Advancing Rural Health in Communities Across Illinois
Illinois has 87 small and rural hospitals that make up 39% of our state’s hospitals, have an annual economic impact of $12.1b and care for a greater percentage of our state’s elderly citizens.

NEW THIS YEAR
This year’s report looks at the growing opioid crisis impacting Illinois’ small and rural communities.
Because of their geographic location, smaller size and demographic mix, Illinois small and rural hospitals face a unique set of challenges. They are:

- More dependent on Medicare as a government payer;
- Financially constrained;
- Often located in physician and mental health professional shortage areas; and
- Often the sole providers of health-related services in their communities.

Despite these challenges, Illinois’ small and rural hospitals continue to transform the delivery of healthcare and provide the highest quality care to the communities they serve.

Here’s their story.
Small and Rural Hospitals Account for 10 – 20% of Hospital Utilization in Illinois

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Visits</td>
<td>20.9%</td>
</tr>
<tr>
<td>Beds</td>
<td>13.8%</td>
</tr>
<tr>
<td>Admissions</td>
<td>11.9%</td>
</tr>
<tr>
<td>Inpatient Days</td>
<td>10%</td>
</tr>
</tbody>
</table>

- 96.6% Fewer than 150 beds
- 67% Located in rural areas
- 98.9% General acute, short-term care
- 69% Not-for-profit
- 45.3% operate on negative or thin margins

Sources: Illinois Department of Public Health Annual Hospital Questionnaire, 2016; Medicare cost reports (HCRIS), March 2018 release; IHA member database
Critical Access Hospitals—A Vital Subset

59% of Illinois’ small and rural hospitals are designated as Critical Access Hospitals (CAHs): 51 of 87

Definition of CAH
- Less than 26 acute care beds
- Average length of stay—no more than 96 hours

Located in 44 of the state’s 102 counties

More than 70% are rural
Small and Rural Hospitals Treat More Elderly Patients

(Percent of Patients)

Source: IHA COMPdata, 2017 (based on inpatients only)

- **Age 65 and over:**
  - Small and Rural Hospitals: 45.1%
  - All Other Hospitals: 36.8%

- **Age 85 and over:**
  - Small and Rural Hospitals: 12.7%
  - All Other Hospitals: 8.8%
Medicare and Medicaid are the primary payers for:

- \(52.5\%\) of admitted patients
- \(39.5\%\) of admitted patients

Compared to other hospitals, Medicare and Medicaid are the primary payers for:

- \(71.5\%\) of admitted patients
- \(57.8\%\) of outpatients

Especially Medicare:

- \(20.8\%\) of admitted patients
- \(36.4\%\) of outpatients

Small and Rural Hospitals Rely More on Government Payers*

(Percent of Patients)

- Medicare: \(52.5\%\) compared to \(39.5\%\)
- Medicaid: \(57.8\%\) compared to \(57.8\%\)

Medicare and Medicaid reimburse BELOW the cost of care.

* Includes both inpatients and outpatients
Source: Illinois Department of Public Health Annual Hospital Questionnaire, 2016
Each year Illinois’ small and rural hospitals pump $2.5 billion into the state and local economies in the form of employee salaries and benefits. These salaries are then spent within their communities, generating an additional $3.5 billion in economic activity and 42,530 jobs in industries that support hospitals and their employees.

Small and rural hospitals also spent $2.1 billion on goods and services annually. This leads to more spending within the state and local economies, generating an additional $3 billion in economic activity.

Sources: IHA Economic Impact Report, 2018; AHA | Health Forum Annual Survey of Hospitals, 2016

Notes: Total economic impact includes direct spending and the ripple effect of that spending with the local economy. Indirect impacts are calculated by using a modeling system developed by the US Bureau of Economic Analysis (BEA). BEA multipliers are applied to Medicare cost report data on jobs and spending to obtain the ripple effect of jobs and spending throughout the economy.
Illinois’ small and rural hospitals provide a greater proportion of care on an outpatient basis than other hospitals. In 2016, they had 23 inpatient admissions for every 1,000 outpatient visits compared to 45 admissions per 1,000 outpatient visits in other hospitals.

- **76.7%** of all surgeries in small and rural hospitals were performed on an outpatient basis in 2016.
- **68.8%** of their net revenue was from outpatient services compared to **47.7%** for all other hospitals.

As more services are provided in the outpatient setting, many rural funding programs have become outdated and fail to provide the intended financial stability.

Source: IDPH Annual Hospital Questionnaire, 2006-2016
In addition, the percentage of small and rural hospitals providing community-based services has grown over the last decade (2006 – 2016). The percent providing:

- Freestanding outpatient centers grew by 100%
- Indigent care clinic grew by 66.7%
- Retirement housing grew by 50%
- Crisis prevention services grew by 15.4%
- Ambulatory surgery center grew by 10%
- Fitness centers grew by 5.3%

Inpatient Days in Long-term Care Setting
Many small and rural hospitals provide long-term care, and in the hospitals that provide this service, 56.2% of inpatient days take place in the long-term care setting. This compares to 18.5% of inpatient days for all other hospitals.

Face Critical Workforce Shortages

Rural Counties Face Physician Shortages

- 87.1 Primary Care Physicians per 100,000
- 76.7 Psychiatrists per 100,000

State Average: 80.7 Primary Care Physicians per 100,000
State Average: 10.5 Psychiatrists per 100,000

Physician and Mental Health Shortages

- 30.3% of small and rural hospitals are in areas designated as a Health Professional Shortage Area (HPSA) for primary care physicians
- 93.7% are in areas designated as a HPSA for mental health professionals

Source: Health Resources & Services Administration, Area Health Resources Files, 2017-2018
Illinois’ Alarming Opioid Crisis

Impact on Small and Rural Communities

The opioid crisis is a statewide problem that shows few signs of abating. In 56.1% of rural counties, the number of heroin/opioid overdose deaths grew between 2010 and 2015. Small and rural hospitals require additional resources to combat this epidemic.

ED Cases for Opioid Use/Poisoning
Per 10,000, Rural Counties (2017)

Overall rate for Illinois was 46.9 ED cases per 10,000 lives

Sources: IHA COMPdata 2017; U.S. Census Bureau;
IDPH, “County Level Percentage Change in Overdose Deaths 2010-2015”
ED Cases for Opioid Use/Poisoning
Per 10,000 Population by County and Opioid Cases Treated in Small and Rural Hospital EDs, 2017

Size of orange bubble reflects number of ED cases treated at each small and rural hospital.

Sources: IHA COMPdata 2017; U.S. Census Bureau
Initiatives to improve care and patient safety are producing positive results for the patients and communities small and rural hospitals serve.

**Training for Accuracy**

McDonough District Hospital in Macomb implemented The Final Check toolkit to eliminate mislabeled specimens after training through IHA’s Hospital Improvement Innovation Network. Hospital leaders added a final check between lab and nursing by comparing the last three digits of the patient’s medical record aloud with the specimen; utilizing “just culture” principles; and creating a culture of safety, reporting, learning and transparency. That work, begun in October 2017, has enhanced patient safety.

**Data and Communications Lead to Faster Recoveries**

In January 2015, OSF HealthCare Saint James – John W. Albrecht Medical Center in Pontiac brought together physicians and nurses to decrease episiotomy rates system-wide. Using evidence-based medicine, the team implemented collaborative meetings, phone calls and emails; data presentation and transparency; feedback loops and accountability; cultural change; and optimization of electronic medical record for accurate documentation. As a result, perineal injury and post-delivery recovery time have decreased.
Improving Safety and Care

Leaders at Illini Community Hospital in Pittsfield revised their quality management system and identified several other initiatives to improve patient care and safety. In July 2017, leaders adopted root cause analyses of all patient or environmental safety events; team engagement in process evaluation; and department measures targeting critical quality metrics. Along with enhancing patient safety, the initiatives improve efficiency in process and patient care and increase transparency and accountability.

Improving Workplace Safety

Wabash General Hospital in Mount Carmel initiated Vistelar’s Conflict Management live training program in October 2016 and hired a security analyst for continual training to strengthen workplace safety and prevent injuries. The program helps staff avoid conflict escalation; effectively de-escalate conflict; confidently deal with verbal abuse; end the interaction in a better place than where it started; and stay safe and protect others. The initiative has reduced injuries and increased patient satisfaction.
Hospitals in Action: Improving Communities

To build healthy communities across Illinois, small and rural hospitals are leading and funding initiatives to improve individual and population health.

**Bringing Healthcare to Life**

In 2015, Carlinville Area Hospital launched “High School to Healthcare,” a free class for high school students in Carlinville interested in pursuing careers in healthcare. Held at the hospital, these classes bring to life the experiences of healthcare professionals by exploring a case study of a medical situation and injured or ill patient. So far, about 45 students have participated. Several of the students plan to pursue higher education in healthcare or have already done so.

**Coordinating Diabetes Awareness**

To tackle diabetes, Southern Illinois Healthcare (SIH) in Carbondale is raising awareness and dedicating resources to partnerships with six local health departments serving the state’s 15 southernmost counties. The partnerships help create or expand Diabetes Today Resource Teams in the region, with SIH funding allocated for staff to implement the evidenced-based Stanford
Chronic Disease Management program. Over 1,400 people have been screened for diabetes and over 350 people have attended diabetes management classes so far.

**Stepping up for Screenings**

HSHS St. Anthony's Memorial Hospital provided hearing and vision screenings to Effingham County schools when state budget cuts left the Effingham County Health Department without the staff to do so. Beginning with the 2015-16 school year, the hospital brought in all needed equipment and staffing to administer the screenings at no cost to schools. It also handled reporting requirements to the State. St. Anthony’s efforts help improve access to healthcare services and reduce the burden on local schools.

**Helping Children Cope with Grief**

To help children cope with a loved one’s death, Illinois Valley Community Hospital in Peru developed My Treasure Chest Workshop, which is run by Illinois Valley Hospice, a division of the hospital. The workshop helps children ages 6-14 preserve memories of loved ones who have recently passed away by creating their own unique treasure chests of keepsakes. It also presents other coping activities, including listening to stories, singing songs and remembering a child’s loved one through writing.
Illinois’ 87 Small and Rural Hospitals

- Rural County
- Urban County
- Small Rural Prospective Payment Systems Hospital
- Critical Access Hospital
Our state’s small and rural hospitals—and the individuals and communities they serve—need your support.

Visit team-IHA.org