

 GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GA SORH's Efforts to Aid Our Rural Hospitals and Communities



Presentation to: Office of Rural Health Policy's Region B
 Presented by: Charles F. Owens, Executive Director
 State Office of Rural Health

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 GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Mission


The Georgia Department of Community Health
 We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Governor's Response to Rural Hospitals

Governor Deal's 3 pronged approach:

1. Establish RURAL Free-standing ER Regulations
2. Establish the 16 member Rural Hospital Stabilization Committee
3. Assign a point of contact for Rural Hospitals
 - Charles Owens, 229-401-3081 or cowens@dch.ga.gov

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Rural Hospital Stabilization Committee

David Lucas, Senator	Terry England, State Representative
Temple Sellers, GHA	Jimmy Lewis, HomeTown Health
Greg Hearn, Ty Cobb Regional Hospital	Scott Kroell, Liberty Regional Hospital
David Sanders, Fannin Regional Hospital	Maggie Gill, Memorial Hospital
Wade Johnson, Lincoln County Commission	Angela Highbaugh, MD, Pediatrician
Jeffery Harris, MD, OB/GYN	Molly Howard, Jefferson County School Sys
Jimmy Allen, Tift General Hospital Authority	Tom Fitzgerald, MD, Emergency Medicine
Ronnie Rollins, Community Health Systems	Charles Owens, DCH, SORH



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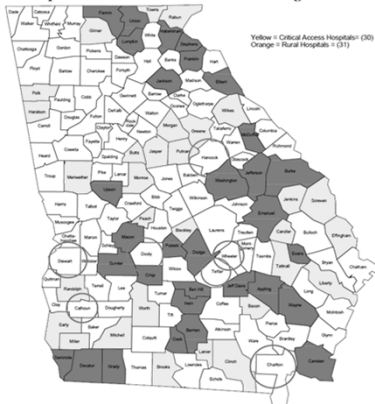
Rural Hospital Stabilization Committee

- Inaugural Meeting held June 9th
- Second Meeting Scheduled for Aug 25, Monday
 - Location: Department's State Office of Rural Health
502 South 7th Street, Cordele 31015
229-401-3090
 - Open to the public, teleconference & Webex option anticipated if preferred



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State of Georgia
Hospitals Certified for Critical Access Designation



O.C.G.A. § 31-6-2(32)
"Rural county" means a county having a population of less than 35,000 according to the United States decennial census of 2000 or any future such census.

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What are we doing.....

- Serving as the Point of Contact
- Financial & Operational Programs
- Facilitating communications –
 - Discussing options: RHC, FOHC & Rural Free-standing ER
 - In the absence of the hospital looking at options for sustaining LTC, Primary Care, dialysis, etc
 - CON maintenance and bed licensing
 - Connecting and facilitating with Health Facilities Regulations Staff
- Crafted a "How to Close a Hospital" Guide



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Hospital Closure Checklist

- **Notify licensing organization** 30 days in advance of planned closure or cessation of operations (GA)
- In compliance with the **Worker Adjustment and Retraining Notification (WARN) Act** for all hospitals with a staff of 100 or more employees, a 60 day written notice of the intent to close is required.
- **Other notifications:**
 - All active inpatients and outpatients, public, Medical Staff, Local Government - County Commission Chairman, City Manager, Police, Fire Department, EMS, DOT (removal of blue hospital locator signs day of closure), Department of Labor, Area hospitals, vendors and suppliers, payers, accrediting organizations, elected officials, etc
- **Prior to closure, inform Licensing organization of: (Georgia)**
 - Planned storage location for patient records, publish in widely circulated newspaper(s) where medical records and other critical information can be retrieved
 - Medical Staff information



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Hospital Closure Checklist – Second Slide

- **Other closure plan considerations:**
 - Patient transfer plan
 - Limited intake of patients during the notice period
 - How patients will be advised of alternative services
 - Disposition of medications, medical waste, equipment, etc
- **Post closure:**
 - Surrender of License within 10 days of closure (Georgia)
 - Patient Record Access Plan
 - Financial – post-closure operating budget; personnel, space necessary to manage claim submission, accounts receivable
 - Operational – IT, equipment leases, storage or financial, business, personnel records, etc.
 - Physical Plant – Security of the building, etc
 - Audited financial statements
 - Medicare and Medicaid cost reports
 - Insurance – Maintenance of Liability, Officers and Directors for a specified period of time
 - Notify the Regulatory Agency of any change in location of patient records, medical staff and other critical information.



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Georgia Hospital Regulations

- For purposes of state licensure, all hospitals are governed by Georgia law and HFR's Rules and Regulations for Hospitals, 111-8-40
- Effective May 19, 2014, HFR's Hospital Regulations were revised to add a new classification for rural hospitals downgrading their services to become a Rural Free Standing Emergency Department.



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Rural Free Standing Emergency Department

HFR Rule 111-8-40-.02 – Definition

1. is currently licensed by the Department as a hospital or was previously licensed by the Department as a hospital and such license expired within the previous 12 months;
2. is located in a rural county as defined by O.C.G.A. § 31-6-2(32);
3. is located no more than 35 miles from a licensed general hospital;



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Rural Free Standing Emergency Department

HFR Rule 111-8-40-.02 – Definition (cont.)

4. is open 7 days a week, 24 hours a day; and
5. provides non-elective emergency treatment and procedures for periods continuing less than 24 hours.



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Rural Free Standing Emergency Department

Optional Services

- elective, out-patient surgical treatment and procedures for periods continuing less than 24 hours;
- basic obstetrics and gynecology treatment and procedures for periods continuing less than 24 hours; and/or
- elective endoscopy or other elective treatment and procedures which are not performed in an operating room environment.



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Rural Free Standing Emergency Department

Licensure Process:

- Review and submit application Packet and Instructions posted on HFR's website:
<http://dch.georgia.gov/licensure-forms-applications>
- Application will be reviewed by HFR
- HFR will schedule on-site visit (based on date provided by facility as to readiness)



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Contact Information

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