

An REH Conversion Story: Harper County Hospital

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Name:
Harper County Hospital

Location:
Harper County, Oklahoma

Provider-Type:
REH (former CAH)

Population
3,200

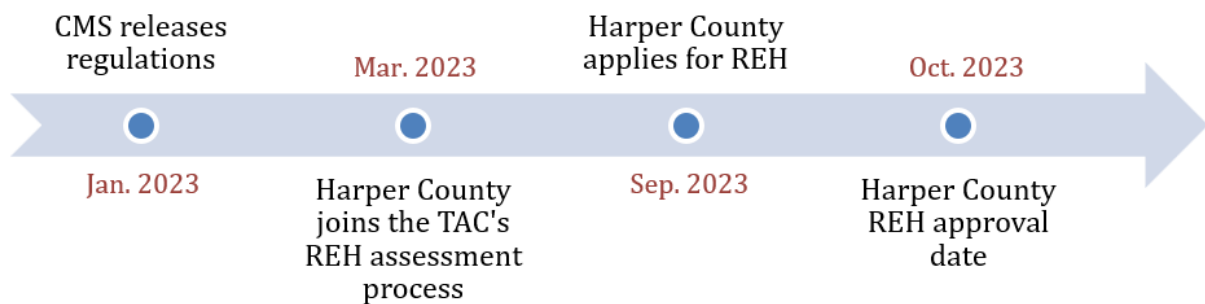
Disposition:

Conversion to a Rural Emergency Hospital (REH) occurred in 2023. The hospital is currently seeing positive cashflow, has added pulmonary rehab and is exploring or expanding other outpatient services such as sleep studies, dietary and diabetic education, meals on wheels, and more. The hospital is also enhancing their efforts to connect with subpopulations within their community. Harper County is an active participant in the REH Network available through the REH Technical Assistance Center.

Summary:

Kevin O’Brien, CEO of Harper County Hospital shares his experience in assessing and converting to an REH. He details how he was able to leverage data to educate and message the conversion to the community, emphasizing the importance of transparency and stakeholder engagement. O’Brien also highlights his experience with the application process and resulting changes to their service lines. He outlines the benefits he has seen the transition produce as well as the challenges they are working to address.

Conversion Timeline:



Harper County Hospital’s Story:

About a year ago, Kevin O’Brien, CEO from Harper County Hospital was asked by management to investigate the possibility of becoming a Rural Emergency Hospital (REH). Harper County is one of six rural hospitals managed by SSM Health St. Anthony

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Hospital in Oklahoma City. Harper County is extremely rural, dominated by agriculture with ranches and farmland and many feedlots. It is located three hours from Oklahoma City, Oklahoma, three hours from Wichita, Kansas and three hours from Amarillo, Texas and the closest hospital is 35 miles away. Harper County Hospital's service area is 3,200 residents with a shrinking population. The county has only two towns with one health clinic located in each municipality.

O'Brien explained, "The problem was, even before COVID, we started to see declines in usages, we had to look for different ways to sustain us because we were suffering loss after loss and loss. We only averaged 1.5 to 2 patients a day including swing bed and acute care, we haven't made money in ten years."

Leveraging the support available through the REH Technical Assistance Center (REH TAC), led by the Rural Health Redesign Center (RHRC) in cooperation with the Federal Office of Rural Health Policy, they began exploring the REH designation. This included participation in Center's group education series and financial modeling process to receive projections of what conversion to an REH could look like. Once they determined that conversion may be a viable option, they began holding town halls in both local communities to educate the public and inform staff that no one would lose their job. Initially, they did experience pushback because the public thought the hospital would shut down altogether. But with constant communication and transparency, they were able to inform the community that the hospital would be able to provide more outpatient services if they converted which would help to provide stability and better meet community needs. Hospital board members who were lifelong residents of the community went to every town hall to help educate the public.

Harper County Hospital is one of only two county-owned hospitals in the state of Oklahoma. "We cannot borrow money like other businesses waiting for the next cost report, if we didn't have money to make payroll, we were closed." O'Brien also states that another big threat to the hospital was Medicare managed care. Harper County lost over \$400,000 in the previous year's audit.

For O'Brien, the application process to CMS went fast and without hiccups. He submitted his request on a Wednesday and CMS called him on Friday and asked if he was sure and he replied, "If we don't do this, we are going to close."

Post-conversion, Harper County Hospital has added outpatient pulmonary rehab, and it is completely full and has a waiting list. They have started wound care one day a week along with more dietary and diabetic education for patients. They are offering sleep studies and take-home sleep studies as a service line. Keeping the doors open also allows the Meals on Wheels program to continue where the hospital staff delivers meals to the community each week. Additionally, they were able to continue ambulance services with 8 EMS staff. Looking forward, the hospital intends to focus more on infusion therapy and is exploring pain management and the ability to offer more procedures in the future. In addition, O'Brien wants to focus on the 25% Hispanic

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population, making sure they are being reached, their healthcare needs are being addressed, and enhancing efforts to better communicate with this population.

While conversion has allowed Harper County to offer more services to better serve their community's healthcare needs, the emergency room (ER) did take a hit. O'Brien states that ER visits went down 20% due to misconceptions in the community such as the hospital being closed, believing that they would receive substandard care, or that they would be transferred out to another hospital. To counteract this mindset, the hospital is advertising their new service lines to area doctors, pharmacies, schools, at football, and basketball games as well as the local movie theater. Before the conversion, they did not have any money to focus on public relations (PR). Now, they have the ability to market the hospital and to partner with organizations in the community. O'Brien states, "Eventually, it will turn itself around more and more because healthcare has got to stay here."

O'Brien acknowledges that the conversion has not gone as well as they had hoped, but the hospital is on track to make around \$300,000, which is a huge swing from the deficiency the previous year. "We have made money every month since the change except one and we've never done that before."

Get Support:

Helena Regional Medical Center is just one of the many hospitals the RHRC and its partners have supported through the REH Technical Assistance Center. From education, to assessment, through conversion and beyond, we have resources to help every step of the way.

Accessible Forums:

- Peer-to-peer learning
- Educational Sessions
- 1:1 Support & coaching
- Onsite and in-person sessions

Topics:

- Compliance and regulations
- Financial modeling
- Stakeholder engagement
- Strategic transition planning
- Health Equity and more

This support is available at no cost to hospitals. To learn more about our REH assessment process and post-conversion REH Network, visit our [website](#) or contact REHSupport@rhrc.org.

Disclaimer:

The information provided in this document is based on direct stakeholder interviews and does not necessarily represent the opinions of the RHRC and its partners. These interviews took place in May of 2024. Any information provided does not constitute legal advice and relevancy of content may vary as time progresses due to regulatory updates and changes.

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