

# HRSA Rural Hospital Technical Assistance Application

## Inclusion Criteria

1. A PPS hospital defined by federal or state as rural. See the Federal Office of Rural Health Policy (FORHP) tool for federal eligibility (link below), or check with your State Office of Rural Health for state specific definition.
2. All Critical Access Hospitals are eligible.
3. Hospitals operated by tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act are also eligible.
4. Rural hospitals evaluating health care services provided to the community which may exclude in-patient services, i.e., "right servicing" its local health care services.
5. If unsure of rural eligibility, please check the FORHP Eligibility Analyzer at <https://data.hrsa.gov/tools/rural-health?tab=Address>

## Exclusion Criteria

1. Hospitals participating in other HRSA funded in-depth technical assistance **are not** eligible for this program (the Delta Region Health Systems TA or the Small Rural Hospital Transitions program). Hospitals participating in Medicare Rural Hospital Flexibility Grant or Small Rural Hospital Improvement Project funds resources **are eligible**.

NOTE: All application fields must be completed in order to submit.

# Health of Community (10 Points)

## Demographics

1. Name of the hospital:

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2. State where the hospital is located:

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3. CMS Certification Number for the hospital:

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4a. Name of the applicant:

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4b. Position of the applicant:

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5. Applicant contact information (list any forms of contact you would like to be utilized, and designate a preferred method if desired):

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6. Is your hospital a Critical Access Hospital (CAH) or a Prospective Payment System (PPS) Hospital (Select either CAH or PPS)?

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7a. Is your hospital part of a system (Select either Yes or No)?

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7b. If you answered yes to 7a, please enter the name of the system.

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8. Is your hospital operated by an external management company (Select either Yes or No)?

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9. Which business entity pays the salary for the hospital CEO?

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10. What is the size of the hospital (number of licensed beds and staffed beds)?

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11a. Describe the five most important service lines of your hospital. For this question, please input your most important service line.

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11b. Please input your second most important service line.

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11c. Please input your third most important service line.

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11d. Please input your fourth most important service line.

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11e. Please input your fifth most important service line.

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12. What is the size (population) of the community?

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13. Population of the catchment area:

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14. Geographic size of the catchment area (in square miles):

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15a. Is your hospital supported by state and/or local taxes (select either Yes or No)?

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15b. If you answered yes to 15a, what is the source? For example, is it a hospital or healthcare tax specifically, part of a county taxing structure, or something else?

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**Community Status**

1. Change in population over the past decade stated as a positive number for growth or a negative number for loss:

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2. Average age of your population:

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3. Average income of the population served:

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4. What is your payer mix by approximate percentage? (Uninsured/Medicare/Medicaid/private insurance/other payers, such as Veterans Administration)

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5. List any new industries to the community or service area in the last five years:

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6. List any loss of industries to the community or service area in the last five years:

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7. Has local school enrollment increased or decreased over the past decade? Please provide numbers if available.

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## Community/Facility Level of Readiness to Participate (20 points)

Note: For questions in this section, please note that each hospital will be scored based on the level of effort and initiative to address the health of the hospital and access to care concerns.

1a. On a scale from 1 to 5, with 1 being not a priority at all, and 5 being the highest priority, how does your community leadership perceive the need for your hospital to remain open?

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1b. Please provide some justification for why you selected that level of readiness. For example, leadership has hosted annual fund raisers, community has submitted grant requests for equipment or a program, et cetera.

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2a. Does your community leadership support expanded efforts in the community to address the sustainability of your hospital or access to care concerns (select either Yes or No)?

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2b. Please elaborate on your answer from 2a.

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3a. On a scale from 1 to 5, with 1 being not a priority at all, and 5 being the highest priority, how does your hospital board perceive the need for your hospital to remain open?

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3b. Please provide some justification for why you selected that level of board perception. Provide examples if possible.

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4a. Is your hospital board actively engaged with hospital leadership to address the health of your hospital (select either Yes or No)?

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4b. If you answered yes to 4a, is the engagement between the hospital board and hospital leadership a collaborative effort (select either Yes or No)?

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4c. If you answered yes to 4a, please provide some information about why you selected your choices for 4a and 4b:

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5a. On a scale from 1 to 5, with 1 being not a priority at all, and 5 being the highest priority, how do your community members perceive the need for your hospital to remain open?

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5b. Please provide some specifics about why you selected that level of community perception.

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6. What type of information is publicly and readily available to your community about the vulnerability of your hospital?

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7. On a scale from 1 to 5, with 1 being decreased a lot, 3 being not changed, and 5 being increased a lot, has your concern for the health of your hospital increased or decreased in the last 12 months?

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8a. Is hospital administration currently seeking knowledge on how to improve the health of the hospital (quality, cost & patient satisfaction) (select either Yes, No or Unknown)?

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8b. Please provide information to support your answer to 8a.

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9a. Are there efforts in your community to address the health of your hospital or access to care concerns (select either Yes or No)?

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9b. If you answered yes to 9a, is the community effort being conducted in partnership with hospital administration and/or the hospital board (select either Yes or No)?

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9c. If you answered yes to 9a, are there misconceptions or incorrect information among community members about the current efforts (select either Yes or No)?

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9d. If you answered no to 9a, is anyone in your community trying to get something started to address the health of your hospital or access to care concerns outside of this application (select either Yes or No)?

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9e. If you answered no to 9a, is this community effort being conducted in partnership with hospital administration and/or the hospital board (select either Yes or No)?

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9f. If you answered no to 9a, are you aware of barriers that might prevent your community from actively engaging (select either Yes or No)?

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9g. If you answered no to 9a, please elaborate on your answer to 9f.

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10. If selected, are you (hospital leadership, hospital board, community leaders) willing to serve as a mentor to other health care facilities in upcoming years to share lessons learned and best practices implemented (select either Yes or No)?

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# Level of Vulnerability (50 points)

Note: The Financial Distress Index calculated by the University of North Carolina Sheps Center will be reviewed to provide a historical picture of financial vulnerability in addition to the current information you provide below.

## Quality/Experience

1. 30 day readmission rate (in nearest whole percentage):

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2. Patient fall rate (number of falls per 1,000 patient days):

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3. Medication error rate (number of errors per 1,000 orders):

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4. Patient willingness to recommend (in nearest whole percentage):

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**Operations**

1. Average daily census (Acute and Swing):

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2. Average length of stay:

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3a. Labor as percentage of expenses (in nearest whole percentage) = (salaries + benefits) / operating expenses:

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3b. Labor as percentage of expenses (in nearest whole percentage) = (salaries + benefits + physician contracts) / operating expenses:

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**Finance (previous fiscal year)**

1. Total margin (in nearest whole percentage) = net income / total revenue:

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2. Operating margin (in nearest whole percentage) = operating income / total revenue:

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3. Net revenue as percentage of gross (in nearest whole percentage):

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4. Current ratio = current assets / current liabilities:

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5. Debt service ratio = operating income / total debt service:

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6. Net accounts receivable days:

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7. Days cash on hand:

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8a. Please describe any other extenuating financial considerations that you may have. This is where you can describe how COVID-19 impacted your community and your hospital:

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8a. Please describe any other extenuating financial considerations that you may have. This is the place to explain any recent changes to your financial situation that would not be reflected in the UNC financial distress index:

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**Distance from the applicant community to next nearest hospital access (10 points)**

1a. Name and location of the closest facility of similar or larger size:

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1b. Distance of the closest facility from applicant hospital (in travel time, X hrs, Y mins):

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2a. Name and location of the second closest facility of similar or larger size:

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2b. Distance of the second closest facility from applicant hospital (in travel time, X hrs, Y mins):

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3a. Name and location of the third closest facility of similar or larger size:

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3b. Distance of the third closest facility from applicant hospital (in travel time, X hrs, Y mins):

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4. Describe your hospital's experience in partnering or collaborating with the facilities mentioned in questions 1-3:

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5a. Are you tracking where patients go and for what services they leave town (outmigration) (select either Yes or No)?

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5b. If you answered yes to 5a, please describe your answer.

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## Partnerships (10 Points)

Note: For questions in this section, please note that each hospital will be scored based on the level of effort and initiative to establish partnerships and obtain financial support, even if initiatives are not complete or have not been successful to date.

1a. Are there local organizations or coalitions that deal with access to health care issues? Access to care partnerships consist of community stakeholders including but not limited to hospitals, clinics, social services, local government, public health, and faith-based communities. These might be free health care clinics, urgent care clinics, or FQHCs (select either Yes or No).

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1b. Please elaborate on your answer to 1a:

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2a. Are there local individuals or organizations that could be enlisted to provide support (funds, time, effort, connections) for access to healthcare concerns (select either Yes or No)?

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2b. Please elaborate on your answer to 2a:

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3. What work have you done or are in discussions to do with philanthropic funding partners or local organizations (financial, educational, faith-based, service, etc.) to indicate community buy-in or capacity to partner?

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## Acknowledgements

1. I acknowledge that if selected, a Memorandum of Understanding (MOU) will need to be signed. The MOU is available on the CORH website for review. In order for CORH to provide a full year of technical assistance, applicants are being asked to review the MOU to ascertain that there are not any absolute contradictions to signature (check the box).

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2a. If selected, I acknowledge that my facility may/could be used in Press Releases(s) (check the box).

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2b. You may choose to be identified either by name or anonymously (i.e., a hospital in Pennsylvania). Please list how you wish for your facility to be identified.

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