

Oregon's rural hospitals are the cornerstones of the communities they serve. For many communities they are the largest employer. Of Oregon's 57 hospitals, two-thirds of them are small and rural hospitals. As part of the OAHHS Strategic Plan, rural hospital challenges were identified and prioritized.

2009 Small and Rural Hospital Initiatives:

- **Access:** Advocacy for patient access to medically-necessary care at the right time provided in the community or through partnerships and networks;
 - Problems with access to health care are increasing at an alarming pace as unemployment rates spiral and people lose insurance coverage. Declining access to essential care and safety net services within a community combined with the gap in insurance coverage creates an inefficient and costly outcome for all.

Actions:

- Stabilize and expand access for people in all geographic regions through a delivery system that a.) responds to the characteristics and needs of the patients; and b.) provides services to meet those needs.
 - Broaden access to community-based inpatient and outpatient mental health services.
- **Workforce:** Advocacy and partnerships to ensure small and rural hospitals have appropriate staff to deliver high quality care;
 - Rural communities have a significant shortage of physicians and ancillary staff. Even with strong recruitment efforts, rural hospitals have difficulty attracting and retaining staff.

Actions:

- Increase knowledge and understanding of statewide health care workforce needs;
 - Create a positive environment to make Oregon attractive to providers; and
 - Address workforce licensing issues to provide high quality, cost-effective health care.
- **Building Community Trust:** Engaging communities to support a sustainable health care model;
 - Public trust and support is built on community engagement and public accountability. Health care is local and hospitals must continue to seek sustained community commitment to their missions.

Actions:

- Increase awareness of hospitals' contributions as key community partners, employers and critical economic engines;
 - Create community understanding of hospitals contributions beyond emergency services and treating the uninsured; and
 - Drive community collaboration to improve the health of the community.
- **Clinical Quality:** Collaborative partnerships sharing successes and using data to ensure small and rural hospitals provide quality health care services that meet or exceed national benchmarks; and
 - Hospitals must provide high quality and safe patient care on a consistent basis. Patient care systems in hospitals are complex and variable in outcome. Variation in care impacts quality and cost within the organization.

Actions:

- Based on publically-reported data, adopt Oregon hospital quality standards, set benchmarks and communicate these efforts to stakeholders.
 - Use publically-reported data elements to create a central data base and streamline data collection processes; and
 - Share success stories, provide resources and assist with implementation of statewide quality projects and initiatives.
- **Finance:** Advocacy for fair, adequate and sustainable reimbursement from public and private payers.
 - Increasing demand for health care services and shrinking reimbursement negatively impact the ability of hospitals to serve their communities. Additionally, the increasing number of uninsured and under-insured impact realistic health care reform goals.

Actions:

- Advocate for payment reform that fosters provision of the right care at the right time, in the right place by the right level of provider;
- Advocate for funding mechanisms that are broad-based, equitable and sustainable; and
- Seek opportunities to gain additional/enhanced federal funding.

The Small and Rural Hospital Committee – The Small and Rural Hospital Committee is chartered by the OAHHS Board of Trustees to review and evaluate issues impacting small and rural hospitals and to advise and make recommendations.

Small & Rural Committee Member	Organization	Location
Don Arbon	Mid Columbia Medical Center	The Dalles
Jim Barnhart	Peace Harbor Hospital	Florence
David Bigelow	Samaritan Pacific Communities Hospital	Newport
Dennis Burke	Good Shephard Medical Center	Hermiston
Victor Vander Does	Pioneer Memorial Hospital	Heppner
Gordon Ensley	Lake Districe Hospital	Lakeview
Linda Lang	OAHHS	Lake Oswego
Jim Mattes	Grande Ronde Hospital	LaGrande
Jim Wathen	Southern Coos Hospital and Health Center	Bandon
Don Wee	Pioneed Memorial Hospital	Prineville

Small, Rural Hospital Definitions

Oregon’s small, rural hospitals provide local health services for over one million Oregonians. They are defined by ORS 442.470 as those hospitals operating fewer than 100 beds and are classified by the state as Type A, Type B, Type C, or CAH depending on bed size and distance from another hospital.

- Type A hospitals are small and remote and have 50 or fewer beds. Type A hospitals are located more than 30 miles from another acute care, inpatient facility.
- Type B hospitals are small and rural and have 50 or fewer beds. Type B hospitals are located 30 miles or less from another acute care facility.
- Type C hospitals are considered rural and have more than 50 beds, but are not a rural referral center.
- An asterisk * indicates Type CAH rural hospitals – Critical Access Hospitals

B	Ashland Community Hospital	B	*Providence Hood River Mem’l Hosp
A	*Blue Mountain Hospital	B	Providence Newberg Hospital
B	*Columbia Memorial Hospital	B	*Providence Seaside Hospital
B	*Coquille Valley Hospital	C	Samaritan Albany General Hospital
B	*Cottage Grove Community Hospital	B	*Samartian Lebanon Community Hospital
A	*Curry General Hospital	B	*Samaritan North Lincoln Hospital
A	*Good Shepherd Medical Center	B	*Samaritan Pacific Communities Hospital
A	*Grande Ronde Hospital	B	Santiam Memorial Hospital
A	*Harney District Hospital	B	Silverton Hospital
A	Holy Rosary Medical Center	B	*Southern Coos Hospital & Health Center
A	*Lake District Hospital	A	*St. Anthony Hospital
B	*Lower Umpqua Hospital	B	St Charles Medical Center - Redmond
C	Mercy Medical Center	A	*St. Elizabeth Health Services
B	Mid-Columbia Medical Center	C	Three Rivers Community Hospital
B	*Mountain View Hospital	A	*Tillamook County General Hospital
B	*Peace Harbor Hospital	A	*Wallowa Memorial Hospital
A	*Pioneer Memorial Hospital (H)	B	*West Valley Hospital
B	*Pioneer Memorial Hospital (P)	C	Willamette Valley Med Center

Note: Four hospitals are designated Rural Referral Centers: St. Charles Medical Center-Bend, Sky Lakes Medical Center-Klamath Falls, Good Samaritan Regional Medical Center-Corvallis, and Bay Area Hospital-Coos Bay.