Appendix B:
SORH Self-Assessment

The information and questions below provide a 4 step process intended to help State Offices of Rural Health determine what role they should (or should not) play in providing technical assistance for vulnerable hospitals and communities. SORHs should understand that their role may need to change over time, depending on the technical assistance needs of the vulnerable hospitals and communities. This assessment is meant to provide a general guide for discussion and framework for articulating the technical assistance role of the SORH.

STEP 1

Fundamental Questions For SORH Consideration

Recommendation: If any answer to these questions is no, it is recommended that the SORH should have NO role in technical assistance to vulnerable rural hospitals and communities.

STOP

1. Does the SORH know what kind of hospitals are vulnerable to closure in the state?
2. Does the highest level of leadership to which the SORH reports supportive of the technical assistance role of the SORH with vulnerable hospitals and communities?
3. Does the SORH or its partner have an invitation or existing relationship with the community or hospital on which to build the technical assistance effort?
4. Is there at LEAST a .10 FTE available from the SORH to provide or coordinate resources?

STEP 2

Questions To Determine Role Of The SORH

Recommendation: SORH staff should utilize these questions to consider the capacity they (and their partners) have to respond to the needs of vulnerable hospitals and communities. They should be fully vetted before proceeding with any effort

1. Will the SORH be available as a resource to all vulnerable hospitals and communities? In the event of multiple target communities how will these be prioritized?
2. Are travel funds available from the Office budget(s) to support SORHs staff to travel to vulnerable rural communities? How much travel funding is available?
3. Are there Office funds available to support contractors or partners to provide additional expertise? How much? What is the timeline for being able to disseminate these funds?
4. What is the additional available FTE of SORHs staff for supporting or working directly with the community? e.g. staff for travel, meeting coordination, logistics, preparation of materials?
5. Is there at least one other partner willing to engage? e.g. hospital associations, primary care associations, rural health associations, universities, AHEC, Cooperative Extension, economic development authority, county commission.
6. What resources can partner offer? e.g. FTE of staff, expert consultants, funding to support travel to the vulnerable hospital or community.
7. Is there a "sanctioned" community focal point for the technical assistance? e.g. an advisory committee appointed by the county commission, a community development agency, or hospital employee?
8. Does the community already have an achievable goal for the technical assistance effort?
9. Has a simple project plan including a goal for addressing the needs of been adopted by community and a TA team? See project plan example in Appendix F.
10. Is there an Memorandum of Understanding (MOU) in place for the SORH, the community and any needed partners and contractors to achieve the project plan?

Appendix B:
SORH Self-Assessment continued

Utilizing the chart below, consider the questions for consideration and identify a descriptive role for your SORHs to adopt.

With answers to these questions SORHs can consider one of three general roles. This delineation of roles is a general guide for a SORHs to determine the type of technical assistance a SORHs could consider given the existing capacity.

SORH/partner available resource	Which Role?	Types of TA
.10 FTE and no other budget	**Monitoring —** SORH has limited staff, budget and partner resources to allocate. SORH can utilize one of the resources described in the "Identifying Vulnerable Hospitals" section of the toolkit or roadmap. This is a simple role to periodically review data on rural hospitals and disseminate information as appropriate to hospitals, community, partner or other organizations.	Identifying vulnerable hospitals ◆ Financial Indicators ◆ Quality Indicators ◆ Provider Alignment Indicators ◆ Community Support Indicators ◆ Hospital Self-Assessment Indicators
.25 FTE and some SORH budget for contracting and travel	**Contracting —** SORH has staff and budget resources from FLEX, SHIP or other funds which be may be utilized to hire contracted expertise to provide information or education to support more than one vulnerable hospital or community. SORH activities include travel and meetings with the community, and ensuring appropriate contract development and management.	**Monitoring +** ◆ Ensure financial and operational resources are available (e.g. bench-marking reports, contract for expertise) ◆ Encourage community stakeholder education ◆ Prepare hospital & community for closure
.50 FTE and some budget and partners	**Partnering —** SORH has resources, a partnership with at least one organization with expertise and resources to offer to the hospital and community. There should be a specific community contact dedicated to a community and/or hospital identified goal. SORH activities include facilitation, participation in a collaborative community effort and may include an educational role.	**Contracting +** ◆ Offer stakeholder education on leadership & changing systems ◆ Encourage community stakeholder education ◆ Offer stakeholder education on alternative systems of care ◆ Assess community health needs ◆ Evaluate health care resources ◆ Develop a community plan

Appendix B:
SORH Self-Assessment continued

STEP 4

SORH Delineation Map — Use this map to understand the role of the SORH and as a guide for the decisions and activities which must be made by SORH, hospitals, communities, partners and contractors who are supporting the technical assistance efforts.