

## Grant Application

1	<b>Project Title</b>	<b>Closing the Gap on Social Determinants of Health</b>
2	Clinical or Operational Area	Rural Health Clinic
3	Healthcare System	WVU Medicine
4	Hospital or Entity Name	Braxton County Memorial Hospital
5	Applicant Name	Jerri Kirkland
6	Applicant Title	Director Quality/Risk & Compliance
7	E-mail Address	<a href="mailto:Jerri.kirkland@wvumedicine.org">Jerri.kirkland@wvumedicine.org</a>
8	Telephone	304-872-8470
9	Mailing Address, City, State, Zip Code	100 Hoylman Drive Gassaway, WV 26624
10	<b>Please list the names and titles/roles of the additional members of the project team:</b>	
	<b>Name:</b>	<b>Title/Role:</b>
	<b>Cathy Stricker</b>	Supervisor Clinic Quality
	<b>Dr. Stephanie Frame</b>	Rural Health Director
	<b>April Short</b>	RHC Manager
	<b>Kim Harvey</b>	Director Provider Services
11	Name of Senior Risk Management or Corporate Insurance Representative	Jerri Kirkland
12	Mailing Address, City, State, Zip Code	400 Fairview Heights Road Summersville, WV 26651

**13. The issue being addressed involves the following clinical areas: (Check all that apply)**

- Ambulatory Care  
 Emergency Services  
 Hospital/System-wide Focus  
 Obstetrics/Perinatal  
 Radiology/Imaging Services  
 Surgical/Peri-Operative  
 Other (Please specify)

**RURAL HEALTH CLINIC**

**14. Briefly describe the project and its importance to the organization: (two paragraphs maximum, please attach any supporting documentation)**

Our vision is to improve access to healthcare for our most vulnerable population in rural West Virginia, to include our patients with disabilities, the elderly, and those with low incomes. We serve a population of increasingly aging patients with NO access to transportation. 19-42% of our patient population Households Do Not Have Access to A Vehicle. The nearest tertiary care center is

90 miles away from our Critical Access Hospital and there are no ride services such as Uber/Lyft/ or taxis. Without access to transportation, our patient's health equity will never reach the national average, and the health of our communities will continue to decline.

Through access to grant funding, we will be able to implement a dedicated Ride Service 2 days per week for our at-risk patients. These services will be coordinated through a multi-disciplinary team to include Case Management, RHC staff and our neighboring counties Mountain Transit Authority. This contract will offer transportation to our Rural Health Clinic Providers, the Specialists at the Main Campus, Infusion Services, and local Pharmacies.

15. Describe how this project will improve patient safety or reduce the potential for liability. *(one paragraph maximum)*

Our patients often miss their follow up appointments after being discharged home from the Hospital due to a lack of transportation. Our current rate on follow-up post discharge for a Transition of Care Appointment is less than 40% and this is well below the national average of 60%. Our Specialty Clinic No Show Rates are 12.66% and our cancellations for surgeries are most often attributed to a lack of transportation. By getting our patients to their Primary Care Providers and Specialists, we will be able to reduce readmissions and improve patient outcomes.

16. What metric(s) will be used to measure progress and determine the success of this project?? *(one paragraph maximum)*

- Follow Up appointments post inpatient stay will increase by 10% within the first quarter of implementation to >50%.
- No Shows will be reduced to less than 10% within the first quarter with an expected goal of less than 8% within 6 months.
- Decreased Hospital Readmissions will be trended on a monthly basis

17. Please describe the tangible results of the project that can be quantified and shared as best practices with other AEIX members? *(one paragraph maximum)*

This funding for this project will allow us to improve the quality of life for our most vulnerable patients and improve our patient outcomes. We serve a patient population who represent some of the worst disparities of health in the nation. We rank 50th in Preventable Hospitalizations, and the Joint Commission has stated reducing healthcare disparities for patients is a quality and safety priority. When comparing the demographics of our patients we are well above the national average in Age, Percentage of Patients with Disabilities, and Poverty Levels. Through a team approach to eliminating these barriers to care, we can establish best practice for additional funding for these much needed services in rural communities.

## Taylor, Lana

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**From:** Kirkland, Jerri <jerri.kirkland@wvumedicine.org>  
**Sent:** Monday, August 19, 2024 8:09 AM  
**To:** Taylor, Lana  
**Subject:** Re: BCMH Application

### This Message Is From an External Sender

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Good morning Lana,

I missed a page of this grant submission when I sent it. I could not get the printer at Braxton to work and had to piece it together to scan. Here is the page I missed in submitting it:

18. Please provide a financial estimate of the project Transportation Driver & Van at \$320 per day/40 Weel  
Per Year Initially-----\$28,800

19. What is the expected timeframe for completion of this project? March 2025 Pilot will be evaluated

20. Is this project based on successful practices evaluated from literature or other healthcare providers?  Yes  No

21. Is this project based on an original concept created by the project team?  Yes  No

22. Do you have plans to publish the project results in a professional publication or networking forum?  Yes  No

23. Is there anything else you'd like to share about this project?

Through this initial funding, we will show tangible results within the first month of providing this service.

Your support will help a crisis become a success story and we are committed to working together to shine a much-needed spotlight on the challenges rural communities across America face on a continual basis.

We would like to request the full \$12,000 Award please.

Thanks so much for your consideration.

jerri

**/Jerri' M. Kirkland**

Director Quality/Risk & Compliance

WVU Medicine | Braxton County Memorial Hospital

WVU Medicine | Summersville Regional Medical Center

400 Fairview Heights Road

Summersville, WV 26651

Phone: 304.872.8470 (office)

Phone: 304.237-2443 (mobile)

WVU Medicine email: [jerri.kirkland@wvumedicine.org](mailto:jerri.kirkland@wvumedicine.org)



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**From:** Taylor, Lana <[Lana\\_Taylor@PremierInc.com](mailto:Lana_Taylor@PremierInc.com)>

**Sent:** Monday, August 19, 2024 9:00 AM

**To:** Kirkland, Jerri <[jerri.kirkland@wvumedicine.org](mailto:jerri.kirkland@wvumedicine.org)>

**Subject:** RE: BCMH Application

**CAUTION \*\*EXTERNAL EMAIL\*\*** Do **NOT** click links, or open attachments unless you recognize the sender and know the content is safe.

Hello Jerri,

I hope this communication finds you well.

Would you be able to email me the dollar amount that you are hoping to receive with the grant?

Thanks much.

Lana

Lana S. Taylor, MSN, RN, CPHRM, CPPS, CPHQ

Senior Risk & Patient Safety Consultant

M: (402)840-7707



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**From:** Kirkland, Jerri <[jerri.kirkland@wvumedicine.org](mailto:jerri.kirkland@wvumedicine.org)>

**Sent:** Friday, August 16, 2024 11:19 AM

**To:** Taylor, Lana <[Lana\\_Taylor@PremierInc.com](mailto:Lana_Taylor@PremierInc.com)>

**Cc:** Thibodoux, Joseph <[joe.thibodoux@wvumedicine.org](mailto:joe.thibodoux@wvumedicine.org)>; Smetana, Joe <[joseph.smetana@wvumedicine.org](mailto:joseph.smetana@wvumedicine.org)>

**Subject:** BCMH Application

Good Afternoon Lana,

This is Braxtons grant application. I wasn't sure if I needed one of the joe's review on page 5 as the Corporate Insurance Rep?

Thanks so much

jerri

**/Jerri' M. Kirkland**

Director Quality/Risk & Compliance

WVU Medicine | Braxton County Memorial Hospital

WVU Medicine | Summersville Regional Medical Center

400 Fairview Heights Road

Summersville, WV 26651

Phone: 304.872.8470 (office)

Phone: 304.237-2443 (mobile)

WVU Medicine email: [jerri.kirkland@wvumedicine.org](mailto:jerri.kirkland@wvumedicine.org)



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**From:** [donotreply@wvumedicine.org](mailto:donotreply@wvumedicine.org) <[donotreply@wvumedicine.org](mailto:donotreply@wvumedicine.org)>

**Sent:** Friday, August 16, 2024 11:59 AM

**To:** Kirkland, Jerri <[jerri.kirkland@wvumedicine.org](mailto:jerri.kirkland@wvumedicine.org)>

**Subject:** Message from "BRX-DON"

This E-mail was sent from "BRX-DON" (IM C300).

Scan Date: 08.16.2024 11:59:19 (-0400)

Queries to: [donotreply@wvumedicine.org](mailto:donotreply@wvumedicine.org)

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**Signatures required to submit this application**

**Primary Clinical Sponsor** (The individual responsible for monitoring progress of the project, submitting receipts and other documentation supporting the use of grant funds, and will provide a summary report of the project outcome)

Signature Jeri Hubert Title DIRECTOR QUALITY/RISK COMPLIANCE Date 8-14-24

**Alternate Clinical Sponsor** (The individual responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project)

Signature Cathy Stuckee Title Supv. Clinic Quality Date 8-14-24

**Senior Risk Management Leader**

Signature Jeri Hubert Title Director Quality/Risk/ COMPLIANCE Date 8-14-24

**CEO or CFO of Applicant's Healthcare Facility**

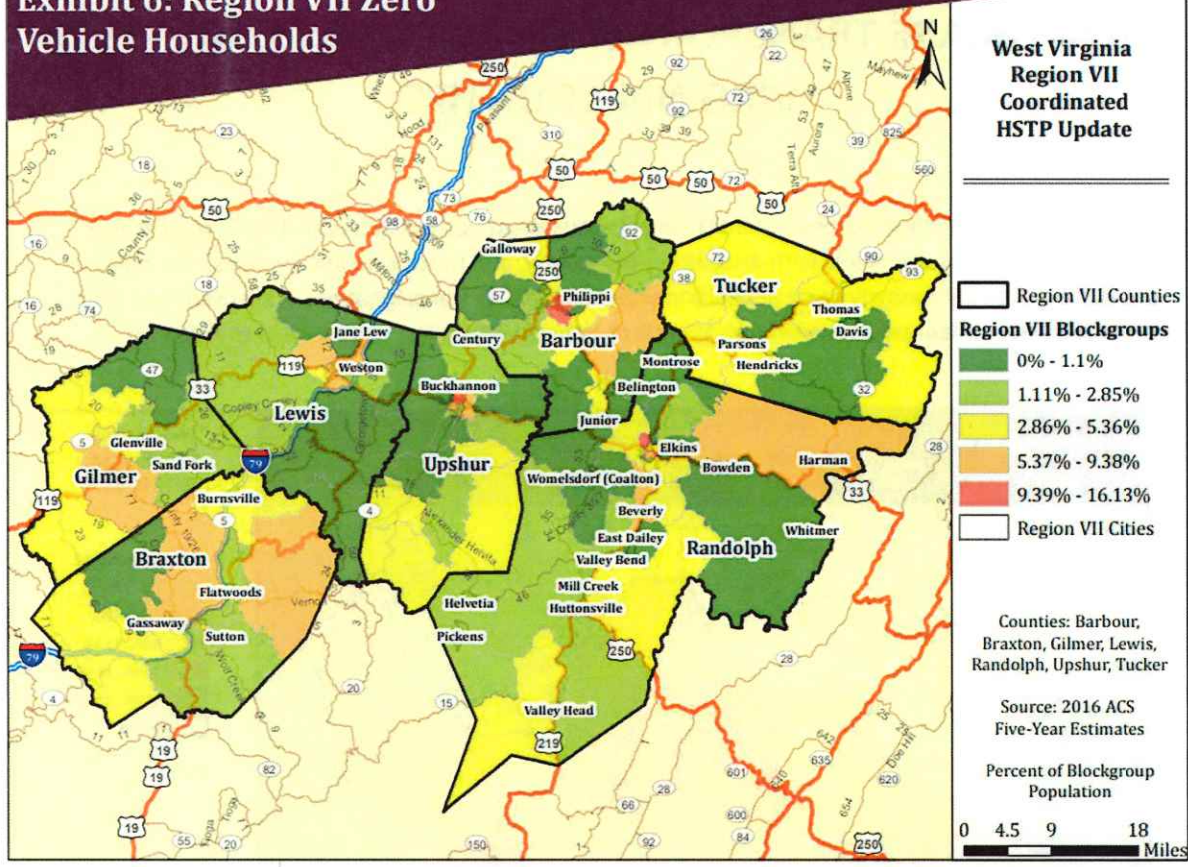
Signature John Jones Title President/CEO Date 8/14/2024

Thank you for completing the application. Please follow these next steps.

- Save this document in Word format and gather your supporting documentation.
- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by **Friday August 16, 2024.***



# Exhibit 6: Region VII Zero Vehicle Households





When comparing the demographics of our patients it is evident we have room for improvement and the Social Determinants of Health play a vital role in improving our patient outcomes. We are well above the National Average in:

Age

Percentage of Patients with Disabilities

Poverty Levels

## West Virginia Demographics

Demographic	West Virginia	National Average
Age %>65	19.4%	17%
Race	93.6% white, 3.6% black	75.8% white, 13% black
Median Household Income	\$44,061	\$70,784
Disability < age 65 %	14.4%	8.4%
Proportion in poverty %	19.1%	10.5%
Children in Poverty %	24%	16%
Insurance Coverage	45% private, 24% Medicare, 16% Medicaid	54% private, 18% Medicare, 19% Medicaid
Life Expectancy	74.5 years	76.1 years

The disparities of health are some of the worst in the nation:

## West Virginia Health Disparities

Disparity	Rate	Rank
Occupational Fatalities	7.8	47
Mental Health Providers (per 100,000 population)	165.1	48
Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries)	4,041	50
Smoking (% ages 18+)	22%	49
Drug Deaths (deaths per 100,000 population)	77.4	50
Premature Death (years lost before 75 per 100,000)	13,072	49
Obesity (% age 18+)	40.6%	49