

CRITICAL ACCESS HOSPITALS STUDY

Pre-Site Visit Data Collection Instrument

Background

The federal Office of Rural Health Policy (ORHP) is sponsoring a formative evaluation effort of the federal Rural Hospital Flexibility Program (RHFP). This effort is coordinated through the six rural research centers affiliated with the ORHP and includes the centers at the Universities of Southern Maine, Minnesota, North Carolina, Washington and the center located at Project Hope in Washington D.C. In addition, the Rural Policy Research Institute (RUPRI) will also be contributing its expertise in conducting and communicating policy analyses. Each of the centers have collaborated in the development of a broad evaluation design to gather information from a variety of sources including existing data sets as well as informants that have experience in the program's implementation at the national, state, community and facility levels.

Introduction

This data collection instrument represents a key component of the facility- and community-level data collection effort. This pre-site visit instrument gives us much of the background data we need about the hospital and its environment that will allow us to prepare better for the hospital site visit. Whereas much of this pre-site visit instrument is quantitative, the site visit will focus on more process-related experiences. A major thrust of the overall evaluation effort is to provide useful and timely feedback to national, state and hospital representatives so that the program may be improved as it unfolds.

Please return the entire data collection instrument to

Andrew Cameron, Ph.D.
Assistant Professor
Department of Health Policy and Administration
1105-D McGavran-Greenberg Hall, CB# 7400
University of North Carolina
Chapel Hill, NC 27599-7400

Directions for Completing the Attached Forms

In preparation for our site visit, we would appreciate it if you would help us gain insight into your organization by supplying the information requested on the attached pages. You will have an opportunity to discuss any of these items with our team at the time of the site visit.

There are four sections to this data collection instrument. You may want to have different people complete each section. If you have any questions about completing these forms, please contact Andrew Cameron, Ph.D., assistant professor at the University of North Carolina, 919-966-7373, or by email at andrew_cameron@unc.edu.

Revision 3/13/2000

Background Information

Blue Page: We have compiled the following information about your hospital from documents available to us. Though we have attempted to enter the correct information before sending it to you, we would appreciate it if you would review the information below to see if it is correct and fill in any blanks and/or make changes when our information is incorrect.

A. Hospital Description

Please enter the approximate date the instrument was completed: _____

A-1. Ownership/Governance

1. Name of the hospital: _____
2. Location (City, State): _____
3. Administrator: _____
4. Year hospital founded: _____
5. If part of a larger system, name of system: _____
6. Public, not-for-profit, or for profit: _____
7. Has there been a change in ownership or leadership within the past 3 years? _____
8. Nature and character of the hospital board:
 9. How many members? _____
 10. Percent residing in community? _____
 11. How are they selected? _____
 12. What is the turnover rate? _____
 13. What is the physician involvement? _____

A-2. Hospital's External Environment

14. Referral partners/partner hospitals in the CAH network: _____
15. Top 2 Competitors _____
16. Size of target population: _____
17. Percent of target population served (i.e., market share): _____

A-3. CAH Timeline

18. Date application submitted: _____
19. Effective date of CAH: _____
20. Date cost-based payment started: _____

A-4. Participation in Federal/State Programs

This section deals with your hospital's federal and state designation prior to and including your CAH designation status.

21. Were you previously an EACH/RPCH facility? Yes No
22. Were you designated as a sole community hospital (SCH)? Yes No
23. Were you designated a Medicare dependent hospital (MDH)? Yes No
24. What was your Medicare disproportionate share percent? _____
25. What was your Medicaid disproportionate share percent? _____

A-5. Scope of Services

Current Services	Presently offered	Added within the past 3 years	Dropped within the past 3 years	Changed as a result of planning for and converting to a CAH
26. Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Intensive care unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Outpatient Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Occasional specialty clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. ER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Hospital-based ambulance services (emergency and non-emergency transport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Home Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Inpatient rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Outpatient rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Radiology – diagnostic (MRI, CAT scan, X-ray, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Radiology – therapeutic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Teleradiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Telemedicine/telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Satellite clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Swing beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Durable medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Wellness center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Telemetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. If any of the “dropped services” above were dropped because your system or network partner instead will provide those services for your service area, please note the line numbers (from lines above) of those services here:

51. Top 5 DRGs admitted:

DRG #s: _____

52. Top 5 DRGs for treatment costs:

DRG #s: _____

53. Top 5 DRGs for days of care (longest ALOS):

DRG #s: _____

B. Financial and Utilization Information

B-1. Emergency Room

1. Have the number of visits to the ER increased or decreased over the past three years?

1997:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Approx. the same (compared to 1996)
1998:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Approx. the same (compared to 1997)
1999:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Approx. the same (compared to 1998)
2. What are the reasons for changes in the number of visits (if applicable)? _____
3. Is there 24-hour ER coverage? Yes No
4. Have the ER's hours of operation changed since CAH conversion? If so, how? Yes No _____
5. How is the ER staffed?
 - Contracts with local physicians
 - Contracts with PAs
 - Contracts with an emergency physician firm
 - Other _____
6. Has the staffing changed since conversion? How? Yes No _____
7. Have ER capabilities changed since CAH conversion? If so, how? Yes No _____
8. What is the relationship with pre-hospital EMS? _____

B-2. Pre-Hospital Services

EMS Environment in the Hospital's Service Area Prior to CAH Conversion

9. In the spaces at right, please list the EMS providers (agencies) that served your hospital's service area prior to the time your facility converted to CAH status:				
10. Was the provider government-owned (G) or private (P)? (Circle the appropriate letter.)	G P	G P	G P	G P
11. Was the provider hospital-owned (H), fire-service based (F) or did it have some other principal affiliation (O)?	H F O	H F O	H F O	H F O
12. Was the provider's staff predominantly volunteer (V), predominantly paid/career (P), or a mix of volunteer and paid staff (M)?	V P M	V P M	V P M	V P M

13. Did any of the providers listed above have their own paramedics or EMT-Intermediate personnel (i.e., did they provide advanced life support services)? Yes No

14. Was emergency air transport available in your hospital's service area? Yes No

If yes, who provided this service? _____

Hospital's EMS Situation Prior to CAH Conversion

15. Before your facility converted to CAH status, did your hospital own or operate an ambulance service? Yes No
- If **yes**, did this ambulance service provide:
 - 9-1-1 emergency response? Yes No
 - emergency transports between facilities? Yes No
 - non-emergency transports (between facilities and/or patient's home)? Yes No
 - If **no**, did your hospital have specific contractual arrangement(s) with EMS transport provider(s)? Yes No

16. Prior to CAH conversion, what agencies provided inter-hospital transport for your facility?

17. Prior to CAH conversion, did your hospital provide medical direction for local EMS providers? Yes No
18. Prior to CAH conversion, did your hospital need to provide nurses to accompany critical inter-facility transfers (i.e., to complement the capacity of the pre-hospital system)? Yes No
19. Prior to CAH conversion, did your hospital provide paramedic intercept services for local EMS providers? (Paramedic intercepts occur when a paramedic goes out to meet the transporter to assess the patient and/or accompany the patient to the hospital.) Yes No
20. Prior to CAH conversion, did your hospital bill on behalf of the EMS providers serving the hospital? Yes No
- If yes, did your facility bill Medicare for ambulance services? Yes No
 - If yes, did your facility bill any other payors for ambulance services? Yes No

B-3. Referral Patterns and Relationships

21. How many transfers of inpatients to another acute care facility for acute care have there been in the past 4 years? 1996: _____ 1997: _____ 1998: _____ 1999: _____
22. Has this changed since becoming a CAH? If so, why? Yes No _____
-
23. How many transfers to other acute care facilities have there been from the ER in the past 4 years? 1996: _____ 1997: _____ 1998: _____ 1999: _____
24. Has this changed since becoming a CAH? If so, why? Yes No _____
-
25. Has the change in the length-of-stay limit from a 96-hour per-case limit to a 96-hour average had any effect on the transfer rates? Yes No
26. With how many referral hospitals do you have written agreements for accepting your patients? _____
27. Do specialists come from those hospitals to practice here? Yes No
28. Are there telemedicine/telehealth linkages with referral hospitals? Yes No
29. What are the uses of these telemedicine/telehealth linkages?
- Education
 - Routine cases
 - Emergent/urgent cases
 - Specialist referral
 - Other _____

B. Financial Information: B.4 Revenues, Expenses, and Balance Sheet Data

When possible, we have entered below financial information about your hospital from documents available to us. If data are filled in below, we would appreciate it if you would review the information and make changes to any incorrect information. Please also fill in the blank cells. We would also appreciate it if you would **send us your FY 1998 and 1999 Medicare cost reports and financial statements (statement of operations, balance sheet, statement of changes in net assets, and statement of cash flows)**.

Patient Service Revenue by Source	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000
Inpatient					
Acute					
Swing beds					
Outpatient					
Long term care					
Home Health					
<i>Total Gross Patient Revenue</i>					
Patient Service Revenue by Payor					
Medicare					
Medicaid					
Private insurance					
Self-pay					
Other: _____					
<i>Total Gross Patient Revenue</i>					
% Capitated					
Deductions and Allowances					
Contractual adjustments					
Medicare					
Medicaid					
Other					
Charity Care					
Other Allowances: _____					
Net Patient Service Revenue					
Other Operating Revenues					
Expenses					
Salaries/Payroll/Fringe					
Professional Fees					
Medical and general supplies					
Purchased services					
Depreciation					
Interest					
Debt Service					
Bad Debt					
Other					
Other Support and Non-Operating Revenues					
Transfer or other support from parent					
County Appropriations					
State Appropriations					
Contracts					
Grants					
Donations					
Investment Income					
Other: _____					
<i>Total Other Revenue</i>					
Balance Sheet Data					
Current Assets					
Non-Current Assets					
Plant, Property & Equipment					
Accumulated Depreciation					
Current Liabilities					
Non-Current Liabilities					
Net Assets					

D. Strategy-Related Information: D-1. Strengths/Problem Areas

Directions: In column 2, please check those areas in column 1 that were MAJOR AREAS OF STRENGTH or MAJOR PROBLEM AREAS of your hospital during the 6 months prior to conversion to CAH status. (Please check ALL that apply) In column 3, please check those areas in column 1 in which your hospital is currently undertaking, or planning within the next 3 years to undertake, a MAJOR INITIATIVE. (Please check ALL that apply)

(1)	(2)	(3)
	Major Area of Strength	Major Problem Area
Financial		Currently or will likely undertake a Major initiative affecting this area in the next 3 years
1. Cash flows	<input type="checkbox"/>	<input type="checkbox"/>
2. Interim rates	<input type="checkbox"/>	<input type="checkbox"/>
3. Medicare reimbursement for inpatient/outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
4. Medicaid reimbursement for inpatient/outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
5. Managed care contracts/revenues	<input type="checkbox"/>	<input type="checkbox"/>
6. Indigent or charity care	<input type="checkbox"/>	<input type="checkbox"/>
7. Collections	<input type="checkbox"/>	<input type="checkbox"/>
8. Coding	<input type="checkbox"/>	<input type="checkbox"/>
9. Other revenues and reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Services		
10. Inpatient census	<input type="checkbox"/>	<input type="checkbox"/>
11. Patient classification (e.g. 24-hr observation beds, swing beds)	<input type="checkbox"/>	<input type="checkbox"/>
12. Outpatient visits	<input type="checkbox"/>	<input type="checkbox"/>
13. Average length of stay	<input type="checkbox"/>	<input type="checkbox"/>
14. Scope of services offered	<input type="checkbox"/>	<input type="checkbox"/>
15. Ancillary services (e.g. pharmacy, lab)	<input type="checkbox"/>	<input type="checkbox"/>
16. Support services (e.g. environmental services)	<input type="checkbox"/>	<input type="checkbox"/>
17. Specialty clinics (e.g. women's, geriatric, psych, daycare, rehab)	<input type="checkbox"/>	<input type="checkbox"/>
18. Outreach services and programs (e.g. mobile health unit, town meetings, telemedicine, rape assistance hotline, EMS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
19. Quality of care	<input type="checkbox"/>	<input type="checkbox"/>
20. Accessibility of services	<input type="checkbox"/>	<input type="checkbox"/>
21. Modernizing facilities and equipment	<input type="checkbox"/>	<input type="checkbox"/>
22. Continuous quality improvement initiatives	<input type="checkbox"/>	<input type="checkbox"/>
23. Sharing/Coordinating services with other provider(s)	<input type="checkbox"/>	<input type="checkbox"/>
24. Case management	<input type="checkbox"/>	<input type="checkbox"/>
25. Reducing unnecessary use of medical services	<input type="checkbox"/>	<input type="checkbox"/>
26. Bed conversion	<input type="checkbox"/>	<input type="checkbox"/>
Staffing		
27. Recruiting/retaining/compensating physicians	<input type="checkbox"/>	<input type="checkbox"/>
28. Recruiting/retaining other clinical staff	<input type="checkbox"/>	<input type="checkbox"/>
29. Variable/shared staffing/changed roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
30. Downsizing and layoffs	<input type="checkbox"/>	<input type="checkbox"/>
31. Physician/employee relations	<input type="checkbox"/>	<input type="checkbox"/>
Governance, Administration and Infrastructure		
32. Non-CAH System/Network affiliations	<input type="checkbox"/>	<input type="checkbox"/>
33. The Board	<input type="checkbox"/>	<input type="checkbox"/>
34. CEO	<input type="checkbox"/>	<input type="checkbox"/>
35. Administrative team/management staff	<input type="checkbox"/>	<input type="checkbox"/>
36. Planning and strategic planning	<input type="checkbox"/>	<input type="checkbox"/>
37. Financial systems and/or information systems	<input type="checkbox"/>	<input type="checkbox"/>
38. Risk management	<input type="checkbox"/>	<input type="checkbox"/>
39. Management contracting	<input type="checkbox"/>	<input type="checkbox"/>
40. Integration within a larger healthcare system	<input type="checkbox"/>	<input type="checkbox"/>
41. Joining a consortium	<input type="checkbox"/>	<input type="checkbox"/>
Community and External Entities		
42. Reputation	<input type="checkbox"/>	<input type="checkbox"/>
43. Donations and appropriations	<input type="checkbox"/>	<input type="checkbox"/>
44. State legislative initiatives and regulations	<input type="checkbox"/>	<input type="checkbox"/>
45. Relations with state hospital association	<input type="checkbox"/>	<input type="checkbox"/>
46. Relations with state physician association	<input type="checkbox"/>	<input type="checkbox"/>
47. Relations with state office of rural health	<input type="checkbox"/>	<input type="checkbox"/>
48. Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
49. Of those items you've checked, list the top 3 (in importance) in each column. (Please note the line number).	() () ()	() () ()

Information concerning the process leading up to CAH conversion.

Directions: Please fill in the following information.

D-2. Feasibility Studies

50. If a financial feasibility study was conducted to study the possibility of CAH designation, please list the name of the firm or agency that conducted the study and the net effect on the bottom line the study estimated.

<u>Name of firm or agency</u>	<u>Net effect</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

D-3. Parties Involved in Conversion Decision-Making

51. Please identify which of the parties in column 1 played a **MAJOR** role as a supporter (S) or opponent (O) in making the decision to switch to CAH status. Also, please identify which of the parties in column 1 provided **MAJOR** technical assistance (T) in the decision-making process leading to CAH conversion. *Please check all that apply. Please feel free to add other parties in the space provided or on the back of this sheet.*

(1)	A MAJOR Supporter (S) or a MAJOR Opponent (O) <i>Please check all that apply.</i>	Provided MAJOR Technical Assistance (T) <i>Please check all that apply</i>
(1)	(2)	(3)
A. Parent corporation	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
B. Board	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
C. CEO	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
D. Management team	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
E. Physicians	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
F. Community members	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
G. Local employers	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
H. External consultants	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
I. State elected officials	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
J. State appointed officials	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
K. Local government	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
L. State office of rural health	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
M. Other state agency:	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
N. Rural health association	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
O. State hospital association	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
P. EMS	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>
Q. Other (<i>please specify</i>):	<input type="checkbox"/> S <input type="checkbox"/> O	<input type="checkbox"/>

D-4. Strategic Planning

<i>Please check all that apply.</i>	Yes	No	
52. Does your hospital have a formal, written strategic plan?	<input type="checkbox"/>	<input type="checkbox"/>	If no, you are finished.
A. Who played a major role in developing the strategic plan?			
1). The Board	<input type="checkbox"/>	<input type="checkbox"/>	
2). The CEO	<input type="checkbox"/>	<input type="checkbox"/>	
3). The hospital administrative team	<input type="checkbox"/>	<input type="checkbox"/>	
4). Outside consultant:	<input type="checkbox"/>	<input type="checkbox"/>	
5). Parent organization:	<input type="checkbox"/>	<input type="checkbox"/>	
6). State agency:	<input type="checkbox"/>	<input type="checkbox"/>	
7). Other:	<input type="checkbox"/>	<input type="checkbox"/>	
8). Other:	<input type="checkbox"/>	<input type="checkbox"/>	
B. Does the strategic plan contain any of the following?			
1). Mission/Vision	<input type="checkbox"/>	<input type="checkbox"/>	
2). External environmental assessment	<input type="checkbox"/>	<input type="checkbox"/>	
3). Internal environmental assessment	<input type="checkbox"/>	<input type="checkbox"/>	
4). Goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	
5). Measurable goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	

Thank you very much for taking the time to complete this data collection instrument.