

# NRHA Leadership Solutions: Are They Making a Difference?

### NRHA Certification Programs

Overview

Rural Health Policy Congress

**Fellows** 

Rural Hospital Certification Programs

**New Programs** 

# Leadership is the single biggest predictor of success

Alan Morgan, CEO
National Rural Health Association

### Health Equity



### Rural Health Policy Congress



#### Purpose of NHRA

- Identify and represent the health and health care needs and views of rural America
- Increase understanding of the distinctive features of health and health care delivery in small towns and rural areas
- Provide a multi-sector forum for the exchange and distribution of ideas, information, research, and methods relative to the improvement of rural health
- Build coalitions for addressing rural concerns
- Develop and promote solutions to rural health care problems
- Represent the interests of the membership of the Association

Early 1990s, NRHA's Board of Trustees created the NRHA Policy Board



Policy development



Advocacy



Report to the Board of Trustees



BOT approve recommendations developed by Policy Board

In the early 2010's the name of the Policy Board was changed to "Rural Health Policy Congress"

More independent of the Board of Trustees

Formally separating the duties and responsibilities.

The Rural Health Congress is charged with developing and approving public policy positions that will assist the Association in accomplishing its purposes.

The Rural Health Congress is the policymaking body that determines the Association's positions regarding public policy.

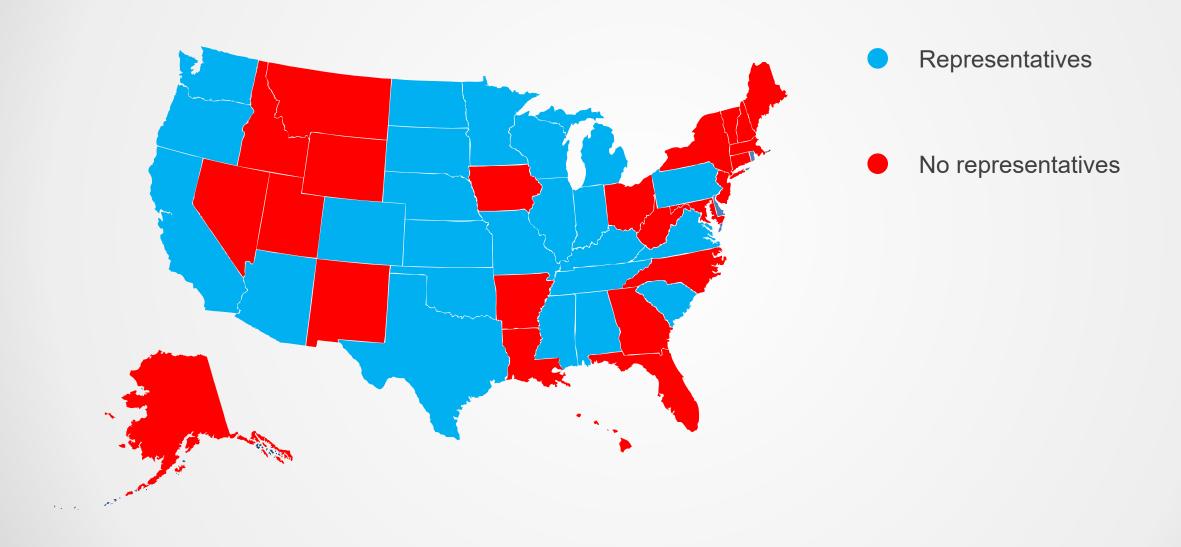
# The responsibilities of NRHA's Rural Health Congress members are to:

- Identify and represent the health and health care needs and views of rural America
- . Identify topics and provide technical expertise on the development of Association policies
- Create, review, and approve Association policy recommendations and positions
- Ensure the Association's guiding principles and mission are promoted through policy development
- Provide a multi-sector forum for the exchange and distribution of ideas, information, research, and methods relative to the improvement of rural health

# The Rural Health Congress shall be composed of individuals from the following constituency groups

NRHA Leadership	Constituency Groups (CG)	Interest Groups
Chair of Rural Health	Clinical Services	State Association Council
Congress		
Members of Board of	Federally Qualified Health	State Office Council
Trustees	Centers	
Five most recent Presidents	Hospital and Health Systems	Rural Health Equity Council
	Public Health	
	Research and Education	
	Rural Health Clinics	
	Statewide Health Resources	
	Students	

#### 2022 Rural Health Congress





# Since 2013: 63 Policy Papers

#### 2021 Policy Papers

**Mental Health in Rural Areas** 

**Rural Emergency Hospital Conversion** 

**Rural Health Clinics** 

**Rural Public Health** 

Structural Factors that Impact Rural Life Expectancy

**Toward a Sustainable and Diversified Rural Health Workforce** 





# National Rural Health Association

#### Rural Health Fellows Program

#### What is the Rural Health Fellows Program?

Yearlong, intensive training program that develops leaders who can articulate a clear and compelling vision for rural America

Fellows are individuals who have proven their dedication to improving the health of rural Americans through their educational or professional experience

#### **Program Structure**

- Monthly conference calls
  - Updates on legislative and regulatory concerns impacting rural health
- Three in-person meetings for intensive leadership and advocacy training
  - Rural Health Policy Institute in Washington, D.C.
  - Annual Rural Health Conference in Albuquerque, N.M.
  - Rural Health Policy Institute in Washington, D.C.

Mentorship with NRHA's Board of Trustees

No fee for participation

#### Program Demographics



- Launch in 2007
  - 10 15 Fellows per class
  - NRHA Members





- 45 out of 50 states represented
  - Top 3 States
  - 1. Texas
  - 2. Minnesota
  - 3. Washington
- 15 total classes; 194 Fellows
  - Groups create/update NRHA Policy Papers

#### Who is Represented?

### Hospital Administrators, Academic Professors/Researchers

Physicians, NPs, RNs, Dentists, Pharmacists

Students

Program, Foundation Managers

Consultants, Social Workers

Directors of State/Local Organizations

#### Rural Health Fellows Program: Outcomes



Goal: Educate and develop a network of diverse rural leaders that will step forward to serve in key positions in NRHA, affiliated advocacy groups, and local and state legislative bodies with health equity as a main focus

- Be more representative of what rural communities are really like
- Engage members to become leaders in rural healthcare



#### Where have they gone?

- NRHA Presidents
- Constituency Group Chairs
- Rural Health Congress Members
- Health Equity Council Members
- State Association Council Members
- Journal of Rural Health's Editorial Board Members



#### **68 Policy Papers**

- Member-driven policies and positions that NRHA advocates for at a national level
- Policy papers and statements reviewed and accepted by the Rural Health Congress and are the background and support for NRHA's policy agenda
- Reflect the mission and values of NRHA by highlighting issues of importance to their membership



# National Rural Health Association

#### Rural Hospital **Certification Programs**







# NRHA Rural Hospital CEO Certification Program

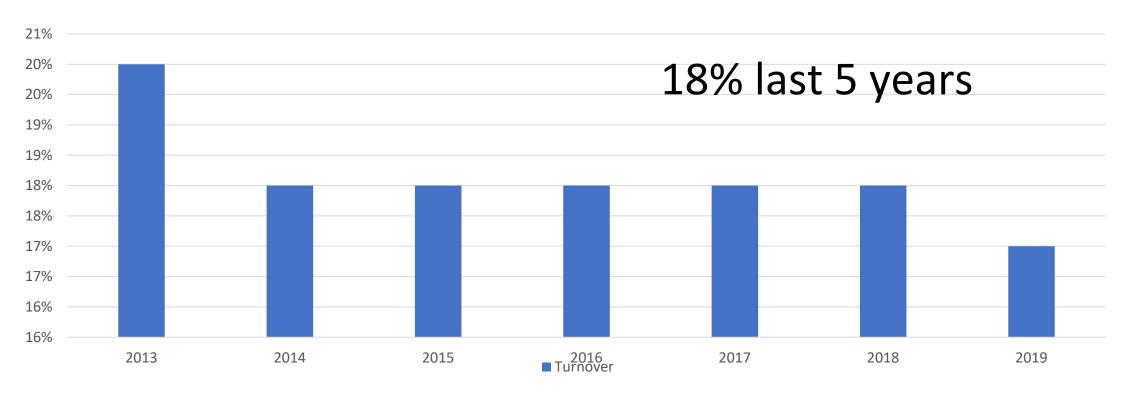
Since 2010, over 130 rural hospitals have closed.

Over 40% of rural hospitals are at risk of closing

21% of rural hospitals are at high risk of closing

#### Hospital CEO Turnover

#### Turnover



ACHE.org

# Rural hospital CEO turnover rates exceed 20% in many states.

### Ohio – 2020 Hospital CEO Turnover Rate

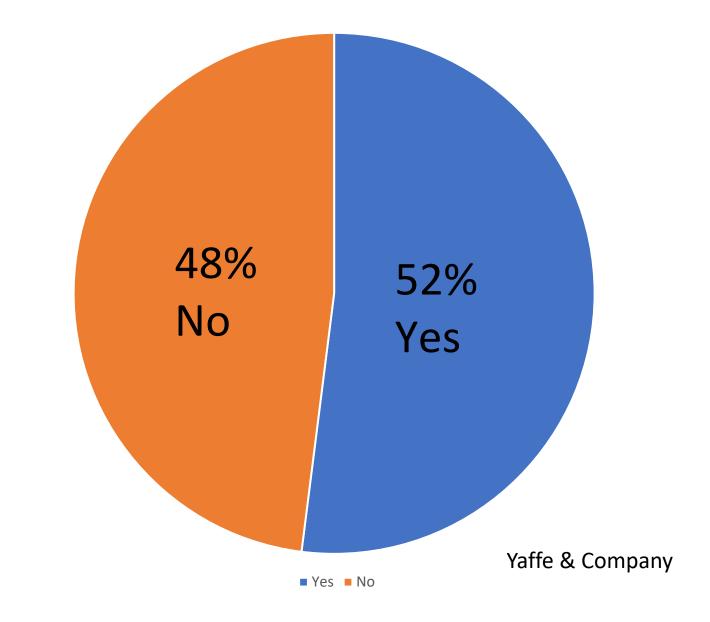
- 18%
- 23rd in the country



### Negative impact of CEO turnover:

- Strategic planning comes to a halt
- New services halted or delayed
- Employee morale
- Medical staff relations
- Increased marketing by competitive hospitals in area
- CFO departs within one year
   42% of the time
- CMO departs within one year
   77% of the time
- COO departs within one year
   52% of the time

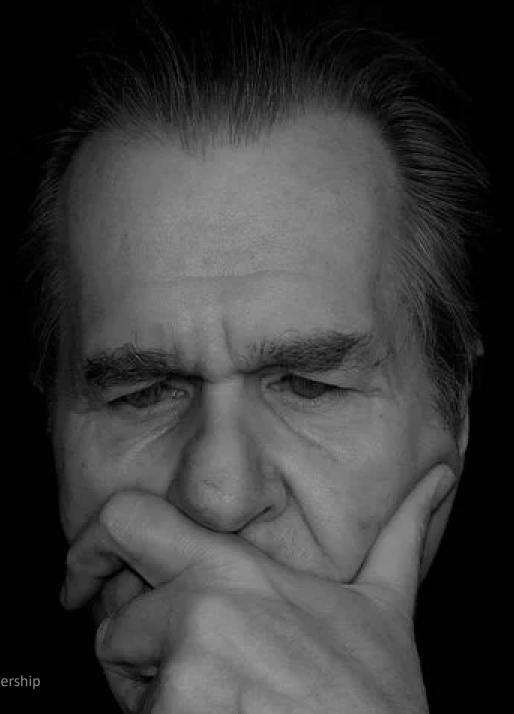
Were you a
CEO prior to
your current
CEO position?



A program for rural hospital CEOs created by rural hospital CEOs.



What do you know now that you wish you would have known then?



# NRHA Rural Hospital CEO Certification Program

# Leadership

**INTRA-Personal** 

Leadership

**INTER-Personal** 

Leadership

Organizational

Leadership

Community

Leadership

Regulatory Compliance

**Operations** 

DATA Analytics & Predictive Analysis

Lean Management

IT/Cybersecurity

Insurance

Working Board & Strategic Planning

#### Finance

Fee for Service

**Population Health** 

Dashboard Items

Supply Chain

#### Clinical

Physician/Patient Outcomes

Physician/Providers

Physician Engagement

Quality







Personal Reasons

Organization & Community Reasons

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#### Personal Reasons

- Leadership Effectives
- Knowledge
- Confidence
- National Network
- Resources
- Subject Matter Experts
- Continuous Learner
- Employability

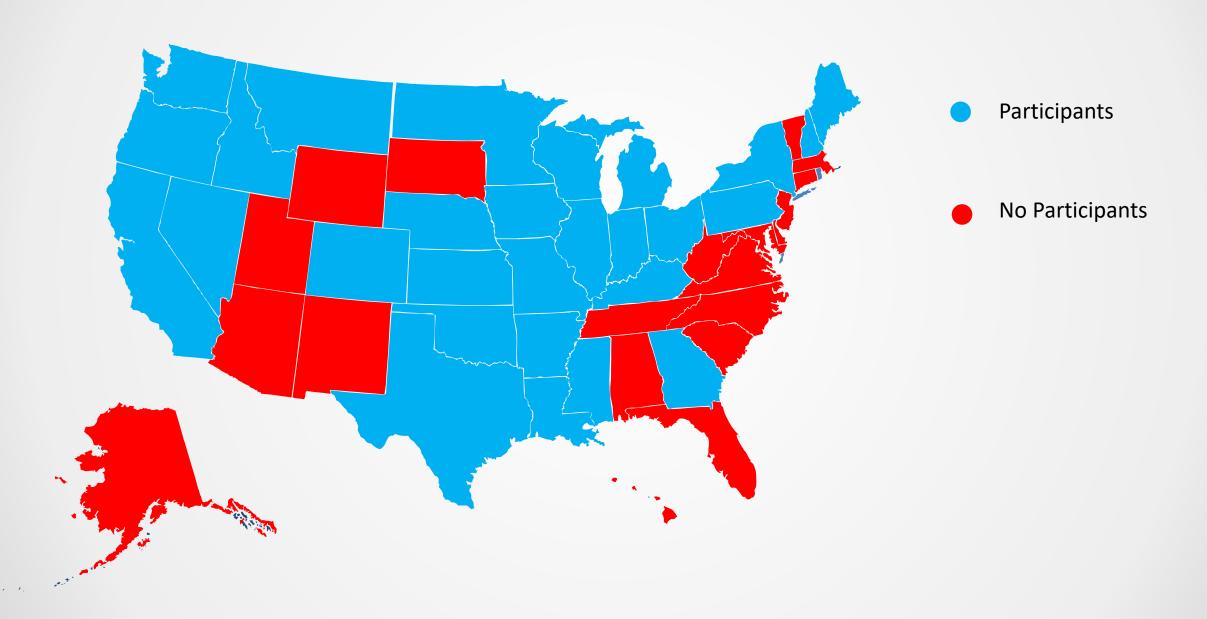
# Organization & Community Reasons

- Better Patient Care
- Community Wellness
- Patient Satisfaction
- Employee & Community
   Engagement
- Great efficiency
- Recognition
- More likely your facility will NOT close

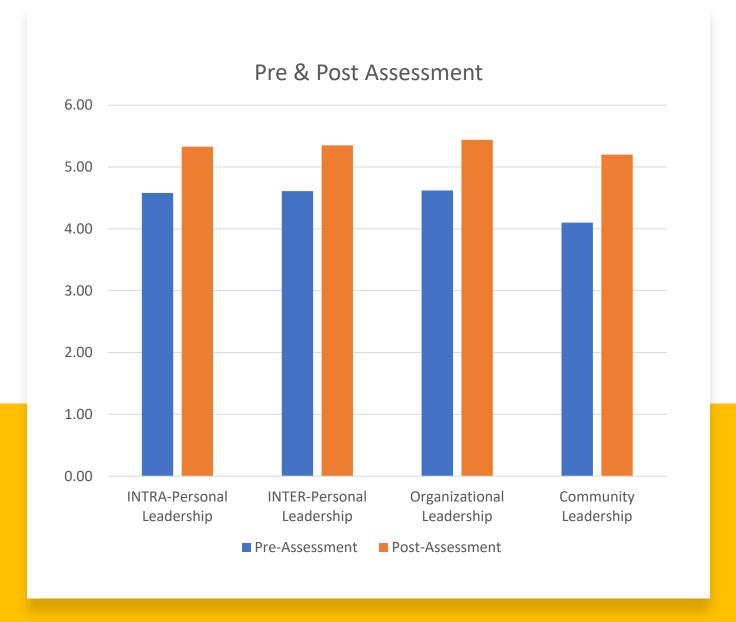




#### NRHA Rural Hospital CEO Certification Program Participants

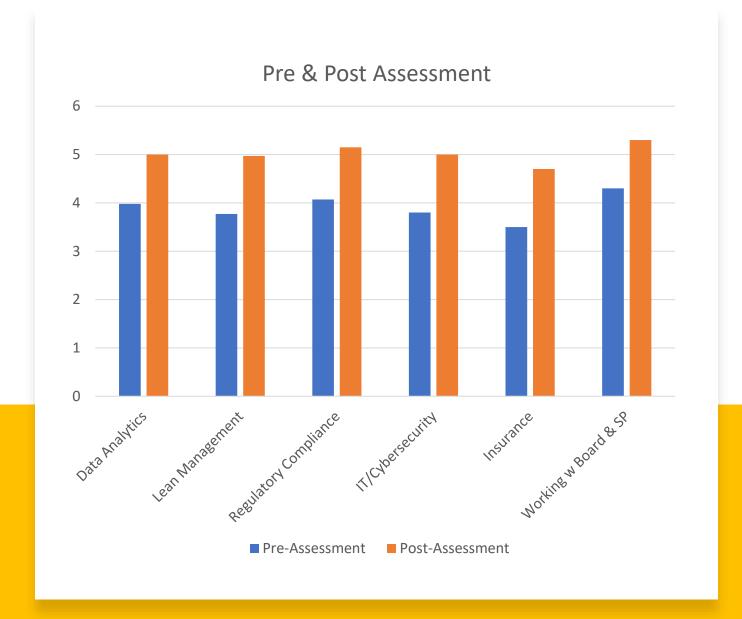


### **Leadership**Building Block



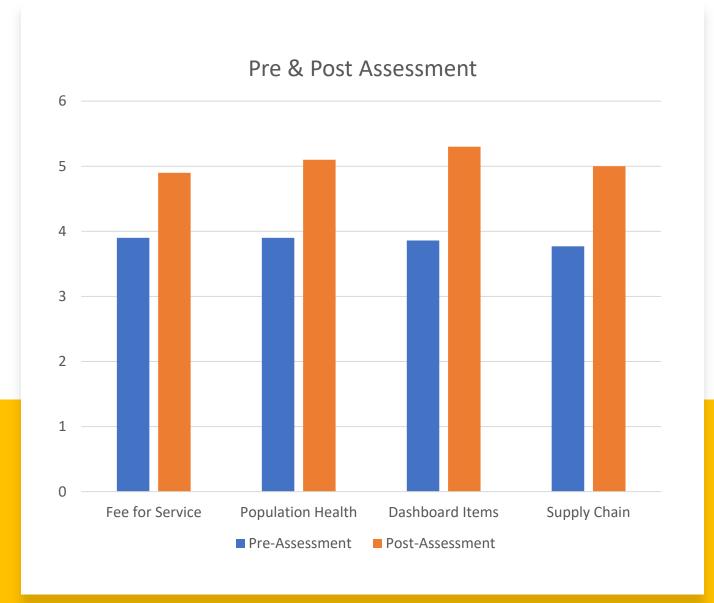
Leadership
Building Block
Overall
Improvement

### **Operations**Building Block



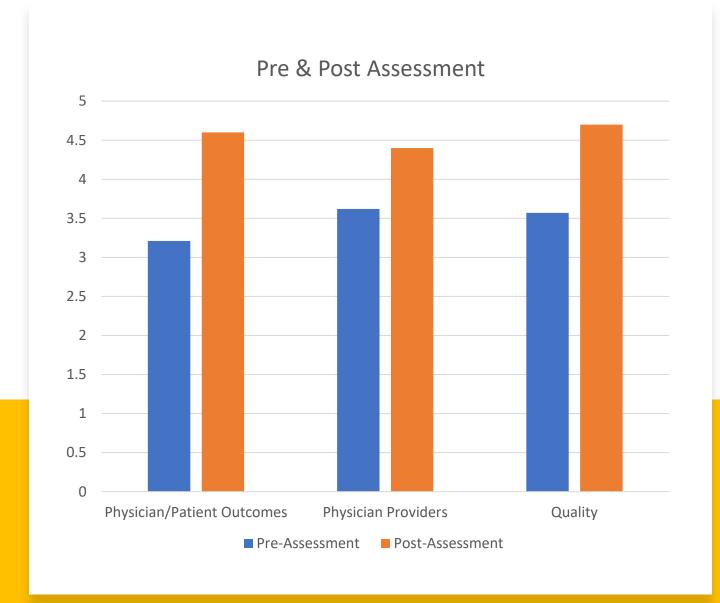
Operations
Building Block
Overall
Improvement

### Finance Building Block



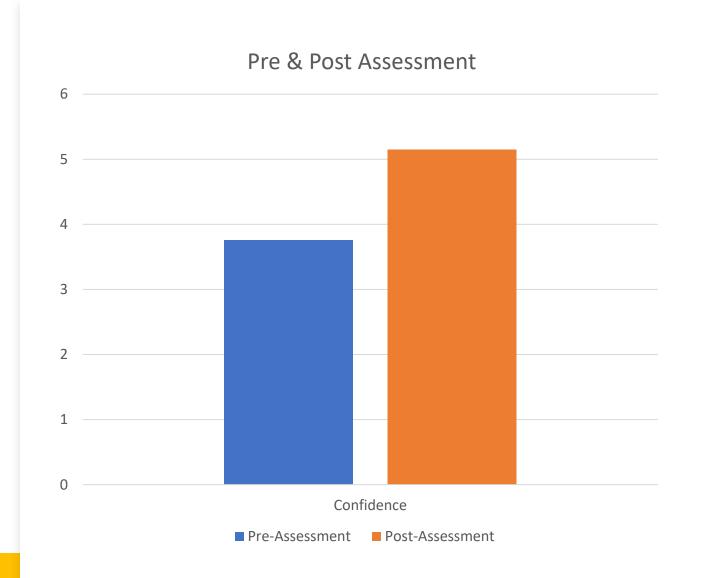
Finance
Building Block
Overall
Improvement

### **Clinical**Building Block



Clinical
Building Block
Overall
Improvement

#### Confidence





## Confidence: 38% 1

#### **CEO Growth**

• Leadership 18%

• Operations 28%

• Finance <u>33%</u>

• Clinical <u>31%</u>

• Confidence 38%





### Nursing Management

Volume 27 Number 8 November 2019

155N 0966-0429

**Editorin-Chief Figna Timmins** 



Online submission and peer-review a http://mc.manuscriptoentral.com/jnm

WILEY

"Close on the heels of the financial challenge is the ever present workforce shortage. The most troublesome challenge identified by these nurse leaders is the absence of an adequate pipeline for nursing leaders."

Thompson, P. (2008). Key challenges facing American nurse leaders. *Journal of Nurse Management*, 16(8), 912-914.

"Health care and nursing are ever changing."

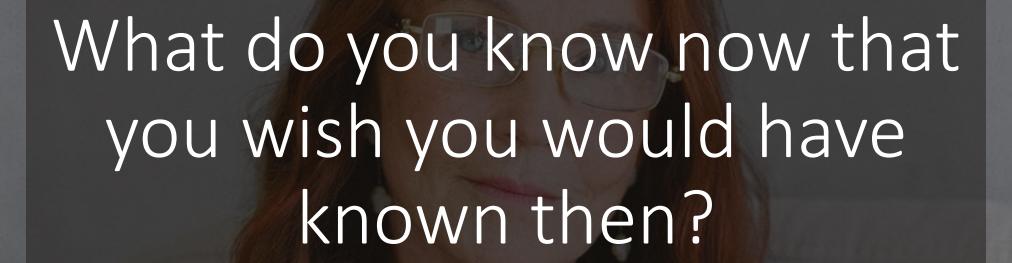
Lori Forneris, MS, RN

"In 2017, only 15.2% of newly graduated registered nurses entered employment with hospitals less than 100 beds, and only 6.8% of the group were in hospitals under 50 beds. This percentage has decreased in the past three years."

"Rural nurses require unique competencies while having limited resources. The need to move quickly from novice to expert has never been more critical..."

A program for rural hospital CNOs created by rural hospital CNOs.







#### Leadership

INTRA-Personal Leadership

INTER-Personal Leadership

Organizational Leadership

Community Leadership

#### **Operations**

DATA Analytics & Predictive Analysis

Lean Management

Working Board & Strategic Planning

#### Finance

Budgeting for Clinicians

Cost Report 101

Population Health

#### Clinical

Physician Engagement

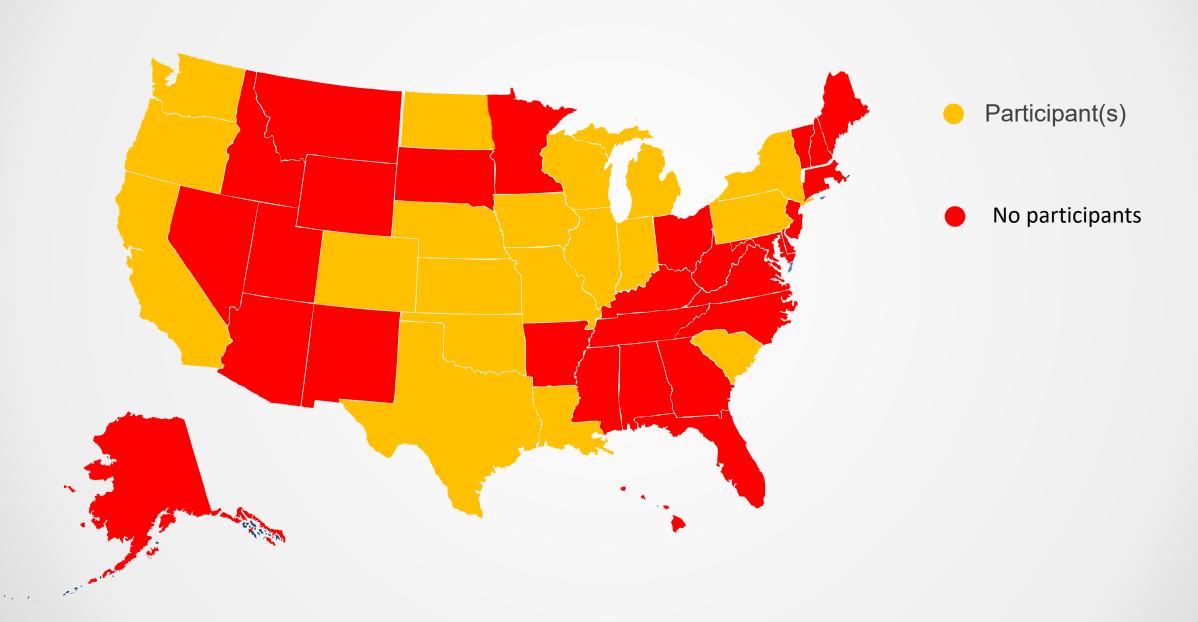
Quality

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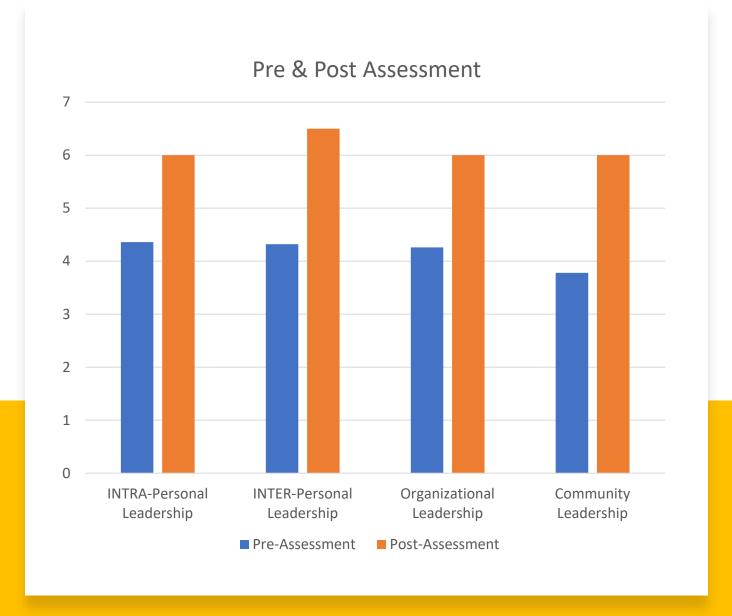


2 Cohorts have completed the CNO Certification Program

#### NRHA Rural Hospital CNO Certification Program Participants

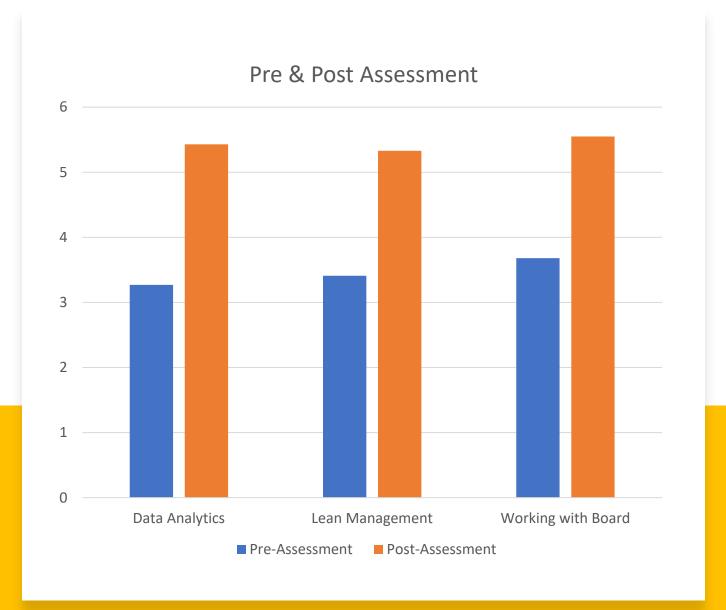


### **Leadership**Building Block



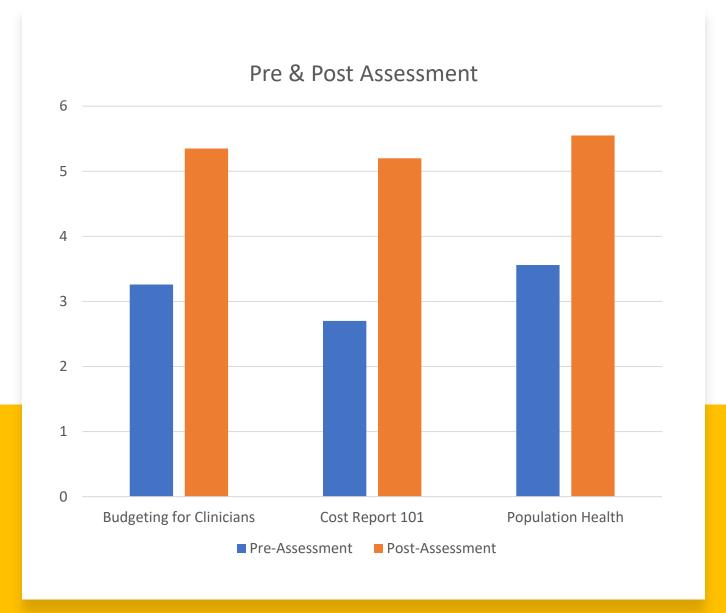
Leadership
Building Block
Overall
Improvement

### **Operations**Building Block



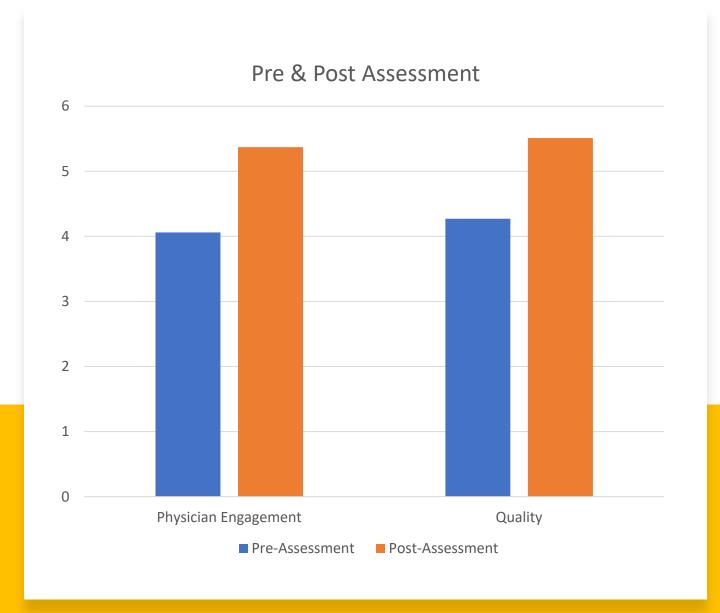
Operations
Building Block
Overall
Improvement

### Finance Building Block



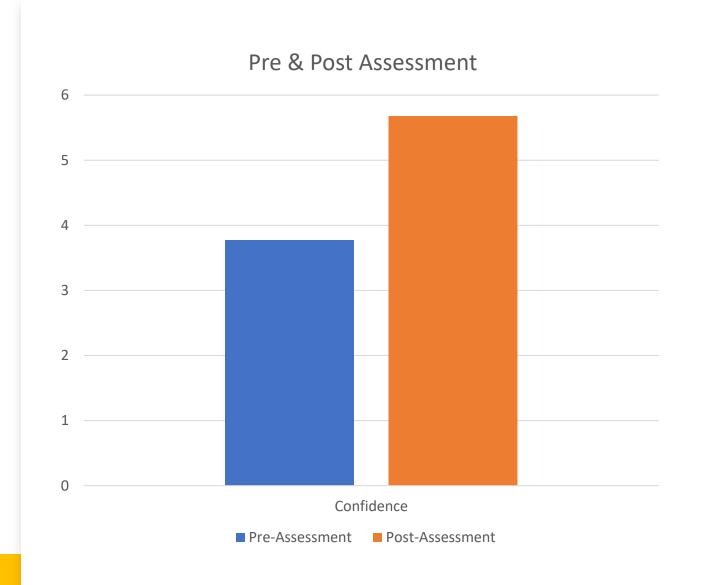
Finance
Building Block
Overall
Improvement

### Clinical Building Block



Clinical
Building Block
Overall
Improvement

#### Confidence





# Confidence: 51% 1

#### **CNO Growth**

• Leadership 44%

• Operations 43%

• Finance <u>69%</u>

• Clinical <u>15%</u>

• Confidence <u>63%</u>





### Why create the CFO Certification Program?



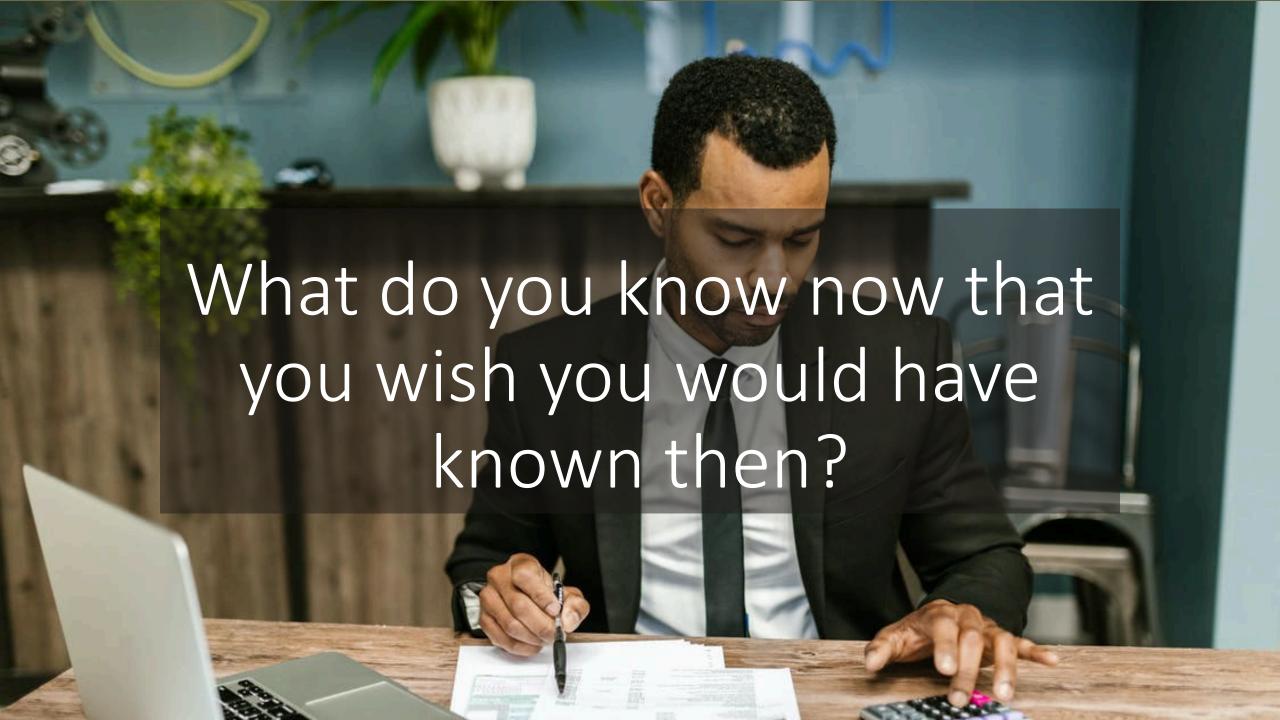
Most rural hospital CFOs are first time CFOs



**Accountants** 



On-the-Job Training





#### Leadership

INTRA-Personal Leadership

INTER-Personal Leadership

Organizational Leadership

Community Leadership

Negotiation

#### Operations

Dashboard Items

Compliance & Risk Management

Working Your Board

#### Finance

Revenue Cycle

**Cost Report** 

Audits & Budgeting

Capital Asset Planning

Dynamic Health Payment Policies

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#### Clinical

Working with Clinical Leaders

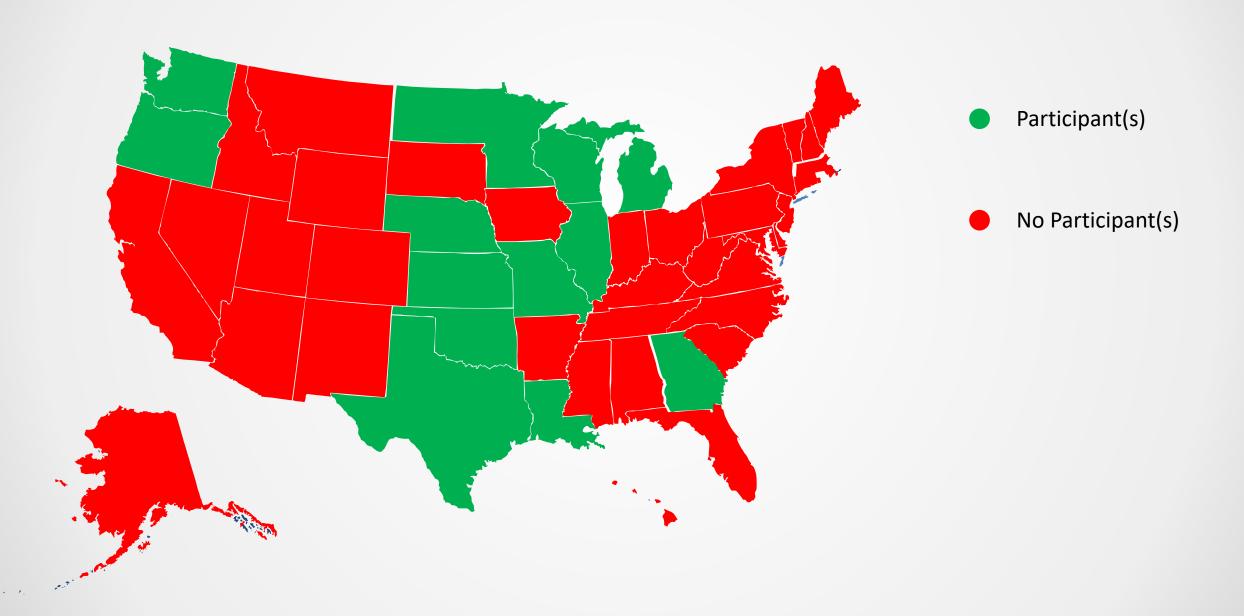
Quality



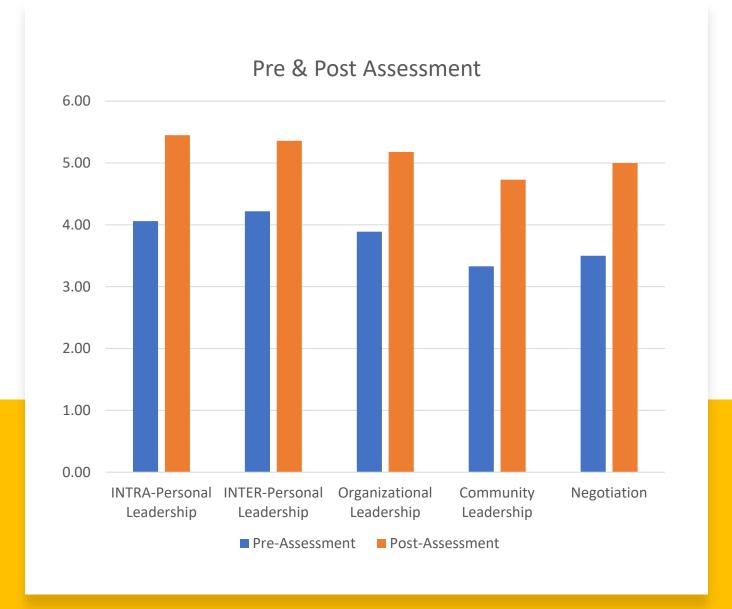
## July 2021 Cohort

**Our Pioneers** 

### NRHA Rural Hospital CFO Certification Program Participants



# **Leadership**Building Block



Leadership
Building Block
Overall
Improvement

35%

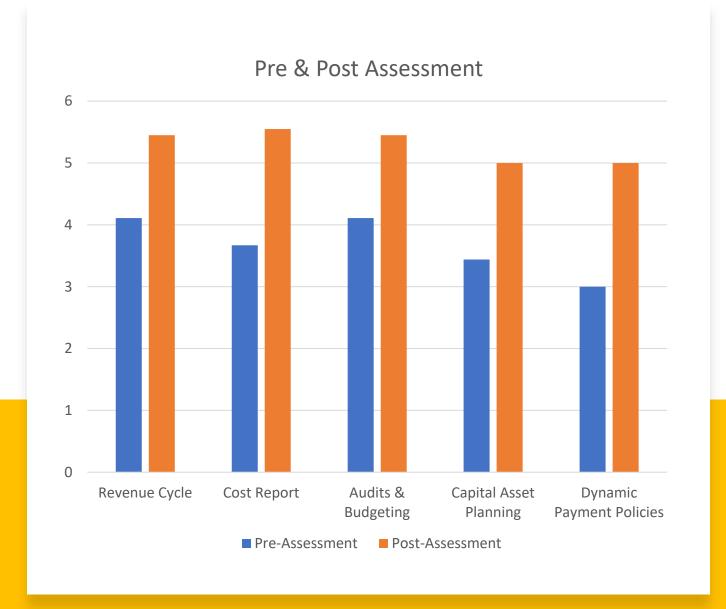
# **Operations**Building Block



Operations
Building Block
Overall
Improvement

30%

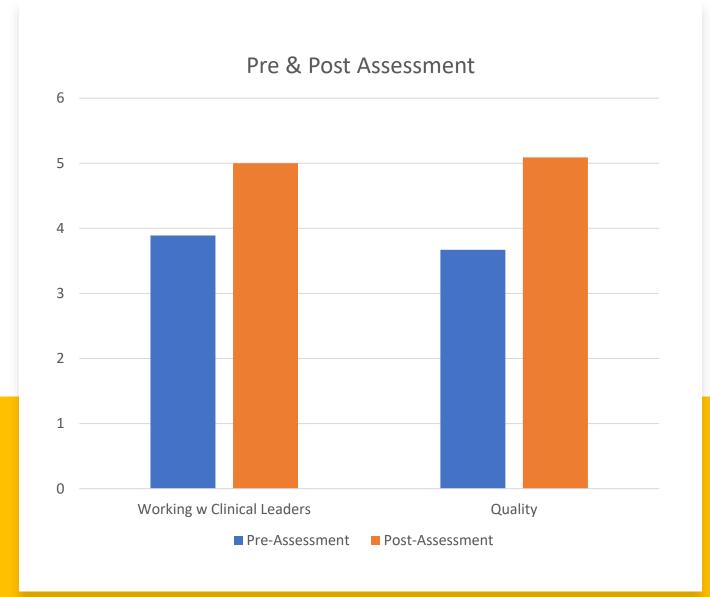
## Finance Building Block



Finance
Building Block
Overall
Improvement

44% 1

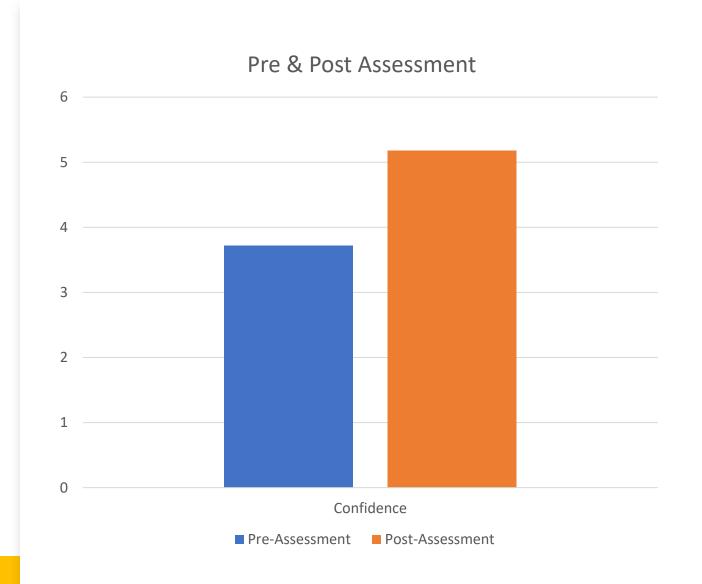
# Clinical Building Block



Clinical
Building Block
Overall
Improvement

33% 1

### Confidence





# Confidence: 39% 1

#### **CFO Growth**

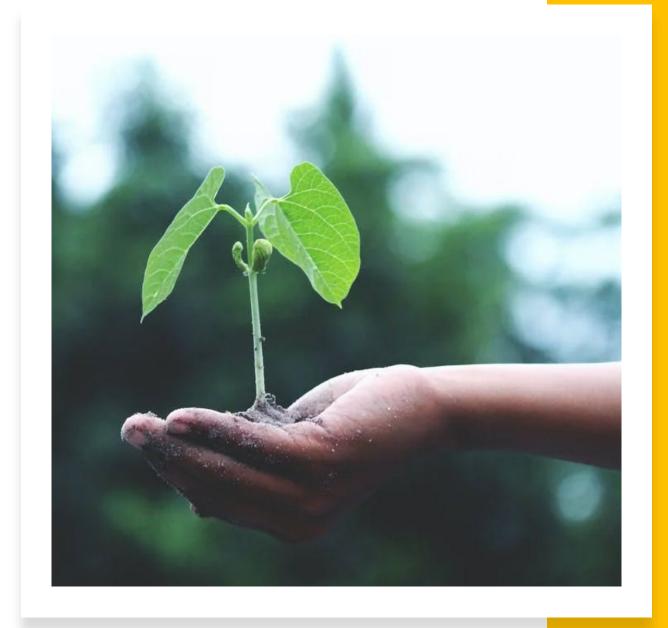
• Leadership 35%

• Operations 30%

• Finance <u>44%</u>

• Clinical <u>33%</u>

• Confidence 39%

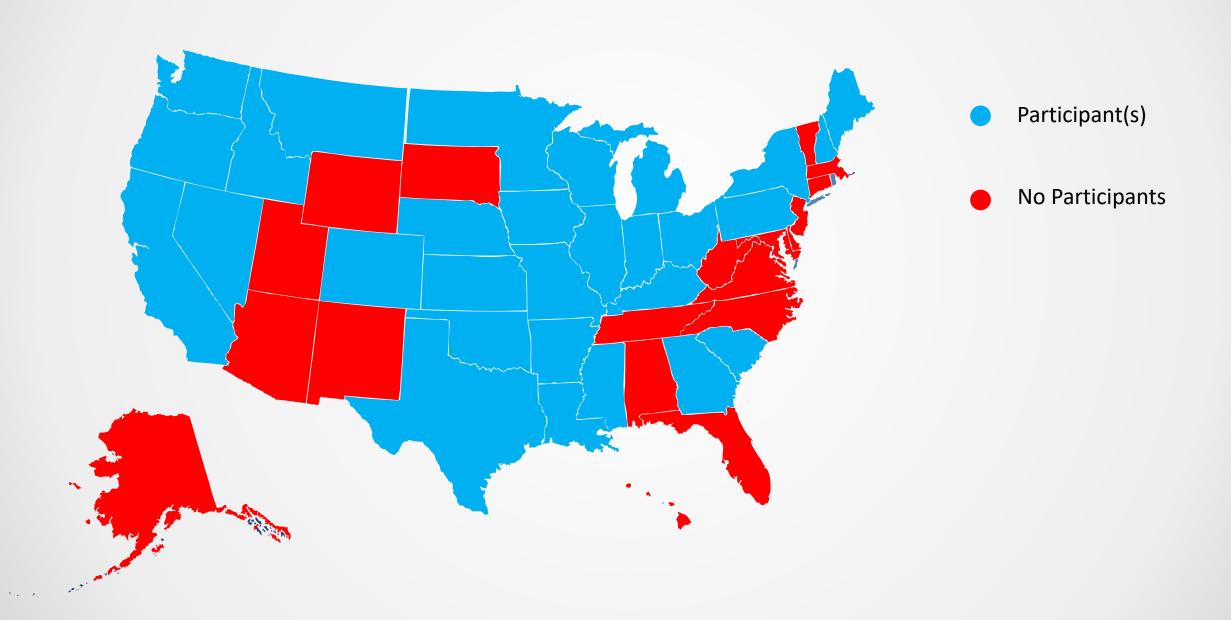




### All Certification Programs

	CEO	CNO	CFO
Leadership	18%	44%	35%
Operations	28%	43%	30%
Finance	33%	69%	44%
Clinical	31%	15%	33%
Confidence	38%	63%	39%

### ALL NRHA Rural Hospital Certification Program Participants

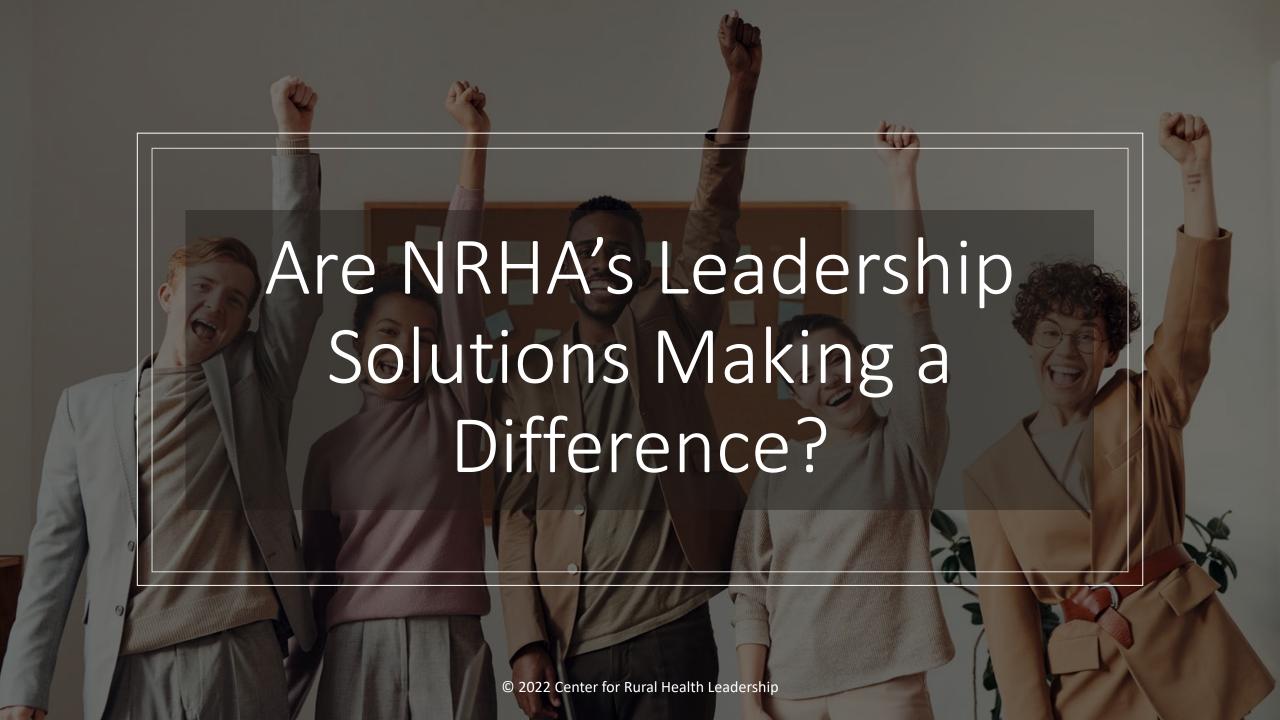


New Programs to be launched in 2022

NRHA Rural Hospital CMO Certification Program

NRHA Rural Hospital HR Certification Program

NRHA Rural Hospital Board Certification Program





**NRHA** is improving HEALTH EQUITY for ALL RURAL AMERICANS.

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NRHA Leadership Solutions: Are They Making a Difference?

### Appendix Slides