



# Working At Critical Access Facilities:

Challenges and Opportunities for Travelers



Aaron Highfill MSc RN CFRN

TravCon 2023

September 19, 2023

Las Vegas, NV

# Conflict of Interest Statement

The planners of this learning activity have declared no conflicts of interest, vested interest, or financial relationship that may influence the content of this activity. All information is provided fairly and without bias. I have received no outside financial or commercial support in the preparation, presentation or implementation of this learning activity and have no affiliation with any company whose products or services are mentioned in this activity.

## Objectives:

### Attendees Will:

Identify regulatory requirements and common characteristics of Critical Access Hospitals.

Identify challenges unique to practicing in the Critical Access Hospital setting.

# What is a Critical Access Hospital (CAH)?

Created by Congress in response to widespread closures of rural hospitals throughout the 80's and early 90's.

12% of American rural hospitals closed between 1978-1988 (Mick & Morlock, 1994)

Balanced Budget Act of 1997 created CAH designation continuing allowable cost reimbursements +1% (subject to sequestration)

Medicare Rural Hospital Flexibility Program (FLEX)

# CAH Requirements

Less than 25 inpatient beds

Average LOS less than 96 hours - Not counting swingbeds

# Distance Requirement

Must be 35 miles from another hospital

Exceptions apply\*\*\*\*

# What does all this mean for the traveling clinician?

Limited Staffing

May only be 1 RN

RT/Lab/ Rad/Pharmacy may be on-call or limited hours.



# Respiratory Care at CAH

69.4% of Critical Access Hospitals employ Respiratory Therapists  
(Casey, et al., 2018)

# Pharmacy

State by state regulation

Increased use of Telepharmacy services.

# Emergency Coverage

Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant or Physician must be available 24 hours a day.

Does not need to be in house, but must be within 30 minutes or 60 minutes for certain rural areas.

Wait... CAH's might have better outcomes??

For certain things.....

“Patients who received hip fracture surgical care at CAHs had a lower risk of major medical and surgical complications than those who had surgery at non-CAHs....”

(Malik, et al., 2021)

# Benefits of Practicing at a CAH:

Intangibles.....

# What's the Future of Critical Access??

Telemedicine Expansion (ICU, Pharm)

Reimbursement and Regulatory Changes

Rural Emergency Hospital (2023)

# Questions???

Additional Resources:

<https://www.ruralhealthinfo.org>

# References:

Mick, S. S., & Morlock, L. L. (1990). America's rural hospitals: A selective review of 1980s research. *The Journal of Rural Health*, 6(4), 437-466.

<https://www.ruralhealthinfo.org/topics/critical-access-hospitals#ownership> Retrieved 02/08/23

Casey, M., Evenson, A., Moscovice, I., & Wu, Z. (2018). Availability of respiratory care services in critical access and rural hospitals. Policy Brief (June 2018) University of Minnesota Rural Health Research Center Retrieved from [http://rhrcumnedu/wpcontent/files\\_mf/1530149057UMNpolicybriefAvailabilityofRespiratoryCareServicespdf](http://rhrcumnedu/wpcontent/files_mf/1530149057UMNpolicybriefAvailabilityofRespiratoryCareServicespdf). Published online.

Baldoni, S., Amenta, F., & Ricci, G. (2019). Telepharmacy services: present status and future perspectives: a review. *Medicina*, 55(7), 327.



# References Continued

Malik, A. T., Bonsu, J. M., Roser, M., Khan, S. N., Phieffer, L. S., Ly, T. V., Harrison, R. K., & Quatman, C. E. (2021). What Is the Quality of Surgical Care for Patients with Hip Fractures at Critical Access Hospitals?. *Clinical orthopaedics and related research*, 479(1), 9–16. <https://doi.org/10.1097/CORR.0000000000001458>