



The Indiana Statewide Rural Health Network is a horizontal network comprised of 21 Critical Access Hospitals and 3 rural hospitals. The network was developed with funding from HRSA ORHP Rural Health Network Planning and Development grants submitted by the Indiana Rural Health Association which gave rise to the Indiana Statewide Rural Health Network in 2007. The InSRHN to-date has several projects concurrently in process, as well as some that are completed or in the planning phases. All of the projects are overseen by the Network Director, Cindy Large and the Associate Director, Matt Serricchio. The business planning, sustainability of network and return on investment for the network and network members are a collaborative effort between Ms. Large and Mr. Serricchio.

Services

Roundtables: Staff time to facilitate the meetings as well as planning and administrative work such as scheduling, coordination, meeting minutes, follow up, etc. These are initially funded by the HRSA Rural Health Network Development grant award, but will be self sustaining by current membership fees and other grant support post funding award cycle. Participants are committed to attend meetings, participate in meetings, and participate in planning future roundtable sessions to ensure the highest value to our members. Data collection has included satisfaction surveys and ideas for evaluating and improving services.

TeleStroke: InSRHN staff time to facilitate and oversee the partners in this project to ensure successful implementation of stroke network and “Get with the Guidelines” protocols for stroke care. Flex funding has been awarded through a contract with the ISDH/SORH to pay for an assessment of our participating hospitals current stroke care and technological capabilities, and a partnership with a large hospital system to provide equipment and services. Data collection will be through the “Get with the Guidelines” implementation, as well as an assessment report from a team dispatched to each hospital to evaluate their infrastructure and stroke care capabilities. Commitment from the 10 project member participants is high.

TeleMental: Staff time to facilitate relationships between rural hospitals and mental health centers or practitioners. Staff time to implement and train on equipment use. Funding is from a HRSA Outreach grant. Commitment from the 6 project members is high as this requires internal processes, working relationships and staff buy in to implement.

Video Conferencing: Staff time to create a business plan, research vendors, garner membership buy in, testing and implementation. Funding is from HRSA Flex program awarded through a contract with the ISDH/SORH. InSRHN is currently piloting a service for beta site testing as of this writing. Data collection will most likely revolve around self reported cost savings such as travel, time and resources saved. Commitment is high as this also requires several different levels of buy in and implementation within our member's facilities. InSRHN anticipates this will be the platform to build out for e-learning throughout the state over the next five years for rural providers and the communities they serve.

Leveraging Network: Staff time is needed to survey membership for needs assessment, vendor selection, negotiation, contract management, project management and oversight. Funding is from the HRSA rural health network development grant as well as network member annual dues. Data collection is tracking cost savings or self reporting of savings/improvements/satisfaction. Commitment level is low as InSRHN staff provide the internal resources necessary for successful network development and leveraging of resources.

InSRHN follows a rough plan for all programs/projects implemented:

- Needs assessment (Interest survey, discussion, member suggestions, national/state data, etc.)
- Interest and participation surveys/discussions
- Commitment of interest by members by signed Memorandum of Understanding (MOU)
- Project planning (Funding, resources, scope, etc.)
- Vendor/Partner/Service/etc. evaluation and selection
- Business plan
- Project management Implementation
- Satisfaction follow up
- Data collection and program evaluation

Bottom Up and Top Down approaches: When working with hospitals InSRHN often has to have multiple levels of buy in and commitment. The InSRHN CEO's must have buy in from the front line employees; and the front line employees must have buy in from the CEO/CFO.

- Do the upfront work such as creating a solid business plan prior to program planning and development
- Require participants to sign commitment letters or memorandums of understanding

outlining expectations and responsibilities

- Survey membership to understand needs before investing time into projects. In other words make sure what we are working on is needed and wanted.
- Be flexible: People and organizations are unpredictable. Be able to think on the fly and change your approaches at the last minute in order to ensure success. Keep the over arching goal in mind, but be flexible on the methodology.
- Prioritize and keep focused: When implementing projects do not overwhelm with possibilities, keep the primary focus on the problem you are solving now, and build from there.

Funding timelines: Working with federal and state funding can be frustrating due to long timelines and arbitrary deadlines. Be sure to be realistic with your goals, flexible with your projects and incorporate as much of the reporting requirements into your projects as possible. When implementing telemedicine you need both clinical and administrative buy in for successful outcomes.

The InSRHN telehealth projects are increasing availability and quality of services to underserved populations thereby showing an improvement in health outcomes for patients. InSRHN roundtables, video conferencing and leveraging of group resources have all shown successful results regarding time savings, improvement of services, problem solving, efficiencies, networking, cost savings with the ultimate goal of hospital performance improvement.

The InSRHN has developed a network Scorecard that monitors the ‘real-time’ return on investment (ROI) to members. This has proved as a useful tool in communicating the activities and initiatives of the network to its Board of Directors, members, potential members, and other key stakeholders throughout the state and nationally. The member ROI for 2009 was 477%.

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