



Center for
Rural Health
University of North Dakota
School of Medicine & Health Sciences

<http://medicine.nodak.edu/crh>

CAH Quality: Right Place, Right Skills, Right Now!

April 4, 2007
8:00 am – 4:00 pm
Radisson, Bismarck

Partners: Center for Rural Health, ND Department of Health, ND
Healthcare Association, ND Healthcare Review, Inc.

*Connecting resources and knowledge to strengthen
the health of people in rural communities.*



CAH Quality: Right Place, Right Skills, Right Now!

AGENDA

8am	Welcome – Overview of Meeting's Purpose	Marlene Miller Cathy Pfaff
8:15am	Background Information Data Update & Identified CAH Needs (2006)	Barb Groutt Marlene Miller
8:30am	CAH Network Examples: Panel Discussion - Cathy Pfaff, Stroudwater Assoc. - Cody Langbehn, Billings Clinic, MT - Paulette Amundson, Meritcare, ND - Doris Vigen, Union Hospital, ND	
10:15am	Small group discussions around top identified needs - Work with peers in groups of 5	Cathy Pfaff
11:30am	Lunch – networking	
12:30pm	Small group reports	
1:30pm	Plan developed to address needs	
4pm	Adjourn	



CAH Quality: Right Place, Right Skills, Right Now!

CAH Quality: *Right Place, Right Skills, Right Now!* will be rolled out over the course of the next year, with varying meetings, workshops and opportunities offered to small rural hospitals.

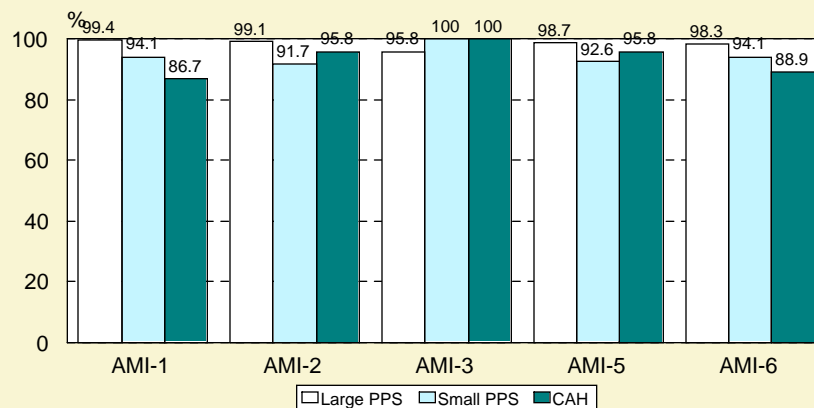
The intent is to foster opportunities for Critical Access Hospitals to come together and share best practices, to learn from one another and others, and to create a supportive network for the purposes of improving quality of care for rural residents.



Large PPS, Small PPS, and CAH

AMI Measures

Medicare Discharges: Q2 and Q3 2006



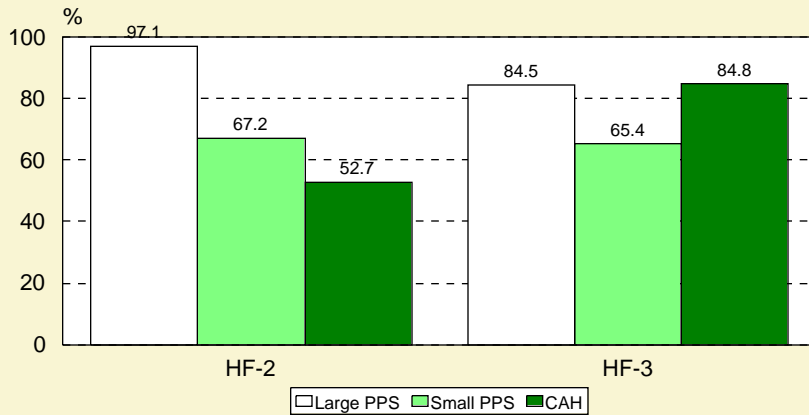
AMI-1: Aspirin at arrival
AMI-2: Aspirin prescribed at discharge
AMI-3: ACEI or ARB for LVSD

AMI-5: Beta blocker prescribed at discharge
AMI-6: Beta blocker at arrival



Large PPS, Small PPS, and CAH Heart Failure Measures

Medicare Discharges: Q2 and Q3 2006



HF-2: Evaluation of LVS function
HF-3: ACEI or ARB for LVSD

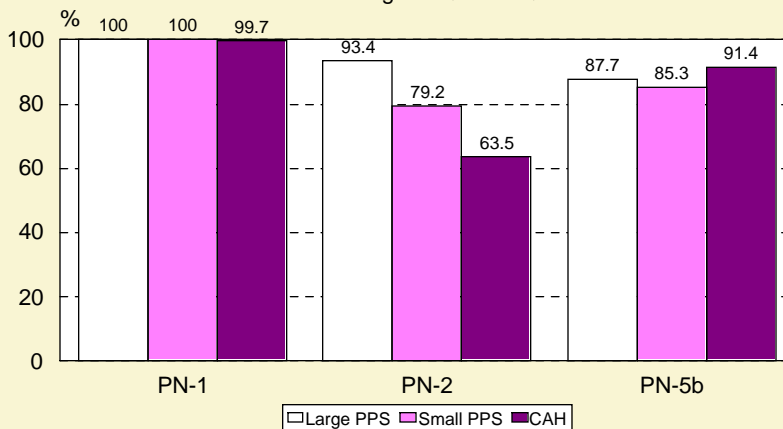
Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

February 2007



Large PPS, Small PPS, and CAH Pneumonia Measures

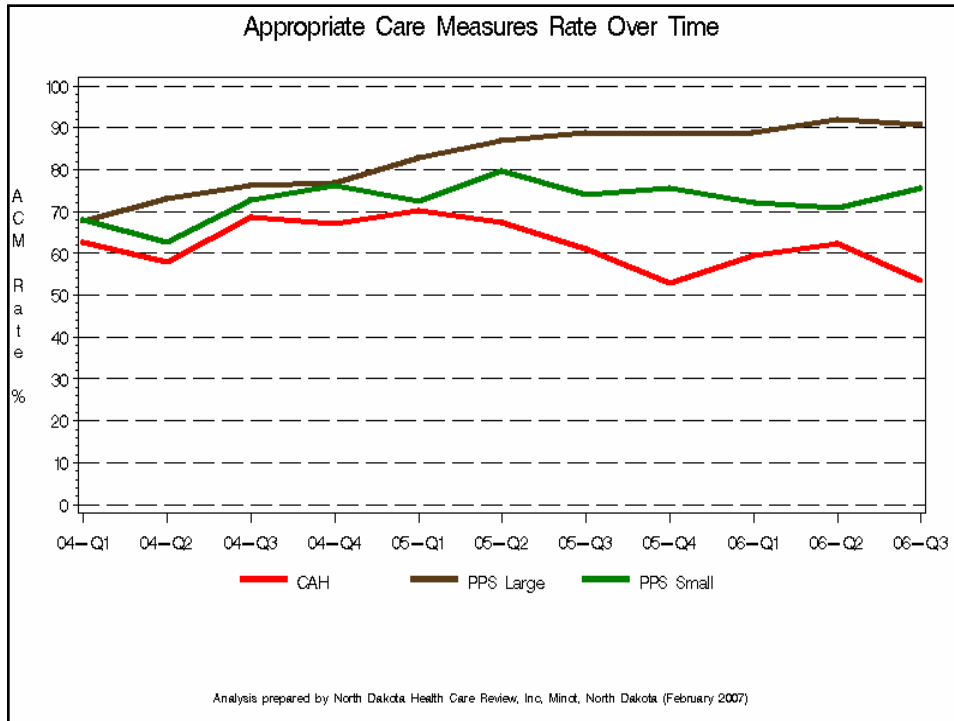
Medicare Discharges: Q2 and Q3 2006



PN-1: Oxygenation assessment
PN-2: Pneumococcal vaccination
PN-5b: Antibiotic timing

Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

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CAH Quality Needs Assessment

ND Rural Hospitals interested in:

- Patient safety (100%)
- Creating an organizational culture of quality (100%)
- Guidelines for rural hospitals (100%)
- Meeting state survey requirements (96%)
- Using data to improve quality (96%)
- Medication reconciliation (96%)
- Methods and models (92%)
- Medication error reporting (92%)
- Falls (92%)

<http://www.med.und.nodak.edu/depts/rural/pdf/QISurveyHospitalReport6-06.pdf>



CAH Quality Needs Assessment

BARRIERS to implementing quality initiatives

- Finances (75%)
- Staff time (92%)
- Technology (80%)
- Physician participation (70%)
- (Note: 65% of CAHs report that they are not preparing for 3rd party reimbursement)

STRENGTHS for implementing quality initiatives

- Statewide organizations willing to provide assistance
- Leadership buy-in including board participation

▪**88% of CAHs would be willing to participate in statewide rural quality committee** (86% PPS would also).



Creating a Culture of Cooperation & Learning

Current ND Activities:

- ND Rural Peer Review
- QI Networks
- Clinical Standard Compliance Project (NDHA)
- Medication Safety Project (CRH)
- Creating a Culture of Safety (QIO and CRH)
- IHI's Saving 100,000 Lives Campaign & latest 5 Million Lives Campaign
- 32% of CAHs reporting to Hospital Compare
- 24 of 31 CAHs collecting & reporting data on at least one quality measure
- ND QIO Quality Improvement Projects



Creating a Culture of Cooperation & Learning

CAH Quality Network Examples

Cathy Pfaff, Stroudwater Associates

Cody Langbehn, Billings Clinic, MT

Paulette Amundson, Meritcare, ND

Doris Vigen, Union Hospital, ND



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