption, weakened community relationships, and increased recruitment difficulties due to lower salaries and isolation. Financial constraints often exacerbate these issues, making it harder to retain talent. Effective succession planning, support systems for new leaders, and addressing work-life balance concerns are crucial for maintaining stability. By focusing on long-term strategic goals and developing internal talent, rural hospitals can better manage leadership transitions and ensure continued high-quality care.

As the complex knowledge required to excel in a rural hospital continues to grow, expert leaders at the National Rural Health Association (NRHA) Center for Rural Health Leadership came together to create a program to prepare executive leadership participants to excel in their positions and their rural facilities.

In FY23 WA Flex supported this valuable program for the second year in a row. The NRHA Rural Hospital Certification Program has certificates for specific executive leader roles. In this grant cycle WA Flex supported participants in the following certificate focus areas:



Participants in the NRHA Rural Hospital Certification Program have said that their confidence in finance, operations, clinical, and their own leadership grew significantly as a result of completing the program.

If you or your staff are interested in participating in one of the cohorts please reach out to us.

The program addresses three major obstacles:

Limited access to the necessary leadership training to be a top performing rural hospital executive.

The uniqueness and complexity of the necessary knowledge base continues to grow at a rapid rate.

The difficulty in acclimating to working with a rural Board.

4

WA Flex financially supported the participation of 4 hospital executives in FY23

POPULATION HEALTH



Community Health Needs Assessment

The Population Health Improvement program area has the primary goal of building CAH capacity to achieve measurable improvements in health outcomes. This requires collaboration with a variety of community members and businesses inside and outside of the healthcare realm. The Washington State Flex program is working to assist hospitals in community development, collaboration, planning, and execution of needs assessments followed up by improvement projects to address the identified community needs.

A community health needs assessment (CHNA) includes comprehensive data collection and analysis that identifies key health needs and issues for a community.

These assessments include cooperation with local health departments and jurisdictions, multiple hospitals and healthcare facilities within a county or geographical area, and contributions from community members and partners.

26 CAHs in Washington State are 501(c)(3) hospitals & are required to complete a community health needs assessment

The Flex program monitors CHNA compliance and offers technical assistance when needed. Additionally, our program uses these assessments to guide our work plan activities and ensure we are addressing the needs of WA State rural facilities and communities.

The Centers for Medicare and Medicaid Services (CMS) requires all CAHs with 501(c)(3) status to have an updated CHNA every three years.

CHNAs for rural areas in WA State often reveal several common themes due to the unique challenges faced by these communities. Addressing these themes involves a multi-faceted approach. Some of the prevalent themes include:

- Access to Healthcare Services
- Chronic Disease Management
- Mental Health and Substance Use
- Social Drivers of Health – transportation, infrastructure, employment and income, housing, food insecurity
- Aging Population Needs
- Community Engagement and Resources



85%

of CAHs have current community health needs assessments or are in the process of updating them

POPULATION HEALTH



2023-2024

Population Health Improvement Micro-funding Program

At the start of FY23 we began the eighth year of our annual competitive application process for CAHs to propose population health improvement projects. Accepted proposals receive a small amount of funding to assist with the costs of executing their proposals. For this year we had \$48,000 in funding and selected 6 projects that just completed their work in August.

This program was created to help support CAHs in planning and developing population health improvement projects. Rural health systems are reshaping their role to address health determinants and are exploring new ways of engaging in community projects.

The population health project has two distinct activity phases:

-  *Data Review and Partner Engagement* - Assess health risks and conditions of the local community, engage community partners, and strategize evaluation measures.
-  *Planning, Implementation, and Evaluation of Impact on Your Community* - As time allows - plan, execute, and evaluate the proposed improvement plan with identified measurable outcomes that show the impact of the project on their rural community.

A Sample of the FY23 Awarded Projects

Conduct a focused community health needs assessment for the immigrant population living in the community, with the end goal of developing a 5-year implementation plan that outlines critical needs and identifies resources needed to support this vulnerable population.

A transportation voucher program to increase access to healthcare and improve health outcomes of primary care clinic patients who are unable to secure reliable transportation. Overcoming this barrier will increase access improving overall community health.

Improve community food security through the development of an adequate food insecurity screening tool with the follow up resources for those that screen positive. Additionally, identifying and improving the resources available will further impact the community.

The key to this funding program is collaborating with community partners and organizations to impact community health outcomes

6

FY23
Funded
Projects

\$48K

FY23
Funding

64

Total number of
funded projects
in 8 years

POPULATION HEALTH

Health Equity

In FY23 (September 1, 2023 – August 31, 2024) the Washington State Hospital Association conducted an additional task as a part of our collaborative education and credentialing program. With the continued focus on health equity, population health, and diversity, equity, and inclusion, a needs assessment was conducted to determine the capacity of hospitals to address these topic areas. This information informed our Flex program work plan and competitive grant application to continue our valuable work. These are the results of that assessment –



93% 16 of 39 CAHs Responded

Support Needed

Data Collection: Determine how to effectively use collected data in rural areas where resources are scarce. Seek assistance with pulling reports, although EHR transition may complicate this. Improve charting and documentation prompts to better collect data and provide resources.

Programming: Develop strategies to make issues more tangible in training programs. Explore ways to maximize assistance in resource-poor areas.

Find innovative resources to assist patients facing social determinants of health challenges in resource-poor areas. Identify and share programs or resources that could benefit patients and the community, particularly in rural areas with limited resources.

Training and Leadership Needs: Expand training opportunities to a broader range of staff members. Develop and implement standardized trainings and modules addressing rural disparities as both a unique issue and an exacerbating factor for other disparities, bias, stigma, and discrimination. Offer training on compassionate care methods, including Adverse Childhood Experiences. Include training on diversity, LGBTQ health awareness, and basic SDOH identification and reporting.



Seven out of 16 hospitals provide trainings in →

- Cultural competency
- Bias, stigma, and discrimination
- LGBTQ health, gender identity, and use of pronouns

EMERGENCY MEDICAL SERVICES

Rural emergency medical services (EMS) encounter a range of challenges that impact their effectiveness and efficiency. Key issues include significant geographic barriers, with long distances between homes and medical facilities causing delays in emergency response. Limited resources, such as fewer ambulances and less advanced equipment, coupled with difficulties in recruiting and retaining skilled personnel, further strain these systems. Financial constraints, poor communication infrastructure, and inadequate training opportunities exacerbate these problems. Addressing these challenges requires innovative approaches, such as enhanced training, improved funding, and the adoption of telemedicine and other technologies to improve care delivery in rural areas.

Total Certifications in the program's 6 years

64

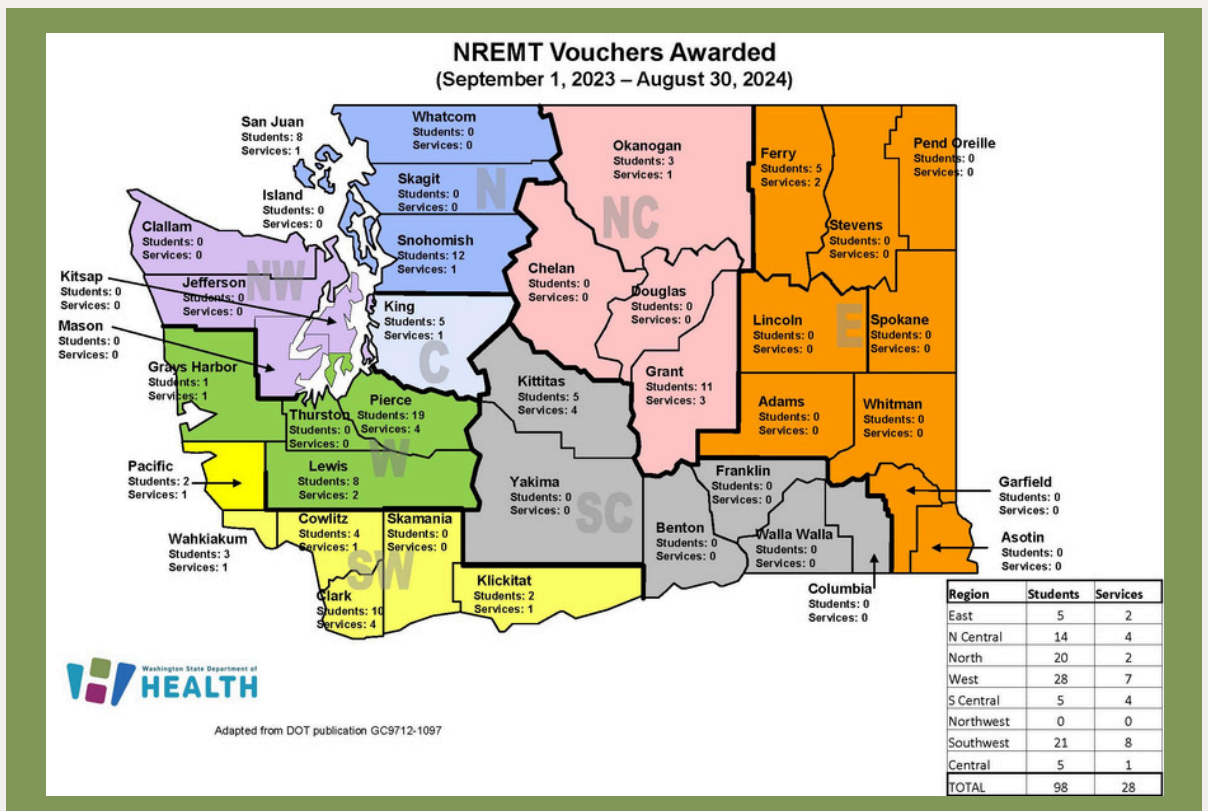
EMR

478

EMT

41

AEMT



As part of our Flex work, we partnered with the Emergency Care Systems Office at the Department of Health for the sixth year to purchase and distribute professional development opportunities for rural EMS staff. The purpose is to promote further recruitment and retention of rural EMS staff as well as allow current staff to continue to achieve necessary milestones to care for the rural residents in our state.

Certification Types

- Emergency Medical Responder
- Emergency Medical Technician
- Advanced Emergency Medical Technician

FY23

28

Participating Agencies

\$5,200

Funding Provided

EMERGENCY MEDICAL SERVICES

Rural Trauma Outcomes Performance Improvement

The injury mortality rate in rural communities is much higher when compared to urban areas. Approximately 50% of rural injury related deaths are potentially preventable. This is over a 10% increase when compared to potentially preventable injury deaths occurring in urban areas.

Forty percent of motor vehicle fatalities occur after the crash, either with EMS on-scene, in transport to the hospital, or after arrival to the hospital. In Washington, the majority of rural counties have a traffic fatality rate that exceeds the state average by at least two times, whereas most urban counties have a traffic fatality rate that is lower than the state average.

Knowing this, there is a need to ensure quality trauma care is occurring in our rural communities and systems are in place for robust evaluation and performance improvement work.

Society of Trauma Nurses Program

To help improve rural injury care in Washington, the WA Flex Program partnered with the DOH Emergency Care Systems Section - Trauma Program to sponsor 25 individuals to attend the Society of Trauma Nurses, Rural Trauma Outcomes Performance Improvement Course which is specifically designed for rural hospitals. The content is centered on a culture of safety, event identification, classification, data management, process improvement, and prevention and mitigation strategies.

25

Participants

3.4

Average years experience of participants

Participant Roles

Nurse - 21

Administrator - 2

Registrar - 2

Course Content

- ✓ Trauma Performance Improvement Patient Safety Infrastructure and Culture
- ✓ Culture of Safety and Conceptual Trauma Performance Improvement Plan
- ✓ Event Identification: Audit Filters, Core Measures, CPGs and the Levels of Review
- ✓ Classification System for Trauma PI Events Data
- ✓ Management, Foundation of PI Process
- ✓ Trauma Performance Improvement Reports
- ✓ Trauma Performance Improvement Committee Structure
- ✓ Action Plans: Prevention and Mitigation
- ✓ Event Resolution
- ✓ Case Scenario Review: Skills Practice

Flex EMS Supplemental Grant

Introduction to the Program

The goal of this supplemental funding is to expand upon the current Flex program by encouraging rural EMS agencies to educate staff and leadership on the importance of accurate reporting, and how it drives quality improvement efforts at the agency level. Improving and/or adding quality improvement activities allows EMS agencies to enhance clinical care, and find efficiencies which has the potential to both expand their ability to care for patients, and allow them to expand needed services. Additionally these supplements will serve as examples to other EMS agencies interested in this topic.

In 2018, our WA Flex program applied for this supplemental grant and have continued to be awarded through consecutive competitive cycles.

Flex EMS Supp Focus Area

The purpose of the EMS Supplement is to enable states to establish or expand programs for the provision of rural EMS by strengthening the EMS workforce in rural areas through recruitment, retention, and financial and operational strategies.

WA State FlexEMS Staff



John Nokes
Flex EMS Grant Manager

Participating Agencies



We are pleased that we were just awarded our 4th EMS Supplemental award which, for the first time, is a five year cycle.

In FY23 we completed our 3rd EMS supplement award totaling six years of rural EMS supplemental work.

In the last six years of supplemental work, funding focused on rural EMS quality improvement, data accuracy and validity, standardizing agency workflows, leadership development, and ultimately the sustainability of rural EMS services in our state.

The project's goal was to enhance the sustainability of rural EMS services by focusing on key attributes that drive success and organizational growth. It aimed to improve the quality of reports, data abstraction, and continuous quality improvement using methods like the Model for Improvement and PDSA cycles. Rural EMS teams tested and refined clinical practices to boost outcomes, supported by a Learning Action Network (LAN) of peer agencies and expert guidance.

Rural EMS Learning Action Network

Within these meetings, the department facilitates education provided by a variety of subject matter experts for enrolled participants and medical directors.

At the conclusion of each presentation, participants give a report of their current status by sharing successes, challenges and other items.

Medical oversight, direction, and input for the project is provided by eleven (11) department certified EMS physicians. The physicians are working 1:1 with their assigned EMS Service to validate QI plan, help validate data input, review KPI's and make recommendations for change.

This initiative resulted in a comprehensive resource repository to help other EMS agencies build their own quality improvement programs.

Challenges of the Work

As with most rural initiatives, capacity for improvement work is often low. Delays in securing the commitment from EMS physicians led to a truncated project period. Global work force challenges have greatly impacted rural EMS as it has other healthcare services.

To address these challenges, the program:

- Engaged with potential successors who are currently training with our physician medical program directors
- Engaged with physician medical program directors in other areas of the state that would be willing to provide oversight outside of their region

Quality Outcomes

- + Percent of Step 1 & 2 trauma patients transported to a designated trauma center increased from 76% to 86%
- + Percent of patients 35 years or older with suspected cardiac chest pain/discomfort or other ACS symptoms who received aspirin from EMS or had the aspirin protocol documented increased from 57% to 65%
- + Percent of suspected CVA/TIA patients with a FAST exam (i.e. neuro screening) performed and all elements documented or documentation of why an exam could not be completed increased from 63% to 81%

These are the measures we chose to highlight. There are several additional measures focused on quality improvement and increasing data reporting associated with this work.

Washington has one of the most advanced emergency medical services and trauma systems in the nation, home to the first Medic One and pioneering wilderness rescues. Despite a strong system, there are challenging rural conditions. Participating services have identified difficulty recruiting, barriers to training, lack of advanced personnel, aging out of volunteers and few strategies to attract younger volunteers, challenges with turnover, and denials of billing claims based on insufficient documentation. The Washington State Flex program and DOH Emergency Care System section are happy to report that we were awarded a 4th overall EMS Supplemental Grant award that will span five years. As we continue to make great strides with this additional funding, we are pleased to expand this work with farther reach and increased focus areas.

FY24-28 Approach

The Learning Action Network (LAN) model implemented in previous cycles will continue, fostering peer to peer learning. The WA LAN will serve the 12 participating rural EMS services, their leaders, team members, and communities.

76% of ground EMS services in WA State are located in rural communities

WA has 469 ground EMS services and 356 of those are in rural areas.

Additional focused work includes:

- Conduct a rural EMS workforce study
- Develop programs to improve recruitment and retention of rural EMS workforce
- Increase the number of advanced providers
- Establish/improve a billing process for EMS services

Evaluation and Impact

The department will oversee the project to improve rural EMS services, guided by a project manager and an EMS epidemiologist.

The initiative will start with baseline measurements and use self-reporting tools to collect data through surveys and peer meetings, focusing on successes and challenges. Key aspects include assessing staffing trends, recruitment effectiveness, and retention strategies, guided by previous baseline data and the "18 Attributes" tool.

The project will also monitor education capacity and review reimbursement practices to address billing inefficiencies. Data analysis and continuous quality improvement will support enhanced recruitment, retention, and billing practices over five years, with findings to be shared statewide and nationally.

Small Rural Hospital Improvement Program (SHIP)

Introduction to WA State SHIP

The Small Rural Hospital Improvement Program (SHIP) is a federal initiative aimed at supporting small rural hospitals in the United States to improve their operational and financial performance. Administered by the Health Resources and Services Administration (HRSA), SHIP provides grants and resources to help these hospitals enhance their capacity, efficiency, and quality of care.

Eligibility

Participating hospitals must be designated as a rural or critical access hospital. Funding provided must be used to comply with MBQIP reporting requirements and ICD11 readiness prior to utilizing funding for other allowable investment activities.

SHIP Focus Areas

- Improving patient safety and quality of care.
- Enhancing financial management and operational efficiency.
- Expanding access to telehealth and other innovative technologies.
- Strengthening care coordination and integration with other healthcare providers.

Investment Categories

Hospitals often participate in more than one investment category

- Value Based Purchasing (VBP)
- Accountable Care Organization (ACO) or Shared Savings
- Payment Bundling (PB) or Prospective Payment System (PPS)

SHIP funding support encompasses a range of training and software related to various healthcare improvement initiatives. Activities allowable under these categories include quality reporting, MBQIP data collection, and QI training. SHIP also supports education and tools for Provider-Based Clinic quality measures and alternative payment models. Other activities include training and resources for, population health management, social drivers of health, telehealth, antibiotic stewardship, community paramedicine, and Health Information Technology (HIT), price transparency and more.

Washington State SHIP Staff

The SHIP grant is managed internally by the Flex Grant Program Staff. In FY24 we hope to bring on a staff member that is dedicated to the management of the SHIP grant and diving deeper into program processes to better serve our hospitals.

45

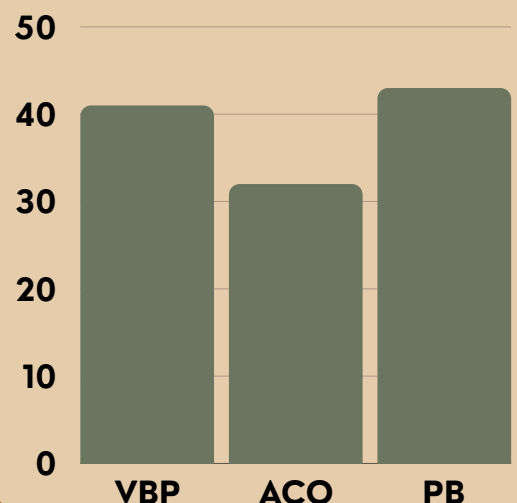
Eligible
Hospitals

43

Participating
Hospitals

Participation in Each Investment Category

● Number of Hospitals



SHIP HIGHLIGHT

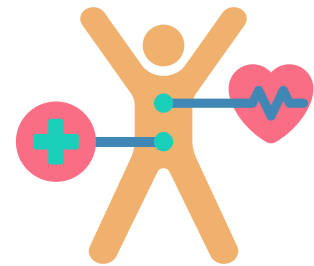
Hospital Highlights

Value Based Purchasing

As a part of VBP activities, one hospital continued to invest in data and analytics infrastructure to promote high quality, lower cost care. This includes necessary staff for data collection and analysis, data platforms, and data visualization software. They continue to invest heavily in leadership development for both administrative leaders and physician leaders to continue to improve performance on value-based quality measures.

Impacts of the Work

- » Improved breast cancer screening
- » Reducing disparities among minority populations
- » Improved blood pressure control
- » Improved depression and fall risk screening
- » Increased well child, well adolescent, and adult wellness exams



Accountable Care Organization or Shared Savings

As part of their commitment to participating in an ACO, one hospital continues to track and report data aimed at improving patient outcomes and reducing healthcare costs. Notable activities include their comprehensive care, chronic disease management, and patient engagement programs. Overall these programs align with the ACO's goals of enhancing care quality, improving patient outcomes, and reducing healthcare costs.

Impacts of the Work

- » Improved patient outcomes - *better chronic disease management, reduced hospital readmissions*
- » Enhanced patient satisfaction and engagement - *patient centered care, increased patient engagement*
- » Cost savings - *reduced healthcare costs*
- » Enhanced care coordination, compliance and quality metrics - *meeting ACO benchmarks, improved health metrics*



Payment Bundling or Prospective Payment System

Most hospitals selecting this menu item are investing in training, software, and other resources for ICD-11 implementation. Additionally, efforts towards maintaining compliance with ongoing CMS price transparency requirements. This includes contracting with vendors and consultants to provide recommendations and contract monitoring related to price transparency compliance.

STRATEGY, INNOVATION, AND PARTNERSHIP



- ▶▶ 2024 Northwest Rural Health Conference
- ▶▶ Rural Access to Safe Deliveries Work Group
- ▶▶ Rural Hospice Access
- ▶▶ Washington Rural Palliative Care Initiative (WRPCI)
- ▶▶ Rural Nursing Education Program (RNEP)
- ▶▶ Grow Your Own Toolkit (GYO)



NORTHWEST RURAL HEALTH CONFERENCE

Rural Health: Stronger Together

Every year the WA-SORH supports the planning and execution of a rural regional conference. The annual Northwest Rural Health Conference (NWRHC) is a premier event dedicated to advancing rural healthcare. This collaborative conference brings together expert speakers from across the country, dynamic sessions, and ample networking opportunities for professionals working in or supporting rural communities. Behind this event is a dedicated committee of rural health experts, countless hours of planning, a skilled conference management team, and the support of numerous sponsors and exhibitors. We want to acknowledge and celebrate the culmination of their hard work and we look forward to another impactful conference in 2025.

Session Themes

- ✦ Aging Health
- ✦ Tribal Healthcare
- ✦ Pediatric Care
- ✦ Board of Health
- ✦ Survey Readiness
- ✦ Rural Nursing Education
- ✦ Infection Prevention
- ✦ Rural EMS
- ✦ RHC Nuts and Bolts
- ✦ DEI Training
- ✦ Billing Practices
- ✦ Chart Review
- ✦ Rural Veteran Suicide Prevention
- ✦ Rural Healthcare Workforce Strategies
- ✦ Supporting Community Health Workers
- ✦ Program Evaluation
- ✦ Addressing Financial Challenges
- ✦ Latinx Rural Workforce
- ✦ Engaging Multicultural Communities

Thank you to our Planning Committee Partners

Washington State Department of Health
University of Washington
Department of Social and Health Services
Mason County Public Health
Washington Rural Health Association
Area Health Education Center of Western WA
Echo Events Conference Management
Eastern Washington University
Oregon State Office of Rural Health
Fred Hutchinson Cancer Research Center
CHAS Health

\$90,000
WA-SORH
Scholarship Support

133
Scholarships Given

500
Total Conference
Attendees

34
CAHs Attending

17
Attending EMS Agencies

4 Pre-Conference Sessions

36 Breakouts

1 Plenary

2025 NWRHC Registration
Open Soon

RURAL ACCESS TO SAFE DELIVERIES WORK GROUP

Addressing the current crisis in rural labor, delivery, & obstetrics services

Washington is experiencing both a workforce shortage and a “maternity care desert” crisis which is affecting rural hospitals. In 2023, three hospitals closed their labor and delivery services with the threat of others to follow. This was caused by workforce shortages, low labor and delivery volumes hindering the ability to maintain necessary skills, coupled with the high expense and low reimbursement from Medicaid. These events triggered a statewide work group to form led by the Washington State Department of Health: Perinatal Unit and State Office of Rural Health, Washington State Hospital Association, Washington State Health Care Authority, and The Rural Collaborative.

The main goals of the OB workgroup are to improve access to safe deliveries for rural parents and to maintain services in communities at risk of closure or work on reopening services that have already closed.

The Crisis

41%
of WA CAHs **DO NOT** offer obstetrics, labor, and delivery services

Factors contributing to this crisis:

- 📌 Provider shortages
- 📌 High workloads and burnout
- 📌 Limited access to facilities
- 📌 Financial constraints
- 📌 Education and Training

Of the 39 CAHs, 24 do not offer L&D.

Of the 15 CAHs that do offer L&D, five deliver fewer than 100 births per year.

Laboring mothers may lack the transportation to drive a longer distance to a hospital with L&D services, or face delivering in an Emergency Department.

On average it is 34 miles to the nearest labor and delivery service for those communities that lack OB L&D services in the local CAH.

While Perinatal Mortality (defined as death of a person while pregnant or in the first year after delivery) is a rare event, it is 40 percent higher among rural residents of WA when compared to urban.

Perinatal Mortality is 40% higher among rural residents of WA when compared to urban

RURAL ACCESS TO SAFE DELIVERIES WORK GROUP

Accomplishments

The Partners

Washington State
Department of Health:
Perinatal Unit

WA State Office of
Rural Health

Washington State
Hospital Association

Washington State
Health Care Authority

The Rural
Collaborative

In January 2023, this work group convened to begin addressing challenges in maternity services focusing on rural labor and delivery units. An action forum was held to discuss risks and strategies, and convened again a year later in March 2024 to review services and discuss strategies.

Key priorities identified included training and resource sharing, needs for cross-hospital case reviews, equipment sharing, and skill validation, leading to a contract with WSHA for mobile simulation training through September 2025.

In 2024, rural providers began meeting monthly to develop solutions and provide recommendations. Additional priorities include creating RN and MD locum pools, advocating for better reimbursement, establishing transfer agreements, expanding remote monitoring, increasing CNM scope of practice, and developing a rural OB training track for nurses.

NEXT STEPS

The Perinatal Unit at DOH received a 5-year HRSA Maternal Health Innovations (MHI) grant to implement innovative strategies to address maternal mortality and morbidity in Washington State. Through strategic planning, the MHI taskforce consisting of state agency partners and stakeholders identified 5 main priority areas, one being rural access. The rural access workgroup will serve as a subcommittee under the MHI taskforce and using the priorities identified will develop a strategic workplan to fund and implement solutions identified.

Contact



Talia Horacek
Data Communications
and Perinatal
Collaborative
Coordinator

Collective Conversations

Addressing Rural Hospice Access Challenges

The Washington State Office of Rural Health conducted a "Collective Conversations" listening session to address critical issues related to hospice access in rural communities. This initiative was driven by the growing concern over limited or non-existent hospice services in many rural areas, exacerbated by geographic, staffing, and resource constraints.

57

Attendees at listening session



Innovation

The session was an innovative step towards understanding and addressing the unique challenges faced by rural communities in accessing hospice care. By bringing together stakeholders from across the healthcare spectrum, the session highlighted the critical need for tailored solutions to improve hospice service delivery. The discussions underscored the importance of leveraging local community networks and exploring new models of care to bridge service gaps.

Strategy

Key strategies discussed during the session include:



- **Enhancing Local Hospice Services:** The need to develop infrastructure that supports the provision of hospice services within rural communities, reducing the need for patients to travel long distances.
- **Improving Broadband and Telehealth Access:** Recognizing the role of reliable broadband in enabling telehealth services, which could extend hospice care to remote areas.
- **Regulatory Flexibility:** Streamlining the process for patient-specific exemptions to facilitate timely access to hospice services, even when local providers are unavailable.
- **Building Support Networks:** Strengthening community and organizational support systems to supplement formal hospice services, especially in underserved regions.

Collective Conversations

Addressing Rural Hospice Access Challenges



Partnership

The success of this initiative is grounded in the collaborative efforts of various stakeholders, including the Washington Rural Palliative Care Initiative, the Washington State Hospice and Palliative Care Organization, and local community networks. These partnerships are crucial in identifying and implementing practical solutions to the challenges of hospice care in rural areas.

Next Steps

Following the session, a workgroup will be convened to continue exploring innovative solutions and to address the identified challenges. This collaborative approach aims to ensure that all patients, regardless of their location, can access the hospice care they need.

Washington

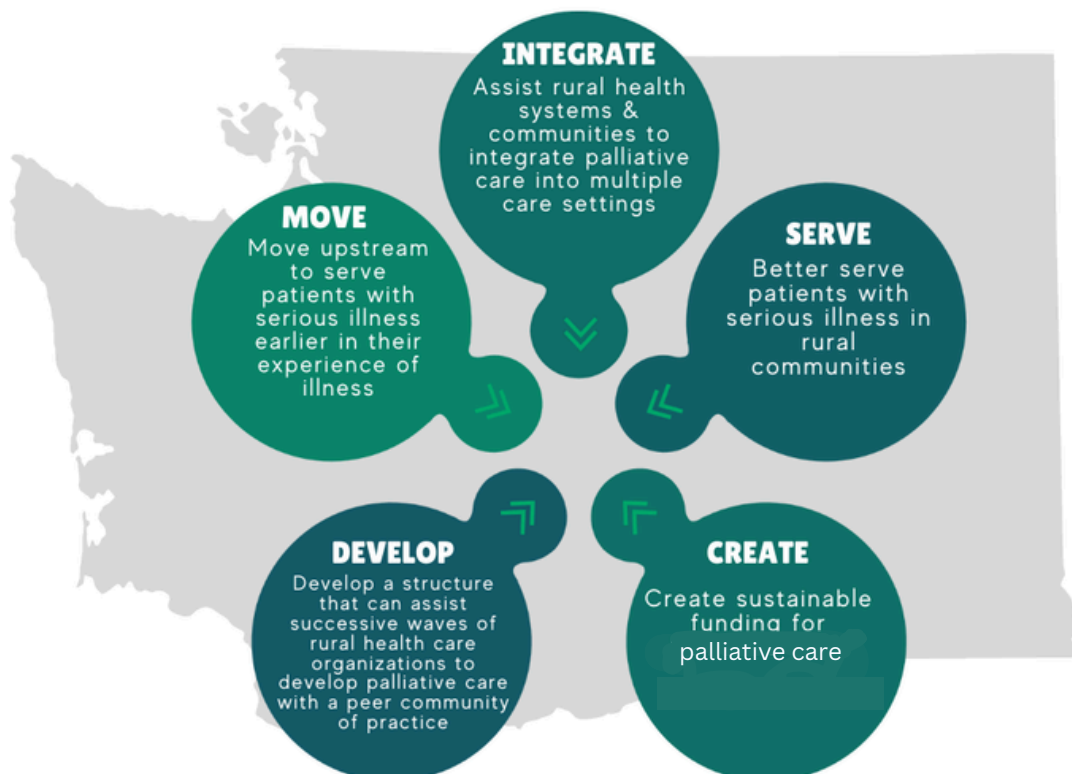
Rural Palliative Care Initiative



The Washington Rural Palliative Care Initiative (WRPCI), led by the Washington State Office of Rural Health (SORH), is a collaborative effort aimed at enhancing the delivery of palliative care services to patients with serious illnesses in rural communities. This initiative brings together 19 organizations in a public-private partnership to support rural health systems and communities in integrating palliative care across various settings, including emergency departments, inpatient facilities, skilled rehabilitation centers, home health, hospice, primary care, and long-term care.

Palliative care is a specialized approach designed to provide relief from the symptoms and stress associated with serious illnesses, regardless of the diagnosis. It focuses on improving and sustaining the quality of life for patients, their loved ones, and other care companions. This type of care is appropriate for individuals of any age and can be provided alongside active treatments at any stage of a serious illness. The palliative care team plays a crucial role in promoting patient autonomy by helping patients and families understand their illness, providing access to information, and supporting informed decision-making about their care.

WRPCI OVERARCHING GOALS

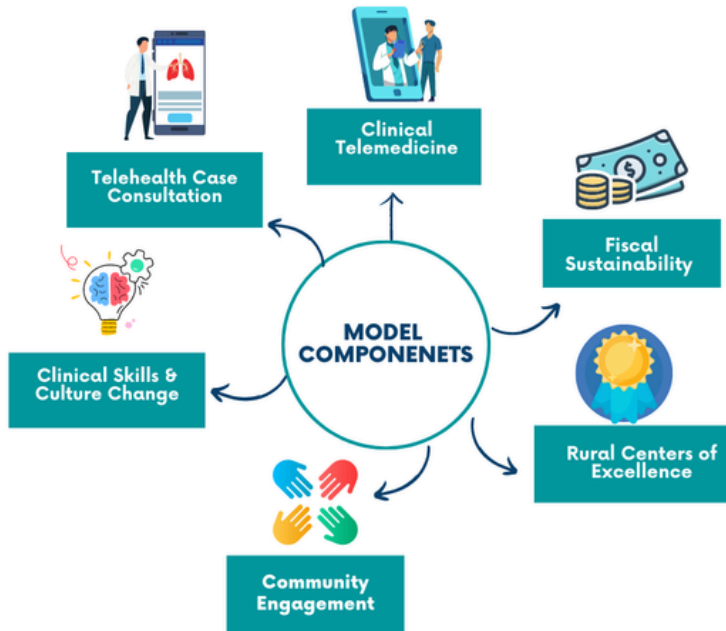


Washington

Rural Palliative Care Initiative



WRPCI MODEL COMPONENTS



The **Palliative Care: Rural Health Integration Advisory Team (PC-RHIAT)**

guides the Washington Rural Palliative Care Initiative, engaging several rural communities within three cohorts.

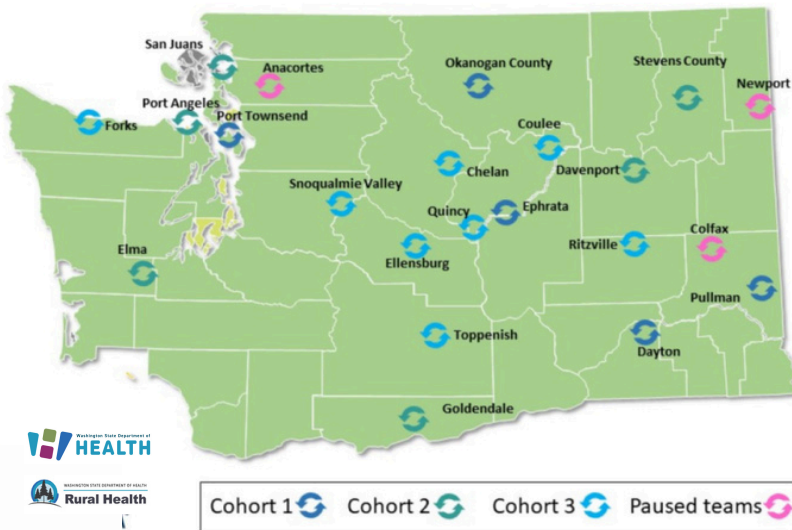
The Telehealth Case Consultation and Clinical Telemedicine Work Group continues to implement a telehealth case consultation program using an expert palliative care interdisciplinary team on a HIPAA-compliant web-based platform:

⇒ The palliative care cohort site teams participate in a team-based case consultation pilot, designed to develop a learning community over a six-month period with 12 sessions.

⇒ A nursing coordinator screens and organizes the cases from the sites, prepares the expert team, and facilitates the consultation process.

⇒ Plan-do-study-act (PDSA) cycles have created a culture of continuous improvement. Each session is followed by a staff and panelist debrief.

PC-RHIAT COHORTS



This work has continued throughout the last four years with continuous process changes for improvement. There are three participating cohorts. Some hospitals have had to pause work due to various reasons, but still participate to the level their current capacity allows.



PALLIATIVE CARE ROADMAP
(Free Resource at the Portal)

Find more information about this initiative in the [Palliative Care Portal](#)

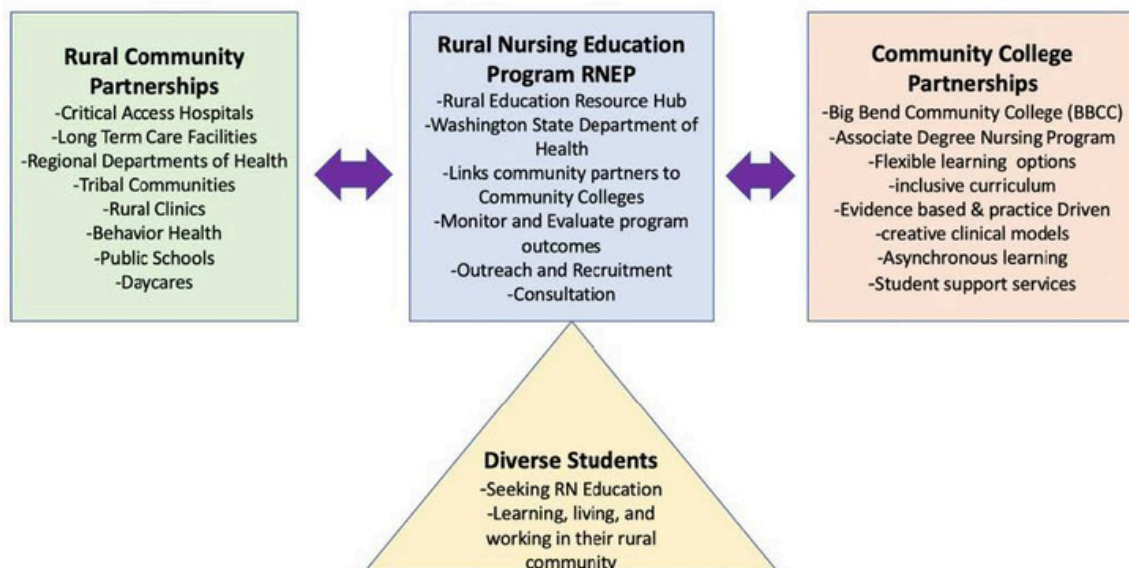
Strengthening Rural Healthcare: The Rural Nursing Education Program (RNEP)

The Rural Nursing Education Program (RNEP) is a strategic initiative aimed at increasing the nursing workforce in rural Washington State by providing fully remote access to associate degree nursing education. This program addresses the critical shortage of nurses in rural and underserved areas by eliminating barriers such as geographic isolation, financial constraints, and lack of local support systems. By offering flexible online learning options and robust student support services, RNEP ensures that aspiring nurses in rural communities can pursue their education without the need to relocate or bear additional expenses.

RNEP operates within a "Grow Your Own" framework, focusing on recruiting local students and fostering strong partnerships between academic institutions, rural healthcare facilities, and the communities they serve. This approach not only provides relevant clinical experience in familiar settings but also promotes long-term retention of nurses in rural areas. The program's emphasis on diversity, equity, and inclusion ensures that the nursing workforce reflects the evolving patient populations in these communities, ultimately improving healthcare access and outcomes.

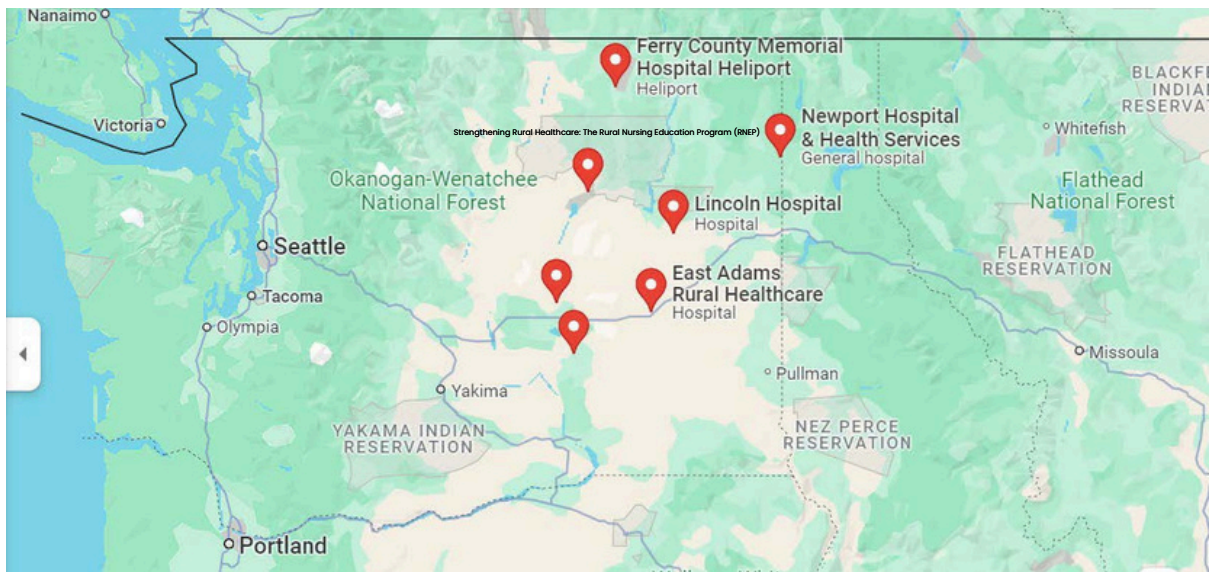
RNEP's comprehensive approach to nursing education is designed to build a dedicated and diverse workforce capable of meeting the unique healthcare needs of rural populations. Through targeted recruitment, community-based training, and strong support systems, the program is poised to make a lasting impact on rural healthcare in Washington State.

Washington State Rural Nursing Education Program (RNEP) Framework



Strengthening Rural Healthcare: The Rural Nursing Education Program (RNEP)

RNEP will be implemented in the rural communities of Othello, Grand Coulee, Ritzville, Newport, Republic and Davenport which are centered around the CAHs in these communities.



Key Accomplishments

In 2023, RNEP made significant progress with the support of state funding



Hiring of key personnel

6

CAHs joined as clinical partners, offering local placements and job opportunities for nursing students



Conversion of Big Bend Community College's associate degree program to a remote format.



Investment in technology, such as Virtual Simulation Technology, further enhances the quality of distance learning, ensuring rural students receive comprehensive and practical instruction.

Project Contact



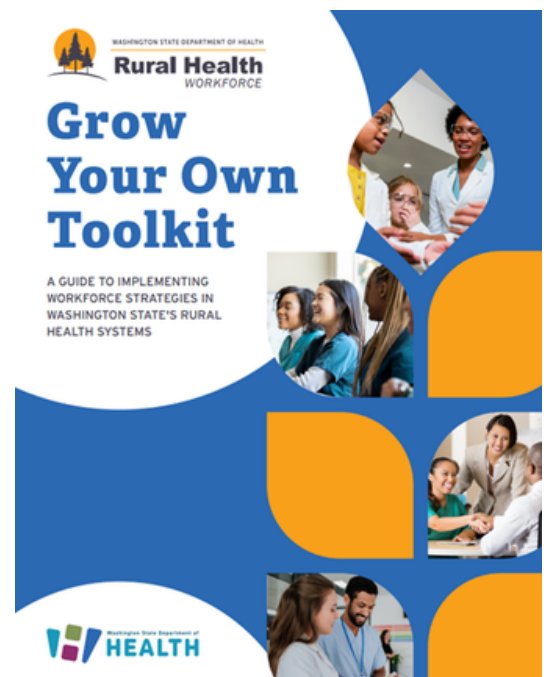
Kelly Shaw, MPH

Director, Health Workforce and Primary Care Systems Development
Center for Health Systems and Workforce Transformation
Executive Office of Healthcare Innovation and Strategy
Kelly.Shaw@doh.wa.gov

Rural Health Workforce

Grow Your Own (GYO) Toolkit

In response to the persistent workforce shortages within Washington State's rural health care systems, the Washington State Department of Health's (DOH) Rural Health Workforce team developed the "Grow Your Own Toolkit." This innovative resource is designed to support rural health facilities in addressing staffing challenges through long-term, sustainable workforce development strategies.



Innovation

The "Grow Your Own" initiative represents a pioneering approach to workforce development, emphasizing the importance of cultivating talent from within the community. By providing tailored educational and training pathways, the toolkit enables residents to pursue careers in healthcare, ensuring that rural facilities are staffed by individuals who are both qualified and deeply connected to the community they serve.



Strategy

The toolkit outlines several key strategies for workforce development, including:

- **K-12 Youth Programs:** Introducing students to health careers through hands-on experiences.
- **Scholarships and Tuition Reimbursement:** Financial support for students and employees pursuing healthcare education.
- **Apprenticeships and On-the-Job Training:** Programs that offer practical experience while fostering skill development.
- **Collaborations:** Partnerships with public schools, community colleges, universities, and various organizations to support workforce development.

These strategies are aimed at creating a robust pipeline of healthcare professionals equipped to meet the unique challenges of rural practice.

Rural Health Workforce

Grow Your Own (GYO) Toolkit



Partnership

The success of the toolkit is underpinned by extensive collaboration with numerous stakeholders across the state. The development process involved engagement with rural health facility leaders, educational institutions, community organizations, and policy makers. Their collective input has shaped a comprehensive resource that reflects the diverse needs of Washington's rural communities.

Key partners include:

- CHAS Health
- Columbia County Health System
- Lake Chelan Health
- Mason Health
- The Washington Association of Community Health (WACH)
- Area Health Education Centers (AHECs)

This toolkit not only addresses current workforce shortages but also provides a framework for sustainable growth, helping to ensure the long-term viability of rural health services in Washington State.

Project Contact



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CHALLENGES & OPPORTUNITIES

2023–2024

In 2023–2024, the Washington State Office of Rural Health (WA-SORH) encountered several significant challenges as it pursued its mission to ensure equitable healthcare for all rural residents. These challenges are emblematic of the broader struggles faced by rural healthcare providers nationwide, yet they also present unique opportunities for innovation and improvement.

1. Workforce Shortages: One of the most pressing challenges is the persistent shortage of healthcare professionals in rural areas. Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs) face difficulties in recruiting and retaining qualified staff, including physicians, nurses, mental health professionals, and other specialized providers. This shortage is exacerbated by the rural setting's inherent challenges, such as geographic isolation, lower salaries compared to urban areas, and limited professional development opportunities. The result is longer wait times for patients, reduced access to essential healthcare services, and increased strain on the existing healthcare workforce. However, this challenge also presents an opportunity for WA-SORH to lead innovative recruitment and retention initiatives. By leveraging programs like the 3RNET Academy and collaborating with educational institutions, WA-SORH can create a more robust pipeline of healthcare professionals dedicated to serving rural communities. Additionally, the expansion of telehealth services can help mitigate some of the impacts of these workforce shortages by providing patients with remote access to care.

2. Financial Sustainability: Financial sustainability continues to be a critical issue for rural healthcare providers. Many RHCs and CAHs operate on thin margins and are vulnerable to changes in reimbursement models, particularly those tied to value-based care initiatives. The rising costs of healthcare delivery, coupled with limited financial resources, place immense pressure on rural facilities to maintain their operations while striving to improve the quality of care. Furthermore, the complexity of healthcare billing, coupled with frequent changes in reimbursement policies, poses additional challenges for rural providers. Despite these financial pressures, WA-SORH has identified opportunities to support rural healthcare facilities through targeted financial assistance and operational improvement programs. By optimizing billing and coding practices, offering financial management training, and advocating for policies that support rural healthcare sustainability, WA-SORH can help these facilities navigate the financial landscape more effectively. Additionally, the office's ongoing efforts to secure funding through the Medicare Rural Hospital Flexibility (Flex) Program and the Small Rural Hospital Improvement Program (SHIP) will continue to provide critical support for rural healthcare providers.

CHALLENGES & OPPORTUNITIES

2023–2024

3. Limited Access to Specialized Care: Access to specialized care remains a significant challenge for rural residents, who often have to travel long distances to receive services such as mental health care, chronic disease management, and specialized surgical procedures. This lack of access can lead to delayed diagnoses, worsened health outcomes, and increased reliance on emergency care services. Moreover, the shortage of specialists in rural areas further exacerbates this issue, as many specialists prefer to practice in urban settings where there are more professional opportunities and higher compensation. In response, WA-SORH has focused on expanding telehealth services to bring specialized care closer to rural patients. The success of telehealth initiatives in behavioral health, for instance, demonstrates the potential to overcome geographic barriers and provide timely, high-quality care to underserved populations. Additionally, WA-SORH's emphasis on community health needs assessments and targeted technical assistance programs offers a pathway to identify and address specific gaps in specialized care, ensuring that rural communities have access to a broader range of health services.

4. Programmatic Alignment and Quality Improvement: Another challenge lies in the need for greater internal programmatic alignment to ensure that all WA-SORH initiatives are strategically coordinated to maximize their impact on rural healthcare quality. As healthcare delivery becomes increasingly complex, there is a growing demand for programs that not only address immediate needs but also contribute to long-term improvements in healthcare quality across RHCs and CAHs. This challenge is compounded by the evolving regulatory landscape, which requires rural providers to meet stringent quality reporting and patient care standards. However, this also presents an opportunity for WA-SORH to enhance its focus on quality improvement by aligning its various programs more closely with its overarching mission. By integrating efforts across different program areas, WA-SORH can create a more cohesive strategy that effectively addresses the unique challenges faced by rural healthcare providers. This approach will not only improve patient outcomes but also ensure that rural facilities are well-prepared to meet future healthcare demands.

CHALLENGES & OPPORTUNITIES

2023-2024

5. Geographic and Demographic Barriers: Rural Washington is characterized by its diverse geography, which includes remote and isolated communities spread across vast areas. This geographic isolation often results in significant barriers to healthcare access, including long travel times to healthcare facilities, limited availability of public transportation, and challenges in emergency response times. Additionally, rural communities tend to have older populations, higher rates of chronic conditions, and a greater percentage of residents living in poverty, all of which contribute to increased healthcare needs. Despite these challenges, WA-SORH sees opportunities to tailor its programs to better address the unique needs of these communities. By leveraging data from community health needs assessments, WA-SORH can develop targeted interventions that address specific local challenges, such as expanding mobile health services, increasing telehealth adoption, and strengthening local emergency response capabilities.

6. Community Engagement and Collaboration: Finally, engaging rural communities and fostering collaboration among healthcare providers, local organizations, and government agencies remains both a challenge and an opportunity. Building trust and encouraging active participation from community members is essential for the success of healthcare initiatives, yet it can be difficult in rural areas where resources are limited and healthcare systems are often fragmented. However, WA-SORH has the opportunity to lead the way in creating more integrated and community-driven healthcare models. By strengthening partnerships with local organizations, enhancing public health education efforts, and involving community leaders in the planning and implementation of healthcare programs, WA-SORH can ensure that its initiatives are well-received and effectively meet the needs of rural populations.

While the challenges facing rural healthcare in Washington State are significant, they are not insurmountable. WA-SORH remains steadfast in its commitment to addressing these challenges head-on, leveraging opportunities for innovation, and driving equitable healthcare solutions across the state's rural communities. By focusing on workforce development, financial sustainability, access to specialized care, quality improvement, and community engagement, WA-SORH is poised to continue making a meaningful impact on the health and well-being of Washington's rural residents.

FUTURE GOALS & PLANS

LOOKING AHEAD

As the Washington State Office of Rural Health (WA-SORH) looks toward the future, the office is driven by a commitment to its vision of transforming rural healthcare across Washington State. Building on the progress made in 2023-2024, WA-SORH has outlined a comprehensive set of goals and plans that will guide its efforts in the coming years. These initiatives are designed to address the most pressing challenges facing rural healthcare providers and to capitalize on emerging opportunities for innovation and improvement.

1. Expansion of Telehealth Services: Telehealth has emerged as a vital tool for enhancing healthcare access in rural areas, and WA-SORH is dedicated to further expanding these services. The office plans to extend telehealth capabilities to reach even the most remote and underserved regions of the state. This expansion will focus on increasing the availability of telehealth services in key areas such as mental health, chronic disease management, palliative care, hospice, and specialty care. Additionally, WA-SORH aims to enhance the quality and integration of telehealth services by working closely with healthcare providers to standardize practices, improve technological infrastructure, and ensure that telehealth offerings are seamlessly integrated into existing care models. By doing so, the office seeks to reduce the healthcare disparities that exist between urban and rural communities and to ensure that all residents have access to timely, high-quality care, regardless of their location.

2. Strengthening Workforce Development and Recruitment: Addressing workforce shortages remains one of WA-SORH's top priorities. The office plans to intensify its efforts to recruit and retain healthcare professionals in rural areas by expanding existing programs and introducing new initiatives. This includes enhancing partnerships with educational institutions to create pipelines for training and placing healthcare workers in rural settings. WA-SORH will also continue to support certification and training programs, such as the 3RNET Academy and National Rural Health Association (NRHA) certification courses, to equip rural healthcare providers with the skills and knowledge they need to thrive. Furthermore, the office plans to explore innovative recruitment strategies, such as offering loan repayment assistance, housing incentives, and flexible work arrangements to attract healthcare professionals to rural communities. By focusing on both recruitment and retention, WA-SORH aims to build a sustainable healthcare workforce that can meet the evolving needs of rural populations.

FUTURE GOALS & PLANS

LOOKING AHEAD

3. Enhancing Financial Sustainability and Operational Efficiency: Ensuring the financial sustainability of rural healthcare providers is critical to maintaining access to essential services. WA-SORH will continue to provide financial support through the Medicare Rural Hospital Flexibility (Flex) Program and the Small Rural Hospital Improvement Program (SHIP). Moving forward, the office plans to focus on optimizing reimbursement processes, improving financial management practices, and promoting the adoption of value-based care models that align financial incentives with high-quality patient outcomes. This will involve providing targeted technical assistance to help rural facilities navigate the complexities of healthcare billing, comply with changing reimbursement policies, and manage costs effectively. Additionally, WA-SORH will support rural providers in adopting new technologies and operational improvements that enhance efficiency and reduce costs. The office will also advocate for policy changes at the state and federal levels that support the financial stability of rural healthcare providers and ensure that they have the resources needed to continue serving their communities.

4. Increased Focus on Quality Improvement Across Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs): WA-SORH is committed to fostering a culture of continuous quality improvement within RHCs and CAHs. As part of this effort, the office plans to undertake a comprehensive review of its internal programs to ensure that they are aligned with the overarching goal of improving healthcare quality across the state. This review will involve evaluating the effectiveness of current initiatives, identifying areas for greater integration and coordination, and making necessary adjustments to enhance the impact of the office's efforts. WA-SORH will also provide additional resources and technical assistance to support RHCs and CAHs in meeting new quality reporting requirements, implementing best practices, and participating in quality improvement programs. The office will work closely with healthcare providers to identify and address specific areas for improvement, such as reducing hospital readmissions, enhancing patient safety, and improving care coordination. By aligning its programs more closely with this quality-focused mission, WA-SORH aims to create a more cohesive and effective strategy for supporting rural healthcare providers and improving patient outcomes.

5. Advancing Population Health Initiatives: Improving population health is a key focus for WA-SORH as it seeks to address the unique health challenges faced by rural communities. The office plans to expand its population health initiatives, building on the success of programs like the Veteran Suicide Prevention Training and the FAST-B Program for pediatric behavioral health.

FUTURE GOALS & PLANS

LOOKING AHEAD

These initiatives will be scaled to reach more communities and address a broader range of health issues, including chronic disease prevention, maternal and child health, and substance use disorder treatment. WA-SORH will also explore new opportunities to engage communities in preventive health measures and wellness programs, leveraging data from community health needs assessments to tailor interventions to the specific needs of each population. By working closely with local organizations, community leaders, and healthcare providers, WA-SORH aims to create a more integrated and responsive approach to population health that improves health outcomes and reduces disparities in care.

6. Enhancing Programmatic Alignment and Internal Collaboration: To maximize the impact of its initiatives, WA-SORH plans to focus on improving internal programmatic alignment and collaboration. The office will undertake a thorough review of its programs to identify areas where efforts can be better coordinated, and resources more effectively utilized. This will involve streamlining processes, enhancing communication between program areas, and fostering a culture of collaboration within the office. By aligning its programs more closely with its strategic goals, WA-SORH aims to create a more cohesive and efficient organization that is better equipped to address the complex challenges of rural healthcare. This alignment will also enable the office to respond more effectively to emerging needs and opportunities, ensuring that its efforts are always focused on achieving the greatest possible impact for rural communities.

7. Building Strategic Partnerships and Embracing Innovation: WA-SORH recognizes that collaboration and innovation are essential to driving meaningful change in rural healthcare. The office plans to continue building strategic partnerships with a wide range of stakeholders, including healthcare providers, educational institutions, government agencies, and community organizations. These partnerships will be key to expanding the reach and impact of WA-SORH's initiatives, as well as to fostering the exchange of knowledge and best practices. The office will also embrace innovation as a core component of its strategy, exploring new technologies, care models, and service delivery methods that can enhance the quality and accessibility of healthcare in rural areas. By staying at the forefront of healthcare innovation, WA-SORH aims to ensure that Washington's rural communities have access to the best possible care, today and in the future.

As WA-SORH moves forward, these future goals and plans reflect the office's unwavering commitment to ensuring that all rural communities in Washington State receive the sustainable, innovative, and equitable healthcare they deserve. With a clear focus on expanding access to care, improving healthcare quality, strengthening the healthcare workforce, and fostering collaboration and innovation, WA-SORH is well-positioned to continue making a meaningful impact on the health and well-being of rural residents across the state.



Partnerships



Acronyms



PARTNERSHIPS

Washington State Office of Rural Health Partnerships

America Learning Collaborative
Association of WA Public Hospital Districts
Cambia Health Foundation
Center for Advanced Palliative Care
Centers for Medicare & Medicaid Services
Grand Columbia Health Alliance
Health Care Authority
Health Facilities Planning
National Governors Association Improving Maternal & Child Health in Rural
National Association of Rural Health Clinics
National Organization of State Offices of Rural Health
National Rural Health Association
NW Telehealth Resource Center
The Rural Collaborative
Rural Health Clinic Association of Washington
Substance Abuse & Mental Health Services Administration
Veteran Integrated Services Network
WA DOH Suicide Prevention & 988 Crisis Line
WA DOH Certificate of Need
WA DOH EMS & Trauma Care
WA DOH Healthcare Associated Infections & Antimicrobial Resistance
WA DOH Rural EMS
WA Rural Health Association
WA State Department of Commerce
WA State Department of Health and Social Services
WA State Department of Veteran's Affairs
WA State Hospital Association
WA State Office of Insurance Commissioner
WA Governor's Office for Maternal and Child Health
Washington Chapter of American Academy of Pediatrics
Washington Healthcare Access Alliance
Washington State Hospice & Palliative Care Organization

ACRONYMS

Commonly used acronyms within the State Office of Rural Health and our partners.

A

ACH - Accountable Communities of Health
ACO - Accountable Care Organization
AE - Adverse Events

B

BRFSS - Behavioral Risk Factor Surveillance System (Pronounced Berfus)

C

CAH - Critical Access Hospital
CART - Data Abstraction Tool
CDC - Centers for Disease Control and Prevention
CHC - Community Health Center
CHNA - Community Health Needs Assessment
CMS - Centers for Medicare & Medicaid
C of N - Certificate of Need

D

ED - Emergency Department
EDTC - Emergency Department Transfer Communications
EHR - Electronic Health Record
EMS - Emergency Medical Services
EMT - Emergency Medical Technician

E

Flex - Medicare Rural Hospital Flexibility Program
FMT - Flex Monitoring Team

F

FORHP - Federal Office of Rural Health Policy
FSLRP - Federal-State Loan Repayment Program
FTE - Full Time Employee
FQHC - Federally Qualified Health Center

ACRONYMS

Commonly used acronyms within the State Office of Rural Health and our partners.

H

HCAHPS - Hospital Consumer Assessment of Healthcare Providers & Systems
HHS - U.S. Department of Health and Human Services
HIT - Health Information Technology
HPLRP - Health Professional Loan Repayment Program
HPSA - Health Professional Shortage Area
HRSA - Health Resources and Services Administration

I

IMT - Incident Management Team

J

K

L

L&D - Labor & Delivery
LHJ - Local Health Jurisdiction
LTC - Long Term Care

M

MA - Medical Assistant
MBQIP - Medicare Beneficiary Quality Improvement Project
MUA - Medically Underserved Area

ACRONYMS

Commonly used acronyms within the State Office of Rural Health and our partners.

N

NHSC - National Health Service Corp
NHSN - National Healthcare Safety Network
NOSORH - National Office of State Offices of Rural Health

O

OB - Obstetrics
OCHS - Office of Community Health Systems
OHIS - Office of Healthcare Innovation and Strategy
ORH - Office of Rural Health

P

PC - Palliative Care
PCH - Prevention and Community Health
PCO - Primary Care Office
PC-RHIAT - Palliative Care - Rural Health Integration Advisory Team
PDSA - Plan Do Study Act

Q

PHD - Public Health Department
QI - Quality Improvement

R

3RNET - Rural Recruitment and Retention Network
RAC - Rural Assistance Center
RAD - Research, Analysis, and Data Section
RHC - Rural Health Clinic
RHIHub - Rural Health Information Hub
RHQI - Rural Hospital Quality Improvement
RPRI - Rural Policy Research Institute

S

SDMS - Shortage Designation Management System
SHIP - Small Hospital Improvement Program
SLRP - State Loan Repayment Program
SNF - Skilled Nursing Facility
SORH - State Office of Rural Health

ACRONYMS

Commonly used acronyms within the State Office of Rural Health and our partners.

T

TRC - The Rural Collaborative

U

UWCSIM - University of Washington Center for Stewardship in Medicine

V

VBP - Value Based Purchasing

VRP - Volunteer & Retired Providers

W

WA-SORH - Washington State Office of Rural Health

WEMIS - Washington Emergency Medical Services Information System

WHAA - Washington Healthcare Access Alliance

WHC - Washington Health Corps

WRHA - Washington Rural Health Association

WRPCI - Washington Rural Palliative Care Initiative

WSAC - Washington Student Achievement Council

WSHA - Washington State Hospital Association

WSMA - Washington State Medical Association

WWAMI - University of Washington Family Medicine Network (WA, WY, AK, MT, ID)

X

Y

Z