

CONNECTICUT OFFICE OF RURAL HEALTH

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Annual Report November 2015



2014-2015 Year in Review

The CT Office of Rural Health's (CT-ORH) seventh annual report provides an overview and summary of the office's initiatives and activities. More detailed information is provided upon request by contacting the CT-ORH.

Early in the 2014-15 grant cycle the office worked with a graduate nursing student to conduct research and explore options to formulate a revised definition of rural based on U.S. 2010 census data. Research findings and various options were shared and discussed with the CT-ORH advisory board in October. The board decided to only utilize measurable and equitable determinants that could be applied across the state. A consensus was reached and the board agreed on population of 10,000 or less, and population density of 500 or less as the measureable determinants. This revised definition yields 68 CT rural towns. Comparing this new definition to the CT-ORH 2004 definition twelve additional towns became designated as rural and five towns lost their rural status which yield a net gain of seven towns. The complete list can be found on the CT-ORH website www.ruralhealthct.org

Coordination of rural health activities in the state is a core function of State Offices of Rural Health (SORH). The CT-ORH was the lead organization in coordinating SMART Triage training for rural EMS providers throughout the state. Multiple EMS officials identified this as a priority and sought out assistance from the CT-ORH to help plan, organize and conduct the trainings. The office convened meetings with identified partners, assisted to secure funding, coordinated marketing and training registrations, recruited victim volunteers and attended the five training sessions. The trainings were held in the fall on five consecutive Saturdays in rural communities strategically located throughout the state. The success of this initiative was due largely in part to the collaborative effort with partnering agencies and groups. The partners included representation from CT Office of Emergency Medical Services, Division of Emergency Management & Homeland Security regions 4 & 5, Eastern EMS Council, rural hospital EMS coordinators, a commercial Ambulance Service, Police Explorers, and Moulage Artists.

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FUNDING

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 & Services Administration's Federal Office of Rural Health Policy grant program, CFDA #93.913. The grant is awarded to Northwestern CT 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 rural health care programs.

Victim volunteers from an area Charter high school, Police Explorers, community and civic groups including Citizen Emergency Response Teams (CERT), boy scouts, Emergency Medical Technician (EMT) and nursing students contributed significantly to the success of the trainings. Eighty-five individuals were trained representing 34 EMS organizations. This effort led to another initiative to train SMART Triage trainers. The ten individuals trained now have the expertise and skills to conduct SMART Triage trainings and drills.

Another outcome of the SMART Triage partnership was a coordinated initiative to plan and execute a regional Mass Casualty Incident (MCI). The event was held in Litchfield County in June and involved 165 participants, 16 agencies, hospitals, long term care facilities, local health departments and many volunteers. The MCI event was an opportunity for EMS providers to demonstrate and practice their SMART Triage training.

In addition to the SORH grant, the CT-ORH also administers the Small Rural Hospital Improvement Program (SHIP). This federal grant awards funds to small rural hospitals that meet specific eligibility criteria. The eligible hospitals must also have the capacity to address and demonstrate improvement in particular quality measures. Sharon Hospital is the only CT hospital that is eligible for this program. The SHIP grant supported three initiatives at Sharon Hospital; trained emergency department physicians to perform ultrasound diagnostics for efficient disposition of patients, increased the capacity to transmit and receive 12 lead EKGs from pre-hospital emergency providers and facilitated timely conversion of intravenous to oral antibiotics for cost savings and expedited discharges.

Reliable national, state, local and community-based organizations and agencies require data to substantiate requests for funding and financial assistance. The CT-ORH allocated funds to study, collect and analyze Connecticut rural health data at town/zip code or regional level. This initiative was very timely and appropriate with the updating of the CT-ORH definition of rural. Lacking current state specific rural health care data was the driving force for this project. The office contracted with Matrix Public Health Solutions Inc. to conduct the assessment and compile a report. The assessment will provide strategic direction for the CT-ORH and guide future planning and funding evidence-based initiatives. An Assessment of Connecticut Rural Health: Overview, Obstacles and Opportunities can be accessed through this link http://ruralhealthct.org/assets/CT_Office_of_Rural_Health_Rural%20Assessment_2015.pdf

Foothills Visiting Nurse & Home Care, Inc. located in Winsted, CT with a service area of 26 towns in rural northwest CT, received a sub-award from the CT-ORH to study and analyze data on the use of telemonitoring. The study examined data for patients with chronic diseases, specifically cardiac and pulmonary diseases. The goal of the initiative included determining the benefits of home telemonitoring usage, costs and impact on hospital emergency room visits and readmission rates. Data for the period of January 1 – December 31, 2014 was compiled for all of Foothill's patients with cardiac and/or pulmonary disease diagnoses. The study revealed tremendous cost savings to local health care providers, increased patient satisfaction and superior outcomes of patients on monitors. Besides the daily monitoring of a disease process, patients also benefit from education about their particular illness from nurses, occupational and physical therapists.

The combination of monitoring and education supports the patient's ability to control, stabilize and improve their own health. Although there is evidence-based data showing clear benefit to home telemonitoring, lack of funds to purchase more monitors, maintenance costs and lack of reimbursement are deterrents to expanding telemonitoring.



Mini Sub-awards

EMS Institute Inc., a network of EMS providers in northern Litchfield county and neighboring NY, received training funds for SMART Triage Train-the-Trainer education. The program was held in the spring in conjunction with their annual EMS symposium. Eleven EMS providers were trained representing ten different agencies. The participants will be surveyed as to the number and location of SMART Triage trainings they each held.

The CT-ORH provided a sub-award to United Services, Inc. to support outreach and awareness of available outpatient mental health, depression and suicide prevention services in Windham County. Marketing and informational materials with United Services 24/7 Mental Health "Help Line" and agency website were distributed to several hundred individuals in Eastern CT. In the past similar efforts have increased public utilization of United Services' community behavioral health services. Utilization data will be monitored to evaluate the impact of this activity.

The McCall Foundation, a private, nonprofit behavioral healthcare agency serving residents in Litchfield County used their sub-award to educate and train 32 clinical staff in the administration of Intranasal Naloxone (Narcan). Policies regarding Naloxone administration and usage were also developed as a result of this funding initiative. Eight residential facilities and an out-patient treatment center now have access to this potentially life-saving medication. Quality assurance and quality improvement measures are in place to monitor and evaluate the use of Narcan in these facilities.

On the Horizon



Tracking....

Health Insurance Coverage, Costs, Reimbursement
Access to Care
Viability of CT Hospitals
Developments in CMMI CT State Innovative Model

Promoting and Supporting...

Telemedicine
Evidence-based Initiatives in Rural Communities
Rural Training Tracks for Health Care Professionals

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