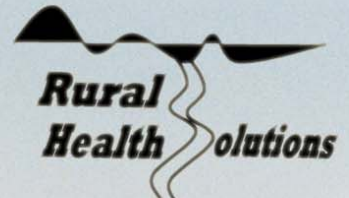


*A Critical Access Hospital Case Study*



IDAHO FLEX PROGRAM  
**EVALUATION '06**

BEAR LAKE MEMORIAL HOSPITAL, MONTPELIER, IDAHO



Real World. Results.

***Is the Medicare Rural Hospital Flexibility (Flex) Program and small rural hospitals' conversion to Critical Access Hospital (CAH) status improving the quality of care and the performance of small rural hospitals, enhancing local emergency medical services (EMS), and fostering network development? Has access to health care improved due to the Flex Program? Bear Lake Memorial Hospital, Montpelier, Idaho, was highlighted in a study of these questions as part of Idaho's Flex Program and its program evaluation activities. Using this approach, the case study determined that extensive progress has been made in advancing the goals of the Flex Program; however, on-going needs and issues exist at Bear Lake Memorial Hospital and in Montpelier, Idaho.***

## **A. CASE STUDY OBJECTIVES AND METHODS**

The Bear Lake Memorial Hospital case study reviewed community, hospital, and other health care related changes and outcomes that have occurred due to Bear Lake Memorial Hospital's conversion to Critical Access Hospital (CAH) status and its involvement in the Flex Program. Findings were identified using the following:

- Local health services and community background information was collected from March – August 2006 in Montpelier, Idaho.
- Interviews with hospital staff, hospital board members, and local emergency medical services (EMS) personnel took place in Montpelier in August 2006.
- Health care providers working in Bear Lake Memorial Hospital completed a health services survey in May 2006.
- A community focus group was completed in Montpelier in August 2006 to gather feedback on health and health care services in the community, changes that have occurred to the hospital since its conversion to CAH status, and on-going needs and issues.

Sixteen individuals from the hospital service area were included in the case study process. They were asked questions related to: the hospital's conversion to CAH status, changes that have occurred at the hospital over the past 10 years, quality of care, networking activities that have occurred, changes to EMS services, and community needs and issues.

The Idaho Department of Health and Welfare, Office of Rural Health and Primary Care, administers the Flex Program in Idaho and was the sponsor of the case study. Rural Health Solutions, St. Paul, Minnesota, conducted the case study and prepared this report.



## B. MONTPELIER, IDAHO, AND THE SURROUNDING AREA

Montpelier is a part of the Bear Lake Valley located in southeastern Idaho. It is a ranching area with four season recreational activities such as snowmobiling, fishing, hiking, water sports, and other activities. The largest employers in Montpelier are Bear Lake Memorial Hospital and Bear Lake County School District; while farmers and ranchers raise barley, wheat, beef cattle, and dairy products. Montpelier has a growing tourism industry with its proximity to Bear Lake, its location between Salt Lake City, Utah, and Jackson Hole, Wyoming/Yellowstone National Park, and the addition of the National Oregon/California Trail Center, a living history interpretive center.

In 2005, the estimated population of Montpelier was 2,507. Based on 2000 U.S. Census data, this is a decline of 10% from 2000 to 2005. Montpelier lies along Highway 89 about 87 miles south of Pocatello, Idaho, where the nearest tertiary hospital is located. Caribou Memorial Hospital, located in Soda Springs, Idaho, and also a CAH, is the nearest hospital (about 30 miles) to Bear Lake Memorial Hospital.

When asked, “What makes Montpelier a healthy place to live?”, case study participants characterized the community as: friendly, with few accidents, clean air and water, good doctors and hospital, community oriented, lots of outdoor and recreation activities, and where people know one another/are like family. When asked, “What makes Montpelier an unhealthy place to live?”, case study participants reported: poverty/near poverty, unemployment and underemployment, lack of mental health services, alcohol and drug use, obesity, youth prescription drug abuse, lack of education, lack of health insurance, and few employment opportunities for families to thrive.



## Bear Lake Memorial Hospital's Vision Statement:

*"Bear Lake Memorial Hospital, its skilled nursing facility, its home care unit, and its Bear Lake Manor assisted living center will perpetuate and foster access to optimum, quality health care for the residents and visitors of the Bear Lake area. The hospital will assume a leadership role in planning for health care needs of the community and will play a key role in the economic development of the area."*

*"Without the hospital, there probably wouldn't be a town."*

Case Study Participant

<sup>1</sup> As of March 27, 2006 there are 26 CAHs in Idaho and 1279 in the U.S. Source: Flex Program Monitoring Team.

<sup>2</sup> Source: US Census Bureau.

<sup>3</sup> Source: Lake County Ambulance Service.

## C. BEAR LAKE MEMORIAL HOSPITAL

Bear Lake Memorial Hospital, a 21-bed CAH, converted to CAH status February 5, 2001, making it the 15th hospital to convert in the state and the 343rd to convert in the U.S.<sup>1</sup> The hospital is county-owned and offers emergency care, general surgery, obstetrics, orthopedic surgery, kidney dialysis, and a variety of outpatient services. The hospital also owns five clinic offices, an assisted living center, an attached long-term care facility, and home health services. The hospital administrator has been working in the hospital for 22 years, the Chief Financial Officer 4 years, and the Director of Nursing 32 years. There are 10 physicians (5 full-time and 5 visiting/consulting), 2 physician assistants, and 174 employees working at the hospital.

Bear Lake Memorial Hospital's service area population of approximately 8,000 is poorer, less racially diverse, older, and less likely to have a college degree when compared to the population of Idaho.<sup>2</sup> Ambulance services for the area are provided by Bear Lake County Ambulance. It provides intermediate life support services through 47 trained emergency medical technicians (23 EMT-Intermediate and 24 EMT-Basic), as well as six First Responders. The ambulance service responded to 368 calls in 2005.<sup>3</sup>

## D. IMPACT OF THE FLEX PROGRAM

The national Medicare Rural Hospital Flexibility Program was created as part of the federal Balanced Budget Act of 1997. Its goals are to: 1) Convert small rural hospitals to CAH status; 2) Support CAHs in maintaining and improving access to rural health care services; 3) Develop rural health networks to increase health care efficiency and effectiveness and to advance the other Flex Program goals; 4) Integrate EMS into the continuum of health care services; and 5) Improve the quality of rural health care. Bear Lake Memorial Hospital was selected for an impact analysis using a case study approach in order to examine program outcomes and the impact that the Flex Program has had on local communities. Data were obtained from the Idaho Department of Health and Welfare, Office of Rural







## INDICATORS OF ON-GOING NEEDS/ISSUES:

- Montpelier is a potential site for regional and/or state EMS winter and water rescue training.
- Case study participants provided the following comments/information related to network development:
  - *"We [CAHs] have just begun to work together, we have so many more issues to address."*
  - *"I think we need to direct more money [Flex Program] to regional networks and statewide activities instead of local activities because we get so much more bang for our buck."*

**GOAL: INTEGRATE EMS INTO THE CONTINUUM OF RURAL HEALTH CARE SERVICES**  
**STATUS: OUTCOMES ACHIEVED/ON-GOING NEEDS**

## INDICATORS OF OUTCOMES ACHIEVED:

- EMS-hospital relations are being enhanced through activities such as joint training.
- Hospital employees have been trained as EMTs and they are active members of the local EMS squad.
- Plans are being developed to locate an ambulance in a high volume service area to decrease emergency response times.
- A local EMS assessment was completed by the Flex Program to identify community EMS needs that should be addressed. The following local activities were completed in response to assessment recommendations:
  - *Recruitment and retention programs from other EMS agencies in the state were obtained. This resulted in adding first responders to the ambulance squad.*
  - *The number of active EMTs on the squad increased from 35 to 47 from 2002 to 2006.*
  - *EMS tracking forms were simplified.*
  - *Ambulance personnel in the field no longer enter PCR data.*
  - *Ambulance personnel training occurs at monthly meetings.*
  - *Air medical and agency rendezvous protocols were developed and written.*
  - *Ambulance billing is contracted to a private company and the fee schedule was updated.*

## INDICATORS OF ON-GOING NEEDS/ISSUES:

- A permanent site and funding for a remote ambulance has not been identified.
- Pediatric AEDs and training are needed by the ambulance service.
- EMS has no vehicles that allow EMTs access to accident victims in the canyons, even though they received a number of such winter emergency calls from those needing care.



