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Rural Focus

Expanding Access and Specialty Care in Rural Communities

By Kristie Williams, Vice President, *Carilion Giles Community Hospital* and *Carilion Tazewell Community Hospital*

Carilion Giles Community Hospital's community health needs assessments continually show that the community needs and wants access to specialty care locally.

Providing this can be a barrier for any healthcare facility but especially in a rural community where transportation is also an issue. Fortunately, Carilion Giles Community Hospital's relationship with Carilion Clinic enables us to utilize and leverage system resources to help meet the needs of the community we serve.

The emergency department is the gateway for acute inpatient admissions—approximately 95 percent of acute admissions are from an emergency department visit. While our rural facility can care for a wide range of patients, limited specialty services on-site create barriers to providing care and often results in a need to transport patients to another facility. This not only delays care for our patients, but also puts a strain on patient transportation services across the region. While the pandemic created many hardships and obstacles for healthcare services, it also taught us to leverage technology capabilities to provide unique care models via telemedicine. We now offer a variety of telemedicine services such as triage, intensivists, neurology, psychology, cardiology, and orthopedics, which enables providers to determine if care can be provided locally or if the patient needs to be transferred. This service has allowed us to reduce transfers and care for patients close to home. Telemedicine can also be leveraged by our hospitalist team for inpatients who develop additional care needs during their stay. Telemedicine not only allows for patients to receive care locally, but it also decompresses our tertiary facilities and can create a financial benefit to the system by maximizing provider utilization and avoiding unnecessary costs.

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Patients in rural communities not only need access to primary care, but often require specialty care due to comorbidities and other healthcare issues. As mentioned above, the community health needs assessment continues to show this as an ongoing issue. Patients often elect not to receive care when located outside of the community due to transportation barriers. Because of this specific community need, most of my work here at Carilion Giles Community Hospital has been focused on maintaining existing services and expanding access to specialty care for the community. In healthcare, we often review market data to support a service need, and primarily the data shows there is a need but not a need great enough to support a full-time specialist. Since our facility is part of a health system, we were able to leverage resources to secure funding for an expansion and support for specialists to rotate through the community based on need and provider availability. In 2018, we expanded the facility by 8,000 square feet to maintain existing specialty care services of general surgery and orthopedics in addition to future rotations of additional specialty services. Since the completion of the expansion, we are now able to provide access for ENT, urology, neurosurgery, plastics, physiatry, pulmonology, and cardiology services.

Organization Profile

Carilion Giles Community Hospital is a non-profit 25-bed critical access hospital located in Pearisburg, VA. It is one of Carilion Clinic's seven hospitals and one of eight critical access hospitals in Virginia. The hospital's primary service areas are Giles County, VA and Monroe County, WV. The hospital is located approximately 65 miles from its tertiary facility, Carilion Medical Center in Roanoke, VA.

The challenge: Providing access to specialty care locally in Carilion Giles Community Hospital's rural setting.

Steps taken:

- Leveraged technology to provide care via telemedicine for services such as triage, intensivists, neurology, psychology, cardiology, and orthopedics.
- Utilized the resources available through the hospital's parent organization (Carilion Clinic). For example:
  - Leadership secured funding for the hospital to expand its facility to maintain existing specialty care services.
  - The system provides support for specialists to rotate through the community based on need and provider availability.
  - They worked with two other subsidiary hospitals in their western region to develop a regional staffing model where staff can float between the hospitals.
- Expanded and enhanced the hospital's swing-bed program.

In addition to expanding specialty coverage for our local community, we have focused our efforts on expanding and enhancing our swing-bed program. In the last three years, we have been able to remove multiple barriers in the acceptance process to allow for a smoother transition back to the local community. Swing-bed admissions allow patients to receive additional treatment or therapy after their immediate acute needs are met (i.e., antibiotic treatment or rehab services needed after an orthopedic procedure). This allows those patients that we transferred out of our community for a higher level of acute care to return to our facility to recover, often closer to home, giving family members the opportunity to participate in care and be better prepared to assist the patient at discharge. In turn patients are more successful upon discharge and at less risk for a readmission. Another benefit of the swing-bed program is the ability to accept patients from our tertiary care facilities, allowing the system to create access by opening the higher-acuity beds quicker. Although the pandemic has ended, it is still often challenging to find beds at a tertiary care facility for those patients needing a service that cannot be provided at the smaller rural facilities. It is imperative for smaller facilities such as Carilion Giles Community Hospital to provide care locally but continue to identify alternative care models and service niches to decompress tertiary facilities.

Telemedicine brought specialty services locally to our community and also provided additional support and increased comfort level to our hospitalist providers. These additional services have allowed us to keep higher-acuity patients locally instead of transferring to other facilities. With an influx of higher-acuity patients, we needed to ensure that we had competently trained nurses to provide safe and effective care for the at-risk populations. We started moving towards a regional staffing model and tapped into system resources. We have three hospitals in our system's western region that are within about an hour of one another with very similar cultures and care models. This makes it easier for the staff to become familiar with operations and quality initiatives. We offer a marginal increase in pay for those willing to float between all three facilities, so it keeps costs down compared to external contracts. We rotate critical care staff through the larger of the two critical care units to maintain competencies surrounding higher-acuity patients. Two of the three facilities were utilizing contract staff to fill nursing vacancies at the time. We were able to eliminate all contract staff at one facility and have decreased contract staff by half at the other. In addition to establishing shared staffing opportunities, we also enhanced nursing competencies to allow for higher acuity (progressive care unit level of care) within the medical care realm.

Serving a rural community is a true honor. Each year we make strides in delivering additional specialty services to the community.

Questions for the Board

- What healthcare services are currently challenging for community members to access locally?
- How have access issues affected our patients' experiences and outcomes?
- What resources can the board and leadership utilize to address barriers to access (e.g., technology, partnerships, transportation services, etc.)?

Serving a rural community is a true honor. Each year we make strides in delivering additional specialty services to the community. As services and care models change, it is essential to collaborate both internally and externally with system partners. Fortunately, Carilion Giles Community Hospital has an extremely supportive board of directors and other county partners, which assists in advocating and implementing our unique care models.

The Governance Institute thanks Kristie Williams, Vice President, Carilion Giles Community Hospital and Carilion Tazewell Community Hospital, for contributing this article. She can be reached at kgwilliams@carilionclinic.org.