

PROJECT INITIATIVES

The CT-ORH partnered with the Community Health Center Association of CT (CHCACT) to provide International Classification of Diseases (ICD-10) code set training for federally qualified health center (FQHC) staff. In preparation of the October 2015 ICD-10 implementation, the CT-ORH sponsored four hour training workshops in two locations. Morning and afternoon sessions were held at Northwestern CT Community College, Winsted, CT and Generations Family Health Center in Willimantic, CT. Each four-hour session was attended by clinical providers, billing, financial and coding and administrative staff and included participatory exercises.

A facilitator from the Association of Rural Health Professional Coders with over 18 years of experience conducted the interactive training programs. Sixty-two participants from fourteen FQHC sites learned how to identify similarities and differences in ICD-9-CM and ICD-10-CM coding, interpret ICD-10-CM coding conventions and correctly code multiple diagnostic scenarios. Other topics of discussions included improving documentation skills on patient safety, quality, outcome measurements and reimbursement efficiency.

The CT-ORH will work with CHCACT in assessing future training needs for FQHC staff and provide support as resources permit.

During the 2012-13 grant cycle the CT-ORH initiated a three-year telehealth project. This first phase centered on assessing the overall utilization of telehealth technology in the rural health care delivery system. The assessment concluded capacity, opportunity and resources exist to enhance access to care particularly for the rural residents in the state.

The CT-ORH again contracted with Mark Nickel of Cross Sector Consulting, LLP for the second phase of the initiative to examine the utilization of telehealth technology by rural CT home health providers. This second study indicated a benefit in the use of home telemonitoring to manage chronic diseases, reduce hospital re-admissions rates and optimize nursing staff time.

While a number of home health providers can substantiate increasing the utilization of telemonitoring, equipment costs, associated fees and the lack of reimbursement for the Medicaid population prohibits this advancement. Although this issue generated interest, limited legislative movement occurred in 2014 to advance telehealth services. The office will continue to engage champions in discussions and activities to support the advancement of telehealth. This is the primary focus for the third phase of this initiative.

The Office dedicated 2013-14 funds for a New England Rural Health project. Each of the New England State Offices of Rural Health allocated money to study the health status of rural New Englanders. The goal of the initiative is to have a picture of the health care issues throughout the region as it relates to access, quality and cost. State specific issues and common health care issues in New England will drive future projects and initiatives. The report of this study is in its final stages and is expected to be published late fall.

Connecticut Office of Rural Health

Northwestern CT Community College
56 Park Place East, Winsted, CT 06098

2014 Annual Report



Heather Cappabianca, Director
Mary Winar, Program Manager
P - 860 738-6378
F - 860 738-6443
www.ruralhealthct.org



2013-2014 Year in Review

This sixth annual report highlights the CT Office of Rural Health's (CT-ORH) activities along with initiatives and projects supported with 2013-14 CT-ORH funds. The CT-ORH worked in collaboration with several organizations and Access Health CT navigators in eastern and northwestern areas of the state to disseminate information and represent rural. The office attended "Healthy Chat" town hall sessions, created email list serves and communicated via telephone to inform rural communities about enrollment fairs. Through these efforts, three enrollment fairs were hosted at Northwestern Connecticut Community College. Generations Family Health Center assisted with and coordinated efforts to meet the enrollment needs for rural residents in eastern CT. Based upon enrollment data obtained in September, 13,083 people, or 6% of the total Access Health CT enrollment came from rural towns.

Through the administration of the State Office of Rural Health Federal Grant Program the CT Office of Rural Health provided financial support to eight community health care provider organizations. All of the initiatives focused on at least one aspect of the triple aims: to increase access, improve quality of care and contain costs. A summary of each of the initiatives follows.

Projects and initiatives from the CT Office of Rural Health (CT-ORH) are funded through the Department of Health and Human Services through the Health Resources and Services Administration's Federal Office of Rural Health Policy grant program, CFDA # 93.913, from the Health Resources & Services Administration. The grant is awarded to Northwestern Connecticut Community College to maintain the CT-ORH. Projects must be consistent with the CT-ORH's mission to support the planning, enhancement, education or evaluation of programs.

HOSPITALS

Day Kimball Healthcare, a rural hospital located in Putnam, in northeastern Connecticut referred to as the quiet corner, received a sub-award to hold an intensive grant writing workshop. A marketing and outreach campaign recruited participants from an existing community provider network. *The Write Source, LLC* of Glastonbury, CT was contracted to conduct the three one-day workshops.

The workshop convened on three consecutive Thursdays in the spring. The format kept participants engaged with interactive activities including assignments after each session. Twenty-one participants from fourteen organizations representing health care, behavioral health, social services, community, academic and individuals partook in the grant writing workshop. Thompson Ecumenical Empowerment Group (TEEG) hosted the training and provided additional support and resources.

Program evaluations conveyed positive feedback with 99% of participants reporting an increased knowledge of local collaborative resource development efforts, locating new funding opportunities and improved grant writing skills.

A community effort to increase resource development and access funds to benefit children and families in northeast CT is renewed and strengthened as a result of this collaborative community grant writing workshop.

Charlotte Hungerford Hospital is a small rural community hospital serving residents from eleven towns in northwest CT. In response to a 2012 diversity survey which identified changes in ethnic and racial composition in Litchfield County, the hospital developed a Diversity Action Plan. Analyzed data showed a significant increase in the Hispanic or Latino population for the county. A further examination of emergency room visits showed a high utilization rate by patients with Spanish as their primary language.

Through a sub-award from the CT-ORH, the hospital used funds to support a cultural competency initiative. An identified hospital employee completed an oral, written and comprehension language assessment for a medical interpreting training program. The candidate then enrolled in an on-line medical interpreting certification program. Upon successful completion of all course work and passing the National Board Certification for Medical Interpreters examination, the individual will be a certified Spanish Medical Interpreter. Having a nationally certified medical interpreter will be a valuable asset to this community hospital and a local community health center.

To further enhance the resources for the Spanish population, *The Hospital Admission Guide, Behavioral Health and Bereavement* brochures were translated into Spanish and are now readily available throughout the hospital.

Small Hospital Rural Improvement Grant

New Milford Hospital (NMH) and Sharon Hospital (SH) were recipients of a Small Rural Hospital Improvement Program (SHIP) grant for FY 13-14. NMH provided Six Sigma training to hospital staff and were successful in improving bedside communication related to care and discharge instructions to prevent unnecessary readmissions. SH used the grant for Computer Physician Order Entry training and to implement a pharmacy project to decrease conversion time of intravenous to oral medication to realize cost savings and reduction of patient length of stay.

NMH has recently undergone a licensure merger with Danbury Hospital and will no longer be eligible to receive funds from the SHIP grant. The CT-ORH will continue to work with SH to support initiatives through the SHIP grant to achieve triple aim objectives.

EMERGENCY MEDICAL SERVICES

During the 2013-14 grant cycle, the CT-ORH supported three Emergency Medical Services (EMS) training initiatives. The outreach and impact of these initiatives was significant. Trainings were held state-wide, regionally and at the community level.

The National EMS Information System (NEMSIS) is the national standard used by providers and various agencies across the United States. The NEMSIS standard elements and definitions are the elements by which the pre-hospital EMS data is collected. EMS providers throughout the state use an electronic Patient Care Record (PCR) as the tool to collect and submit data. This form records how, what and when pre-hospital data is delivered.

In preparation and response to NEMSIS conversion to version 3 standard, the CT-ORH worked collaboratively with the CT Office of Emergency Medical Service (OEMS) to develop, implement and sponsor an educational program. The CT-ORH contracted with The Holdsworth Group, Inc. to conduct multiple sessions of the training program for rural EMS providers throughout the state. Day Kimball, Charlotte Hungerford and Windham Hospitals were the locations for the trainings held in May. The 40 attendees representing 35 EMS organizations were presented with aggregate data from their specific service, compared it to national benchmarks, and set benchmarks for quality improvement within their own organization.

Overall the program evaluations were favorable with many attendees requesting follow up information and more in-depth training. To strive for services to submit a complete and accurate patient record, the CT-ORH will continue to coordinate and support additional trainings.

The EMS Institute (EMSI) in Sharon, CT received funds to offer EMS leadership and management training. EMSI serves to provide educational support to a network of rural EMS organization from eight rural towns in northwestern CT. The CT-ORH has sponsored the offering of this educational program since 2009. The training is a series of eight modules developed by the New England Council for Emergency Medical Services to address a variety of skill sets that enhance and foster successful EMS leadership and management. Fourteen EMS personnel representing eight services attended modules seven and eight. The training was held early summer and completed the training series. During the next grant cycle the CT-ORH will evaluate the impact of this eight module educational program.

The third training with an EMS emphasis stemmed from a previously successful initiative funded by the CT-ORH. In 2012 the Northeast District Department of Health (NDDH) received a CT-ORH sub-award to provide Cardiopulmonary Resuscitation and Automated External Defibrillator (CPR/AED) training in support of the Models of Heart Health Campaign. During the 2013-14 grant cycle, the CT-ORH awarded NDDH funds for *Jump Start June CPR/AED Certification Training Initiative*. This three-fold initiative certified those previously trained through the Models of Heart Health Campaign, assisted four rural towns in their quest to become CT DPH Heart Safe communities and provided CPR/AED certification training for individuals in rural communities.

The loss of a well-known community member provided the driving force in promoting the need and benefit of this life saving skill. Seventy-six individuals from twenty-one rural northeastern CT towns participated in the training. The success of this initiative was exemplified through coordination, collaboration and commitment to improving access to life saving emergency care in rural communities.