**Rural Emergency Hospital Talking Points**

\*Updated 2/22/2023

The following talking points are designed for hospitals pursuing the Rural Emergency Hospital (REH) federal designation.

**Internal Audiences, Including Board Members & Staff**

**Pursuing the new REH designation will provide our hospital with the financial support needed to maintain crucial community services.**

* 100 rural hospitals across the country have [closed](https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/) since 2005. Our community can not afford to have our hospital added to that list.

**Based on the final rules from the Centers for Medicare and Medicaid Services, our hospital will be required to eliminate our inpatient beds in exchange for a 5% boost to Medicare outpatient reimbursement and an average facility fee payment of $3.2 million a year.**

* Included is a provision allowing a return to offering our inpatient services at any point in the next five years should this change negatively impacts our community.
* Given our average inpatient census, eliminating our inpatient beds should have a minimal impact on the access to care for our patients. Patients under observation will still be able to stay overnight.
* Converted hospitals must always have a clinician on call, staff their emergency departments 24 hours a day, implement a quality assurance and performance improvement program, have a per-patient average length of stay under 24 hours and maintain an infection prevention program.
* Even though we will no longer have inpatient beds, we will remain a hospital. We will continue offering vital service lines frequented by the majority of our patients including:
  + Laboratory services which account for XX% of visits.
  + Imaging and radiology services which account for XX% of visits.
  + Outpatient surgeries which account for XX% of visits.

**Our intention is to reallocate any impacted staff to other service areas.**

* Our industry is experiencing significant staffing shortages and we can not afford to lose any existing staff.
* We value and recognize the commitment and dedication of our staff.
* We will keep jobs within our community by becoming an REH.

**Your support in this is instrumental. We want to ensure you understand what is happening and why because, as a representative of this facility, you are likely to get questions and we want to ensure you are equipped with answers.**

**External Audiences/General Public**

**Pursuing the new Rural Emergency Hospital (REH) designation will provide our hospital with the financial support we need to maintain services in our community well into the future.**

* Hospitals across Michigan and the nation, especially those in rural communities, are in jeopardy because of rising costs and stagnate reimbursement. The new hospital designation is a way to help small communities keep a healthcare facility close to home.
* Becoming an REH means keeping close to home your doctors, outpatient surgeries, lab and imaging services and more.
* The changes that will come from the conversion will have no impact on the quality of patient care and allow us to maintain the same level of skilled clinicians.
* While becoming an REH does mean the closure of inpatient units, it provides the financial ability to maintain many other services the hospital offers in the community.
* This transition allows us to maintain the most utilized services and to continue providing our community with care close to home.

**The average inpatient census at our hospital is X and the nearest inpatient hospital to us is X miles away. And in XX% of cases, we transfer inpatients to XX already. For those who need outpatient services or emergency services only, this conversion will have a limited impact on the XX,XXX number of patients we treat every year who never need inpatient services.**

* You can still expect a staffed emergency department available 24/7 year-round to care for you in the case of an emergency.
* We will also be implementing/currently utilize a quality assurance and performance improvement program to ensure we continue to deliver the high-quality care you expect. **[INSERT ANY QUALITY ACCOMPLISHMENTS OR AWARDS]**
* While the designation requires our per-patient average length of stay to be under 24 hours, you still will be able to stay overnight at the hospital if an observation is required.

**This change will provide our hospital with consistent yearly funding we can count on that is not tied to the number of patients we see and includes an increase in reimbursement for outpatient services.**

* During the pandemic when many nonemergency services were postponed, our revenue was significantly impacted. That is no longer the case with the REH funding model.

**Healthcare is becoming more accessible, and we are able to provide more care outside of the four walls of our hospital.**

* The healthcare needs of our community are changing, but we can address them in different ways than was required 10 or 20 years ago with improved care options such as telehealth

**The timing of the exact conversion should be brief and during the transition, there will be little to no impact on patient care.**