

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.



Illinois Small and Rural Hospitals



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.

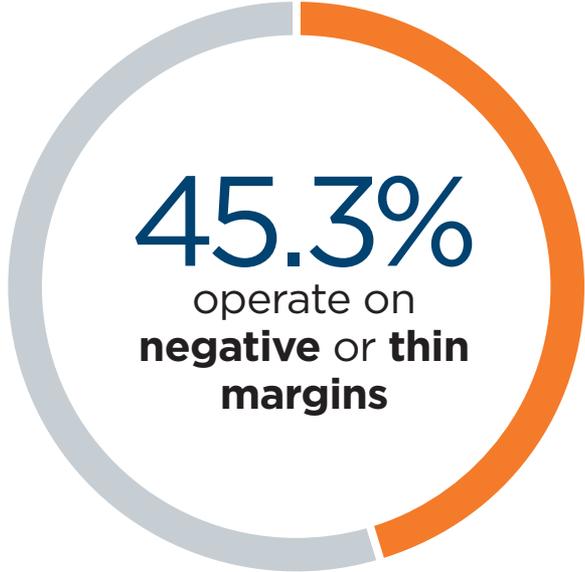
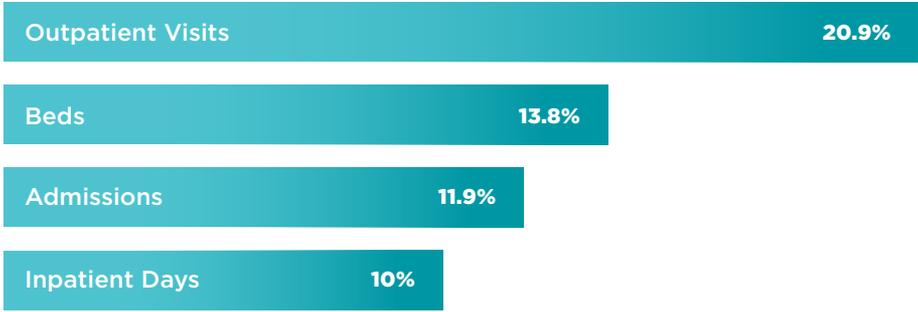
Despite these challenges, Illinois' small and rural hospitals continue to transform the delivery of healthcare and provide the highest quality care to the communities they serve.

Here's their story.



Snapshot

Small and Rural Hospitals Account for 10 - 20% of Hospital Utilization in Illinois



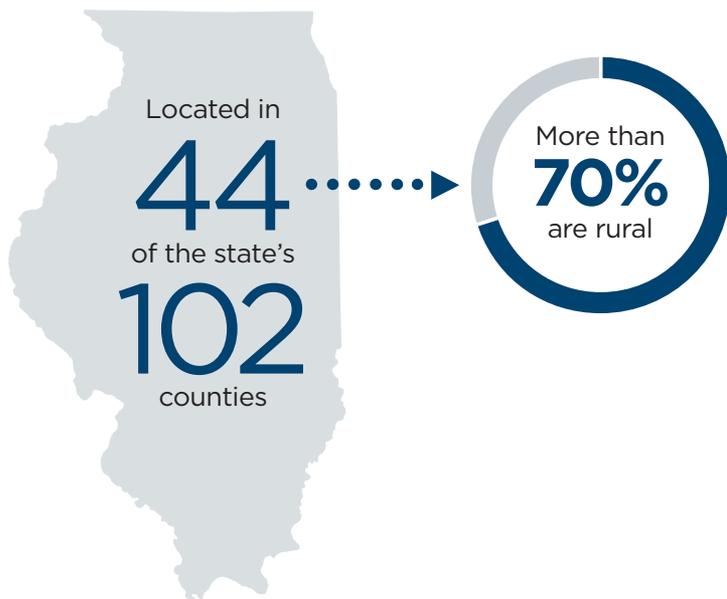
Sources: Illinois Department of Public Health Annual Hospital Questionnaire, 2016; Medicare cost reports (HCRIS), March 2018 release; IHA member database

Critical Access Hospitals— A Vital Subset



Definition of CAH

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

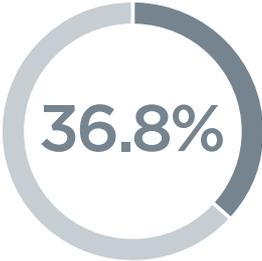


Treat a Larger Portion of Older Patients

Age 65 and over:



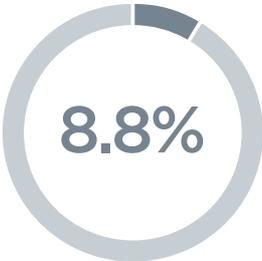
compared to other hospitals



Age 85 and over:

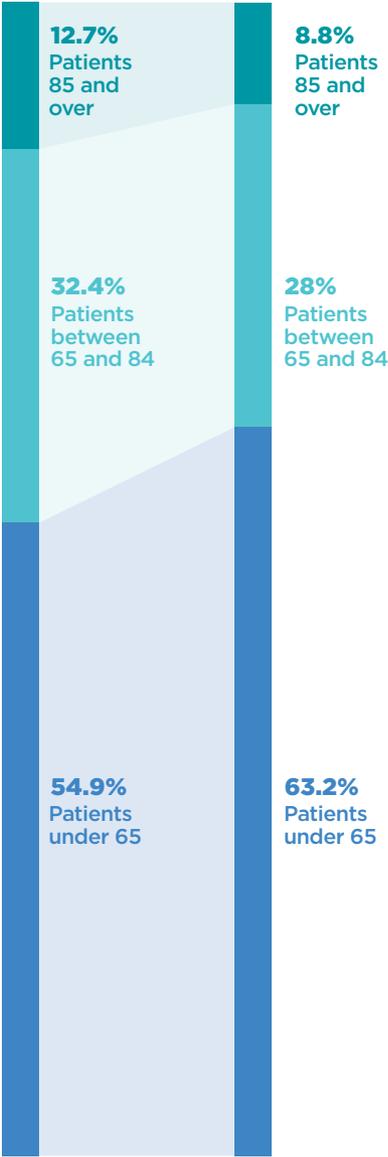


compared to other hospitals



Small and Rural Hospitals Treat More Elderly Patients

(Percent of Patients)



Small and Rural Hospitals

All Other Hospitals

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

Rely More on Government Payers

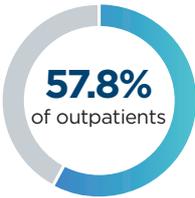
Epecially Medicare:



compared to other hospitals

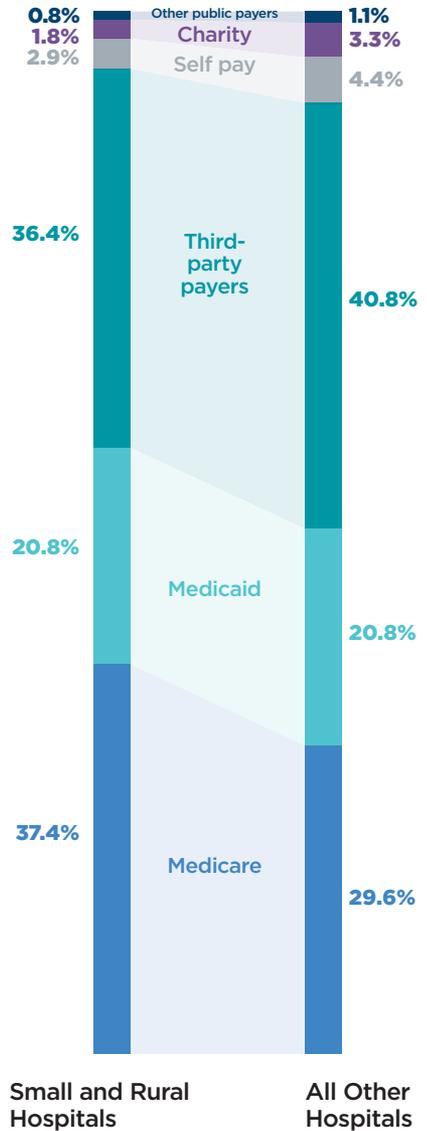


Medicare and Medicaid are the primary payers for:



Small and Rural Hospitals Rely More on Government Payers*

(Percent of Patients)



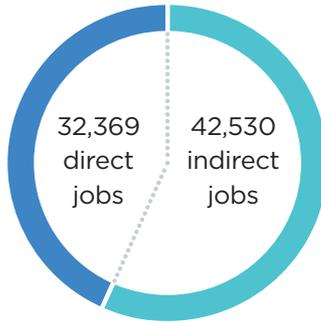
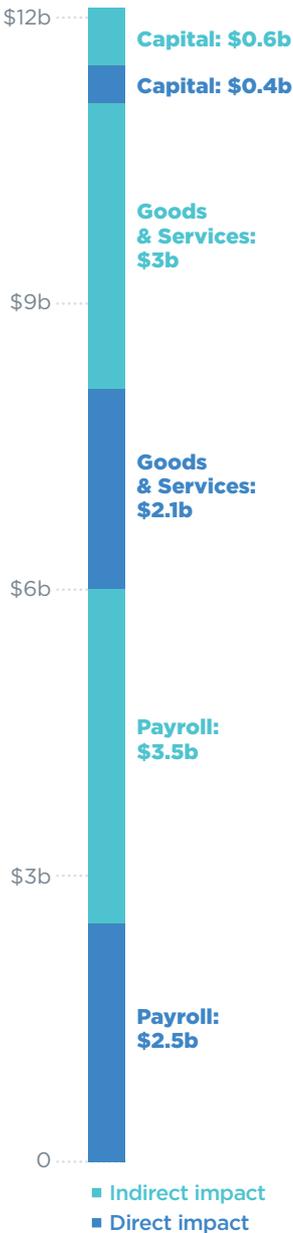
Medicare and Medicaid reimburse BELOW the cost of care.

* Includes both inpatients and outpatients
Source: Illinois Department of Public Health Annual Hospital Questionnaire, 2016

Economic Engines

\$12.1b
economic impact

74.9k
jobs impact



14.9%
of the state's hospital workforce

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.

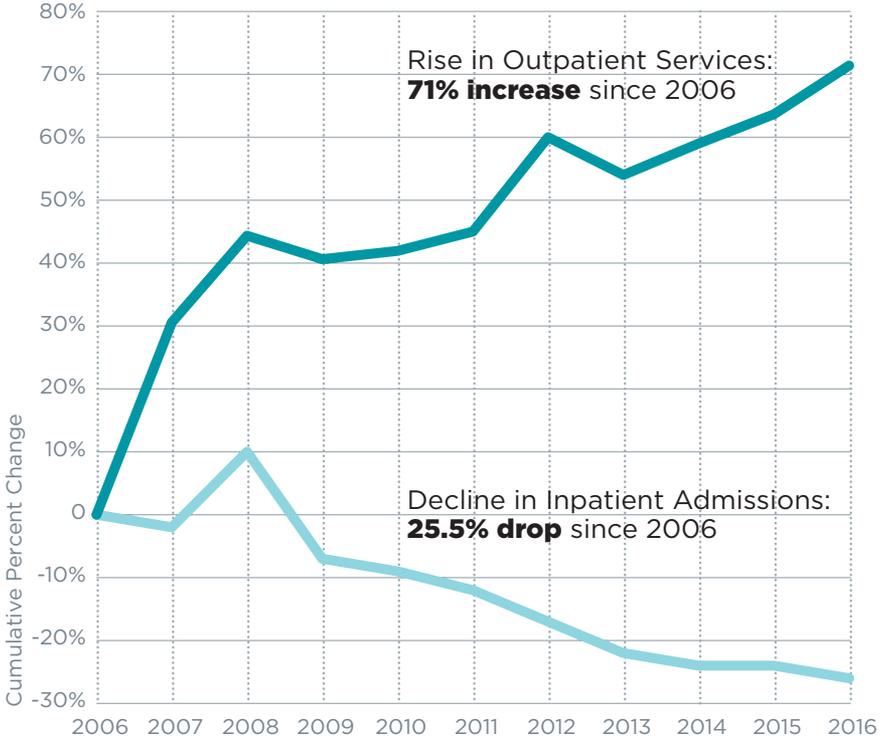
Small and rural hospitals also spent \$2.1 billion on goods and services annually. This leads to more spending within the state and local economies, generating an additional \$3 billion in economic activity.

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.

More Outpatient Care

Inpatient Decline Compared to Outpatient Growth

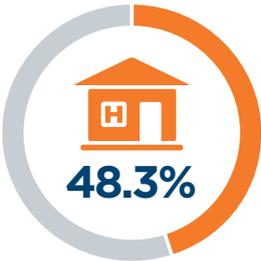


Illinois' small and rural hospitals provide a greater proportion of care on an outpatient basis than other hospitals. In 2016, they had 23 inpatient admissions for every 1,000 outpatient visits compared to 45 admissions per 1,000 outpatient visits in other hospitals.

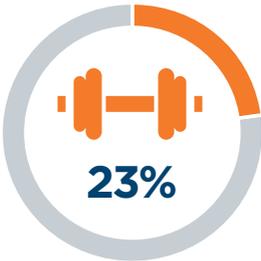
- ▶ **76.7%** of all surgeries in small and rural hospitals were performed on an outpatient basis in 2016.
- ▶ **68.8%** of their net revenue was from outpatient services compared to **47.7%** for all other hospitals.

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

Important Providers of Community Healthcare Services



Rural Health Clinic



Fitness Centers



Home Health



Transportation Services



Crisis Prevention Services



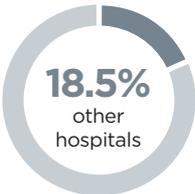
Meals on Wheels

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

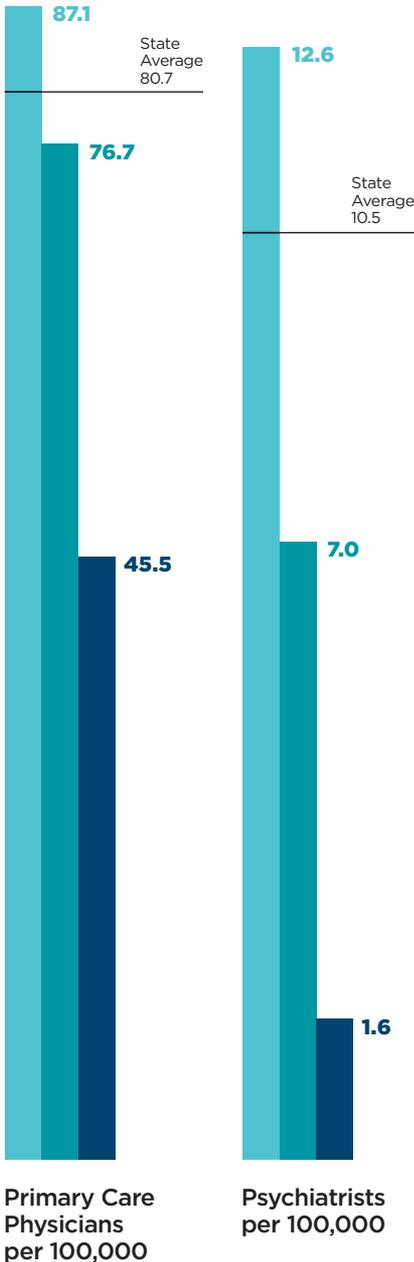
Many small and rural hospitals provide long-term care, and in the hospitals that provide this service, **56.2%** of inpatient days take place in the long-term care setting. This compares to **18.5%** of inpatient days for all other hospitals.



Source: AHA | Health Forum Annual Survey of Hospitals, 2006 – 2016

Face Critical Workforce Shortages

Rural Counties Face Physician Shortages



- Large urban counties
- Other urban counties
- Rural counties

Physician and Mental Health Shortages



of small and rural hospitals are in areas designated as a Health Professional Shortage Area (HPSA) for primary care physicians



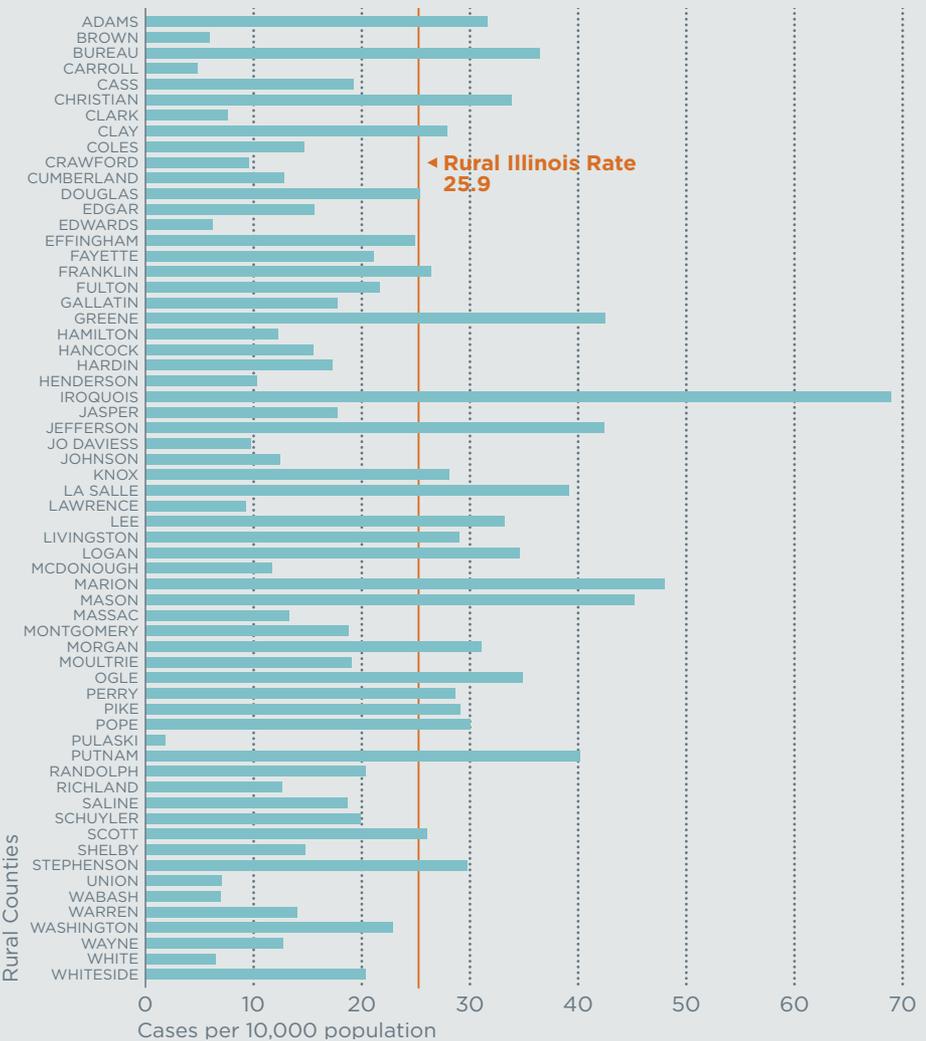
are in areas designated as a HPSA for mental health professionals

Illinois' Alarming Opioid Crisis

Impact on Small and Rural Communities

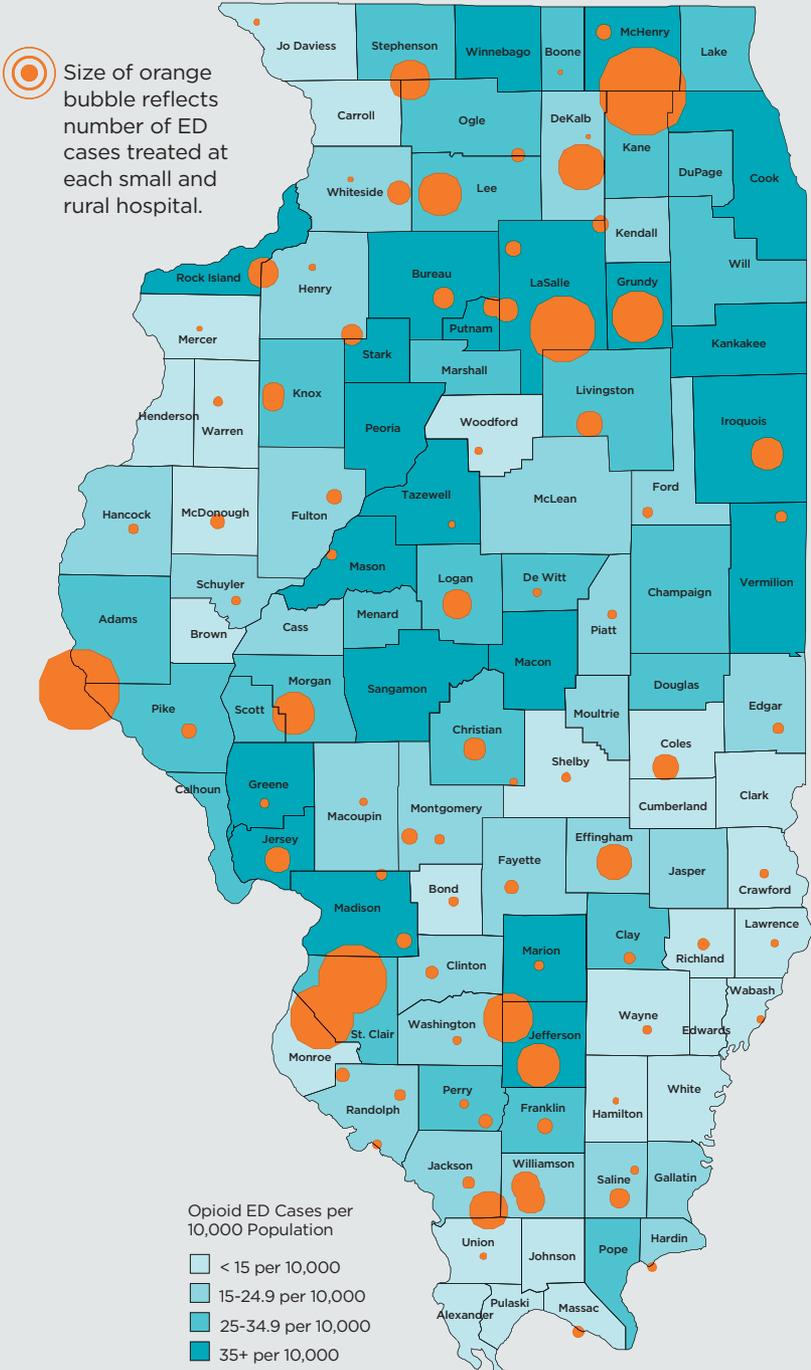
The opioid crisis is a statewide problem that shows few signs of abating. In 56.1% of rural counties, the number of heroin/opioid overdose deaths grew between 2010 and 2015. Small and rural hospitals require additional resources to combat this epidemic.

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



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



Sources: IHA COMPdata 2017; U.S. Census Bureau

Hospitals in Action: Improving Lives

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.

INVESTMENT:
EDUCATION & TRAINING



SAVINGS:
MALPRACTICE CLAIMS



Improves patient safety



Improves quality of care



Increases patient satisfaction

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.

INVESTMENT:
STAFF MEETING TIME



SAVINGS:
N/A



Decreases perineal injury



Decreases recovery post-delivery



Decreases delivery costs

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.

INVESTMENT:
EDUCATION & TRAINING



SAVINGS:
FEWER SAFETY EVENTS



Improves patient safety



Improves process and patient care efficiency



Increases 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.

INVESTMENT:
STAFF TRAINING



SAVINGS:
PER AVOIDED INJURY



Reduces injuries



Improves patient and community safety



Increases 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** in Carlinville 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

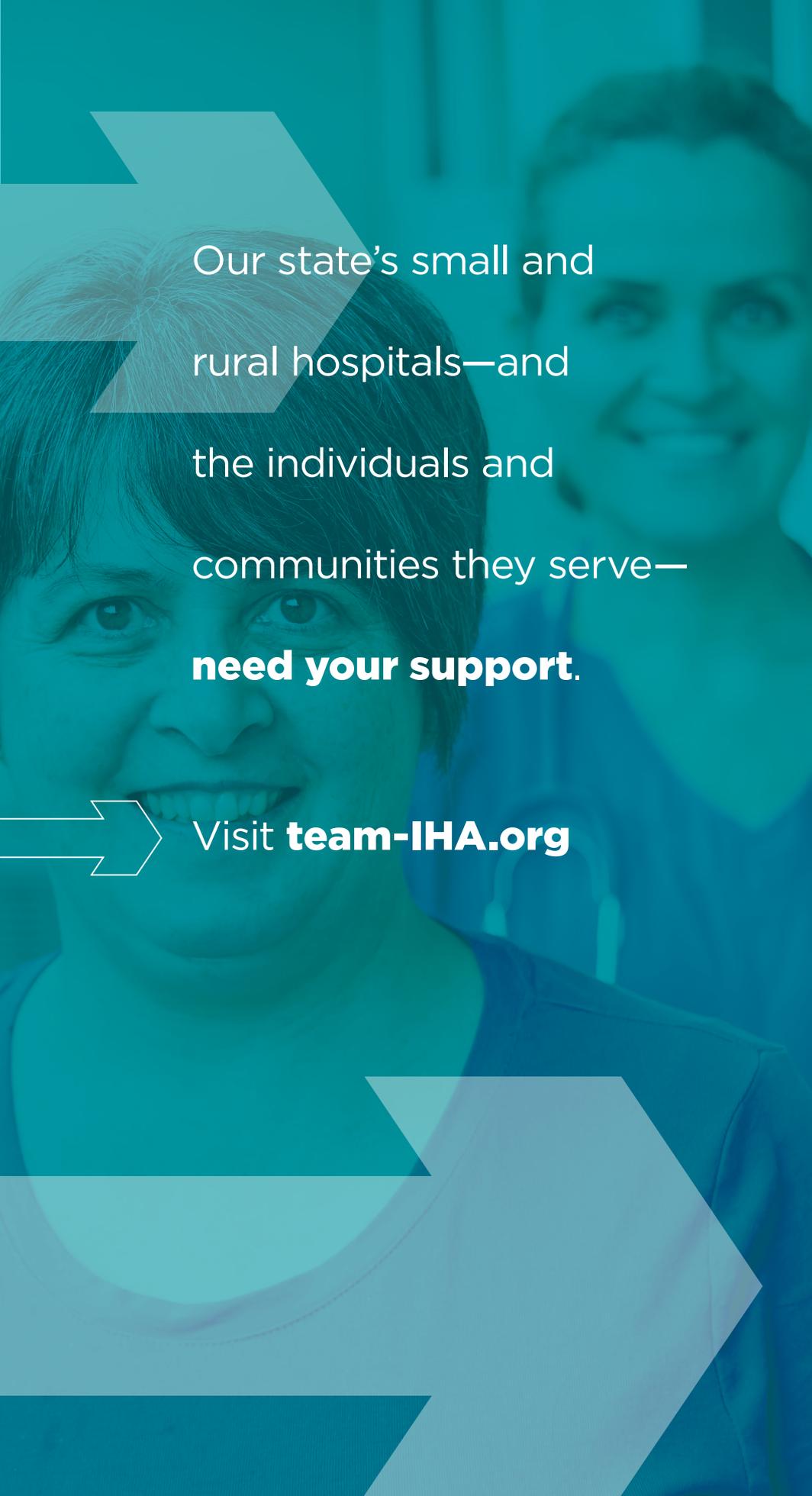
HSHS St. Anthony's Memorial Hospital provided hearing and vision screenings to Effingham County schools when state budget cuts left the Effingham County Health Department without the staff to do so. Beginning with the 2015-16 school year, the hospital brought in all needed equipment and staffing to administer 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.





Our state's small and
rural hospitals—and
the individuals and
communities they serve—
need your support.



Visit **team-IHA.org**