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.

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.

<table>
<thead>
<tr>
<th>SORH/partner available resource</th>
<th>Which Role?</th>
<th>Types of TA</th>
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<tbody>
<tr>
<td>.10 FTE and no other budget</td>
<td>Monitoring</td>
<td>Identify vulnerable hospitals</td>
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<tr>
<td></td>
<td></td>
<td>- Financial Indicators</td>
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<td></td>
<td></td>
<td>- Quality Indicators</td>
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<td></td>
<td></td>
<td>- Provider Alignment Indicators</td>
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<td></td>
<td></td>
<td>- Community Support Indicators</td>
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<td></td>
<td></td>
<td>- Hospital Self-Assessment Indicators</td>
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<tr>
<td></td>
<td>Contracting</td>
<td>Monitor financial and operational resources are available (e.g. benchmarking reports, contract for expertise)</td>
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<tr>
<td></td>
<td></td>
<td>- Encourage community stakeholder education</td>
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<tr>
<td></td>
<td></td>
<td>- Prepare hospital &amp; community for closure</td>
</tr>
<tr>
<td>.25 FTE and some SORH budget for contracting and travel</td>
<td>Partnering</td>
<td>Offer stakeholder education on leadership &amp; changing systems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Encourage community stakeholder education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Offer stakeholder education on alternative systems of care</td>
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<tr>
<td></td>
<td></td>
<td>- Assess community health needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Evaluate health care resources</td>
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<tr>
<td></td>
<td></td>
<td>- Develop a community plan</td>
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</tbody>
</table>
Appendix B: SORH Self-Assessment continued

**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.

**SORH role:** Monitoring
- Review data, scan environment
- Does TA have potential to impact?
- Communicate with facility
- Report

**SORH role:** Contracting
- Review needs for contracted expertise
- Does community/hospital have achievable goal?
- Identify contracting resources, deliverables & communicate with consultant & facility
- Contract, monitor & measure

**SORH role:** Partnering
- Review TA goal, needs & roles for partners
- What are the goals, roles, resources of each partner?
- Develop collaborative plan with partners community or facility
- Implement community decision making plan, monitor and measure progress and impact