



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



ND Flex Program

ND FLEX PROGRAM 09-10 PLANS

NDHA ANNUAL CONVENTION SEPTEMBER 9 -10, 2009

Tim Blasl – North Dakota Healthcare Association
Marlene Miller – Center for Rural Health

2009-2010 Objectives

Supporting Hospitals

Quality Improvement

Conversion to CAH

Strengthen EMS Services

State Rural Health Plan (SRHP)

Program Management

2

Supporting Hospitals



3

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Supporting Hospitals - Goals



- Coordinate /develop educational opportunities
 - CAH Pre-Conference at annual Dakota conference
 - Health information technology offerings
 - Support CAH CEO to attend NRHA annual CAH meeting
 - Webinars as needed; relevant to CAHs
 - Annual NDHA Convention
 - Support CAH CEO to attend national AHA meeting
 - TeamSTEPPS
- Provide technical assistance to CAHs
 - Performance improvement planning, internal audits, financial, strategic planning, grant writing workshops
 - Information dissemination through Flex Update, and NDHA publications
 - Clearinghouse
- Strengthen linkages to economic development
 - CAH Economic Dev work group meets twice
 - Staff training on Rural Health Works Econ Impact Model
 - IMPLAN data updated and facilitate study for all CAHs
 - Develop presentation on impact of local health care
 - Develop fact sheets and case studies for broad dissemination on local healthcare impacts

4

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Supporting Hospitals – Goals Continued



- Support Workforce Challenges
 - Work collaboratively with the ND AHEC, SORH, PCO to provide information to CAHs related to workforce initiatives
 - Give preference to workforce solutions through sub-award grant process
- Support /promote networking activities
 - Develop/maintain list serves as requested for CAHs and their networks
 - Coordinate new CAH CEO orientations as needed
 - Meet with tertiary facilities
 - Support mentoring program
 - Administer sub-award grant process to CAHs
 - Support two regional board trainings
 - Coordinate press releases for all Flex funded activities at the local and regional level
- Integration w/other grant & program opportunities



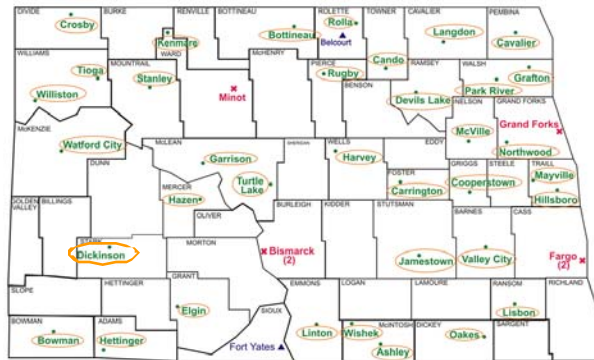
Quality Improvement - Goals



- Maintain CAHs reporting to Hospital Compare
 - Technical assistance provided for reporting, & using collection tools
 - Explore need to focus on this area through the CAH Quality Network (e.g. peer mentoring).
- Maintain connection to Institute for Healthcare Improvement (IHI)
 - Work collaboratively with ND IHI Node - share information & educational opportunities and other activities as requested.
- Support CAH participation in HRSA Patient Safety & Clinical Pharmacy Services Collaborative (PSPC)
 - Disseminate information from HRSA to CAHs
 - Participate in meetings as needed
 - Assist with travel costs
- Support ND CAH Quality Network
 - Strategic planning
 - 3 Year Plan developed by membership, leadership from Executive Committee
 - 1 year workplan finalized
 - CAH use of data collection system(s) that facilitate quality improvement

CAH Conversions

North Dakota Hospitals and Critical Access Hospitals



■ Rural Hospital
■ Tertiary Hospital-CAH Network
▲ Indian Health Service Hospital
○ Critical Access Hospital

CAH Conversions - Goals



- Assist eligible facilities to convert to CAH status
 - Contact made with eligible facility
 - Assistance offered and provided if needed
 - Funds available through subcontract to cover \$10K toward financial feasibility study

9

Strengthen EMS Services



10

Strengthen EMS Services - Goals



- Assist CAHs with trauma designation
 - Issue RFP for applications (Sept. 09)
 - Award grants (Nov. 09)
 - Flex Director continue to participate in state's trauma committee as interested stakeholder
- Facilitate access to TA for rural EMS units
 - Meet with department of health's EMS division to determine priority needs of rural EMS
 - Align EMS needs with Flex Program scope of work (potential to develop assistance related to grant writing, strategic planning and business planning)
- Support EMS Education
 - Explore collaboration with the ND Department of Human Services and Department of Health (EMS)
 - Leverage funding from the department of human services block grant to offer mental health first aide training to EMS first responders in ND
 - Assist with information dissemination, stipends for rural providers, and evaluation

11

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EMS objectives are limited to the following areas:

Trauma and EMS systems (state, regional or community) assessment(s)

- Employment of HRSA's Benchmarks, Indicators, and Scoring (BIS) approach
- Facilitated Trauma System Development

Trauma center designation of CAHs

- Conduct State strategic planning and systems development to address weaknesses identified by the BIS assessment; other weaknesses

Support CAH Trauma Team Development

- Rural Trauma Team Development (RTTD) courses
- Comprehensive Advanced Life Support (CALS) courses

Improve EMS Medical Direction

- Training courses for Medical Directors

Implement mechanisms to support EMS agencies in efforts of recruitment/retention, reimbursement and restructuring

- Recruitment & Retention
- Implement evidence-based recruitment and retention programs
- Reimbursement
 - Training in comprehensive EMS agency budget processes
 - Participation of EMS agencies in group buying and billing programs
- Restructuring
 - Facilitation of BIS processes for EMS at the local and regional level
 - Rural EMS Manager leadership and management training
 - Development of Systems and Pilot programs to better utilize pre-hospital care personnel in meeting the health care needs of rural communities in cooperation with State EMS offices

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State Rural Health Plan



13

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State Rural Health Plan - Goals

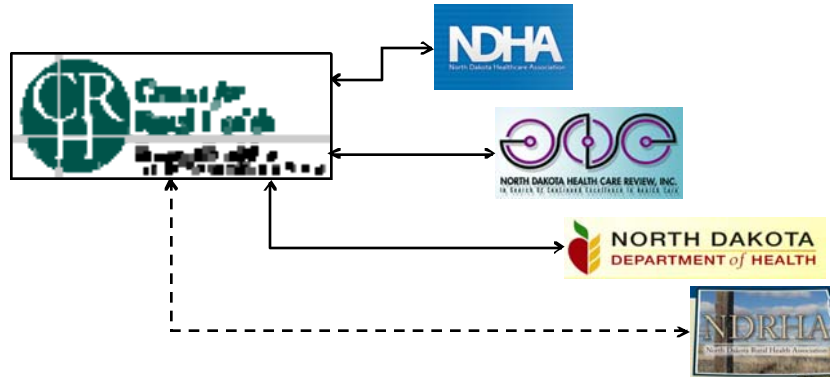


- Share SRHP findings - build collaborative efforts around needs
- Develop presentation from Plan
- Review Steering/Advisory Committees and contact key stakeholders
- Schedule meetings/presentations & identify presenters
- Develop action plans
- Use SRHP as guide throughout the year
- Review actions/goals identified in Plan at monthly Steering Committee calls
- Explore how Plan can facilitate addressing elements within the Center's statewide environment scan on health and healthcare
- Discuss progress & next steps
- Continue input from rural health consumers
- Utilize dialogue process to engage with rural community members
- Host 2 community forums (one civic group and one of broader constituents)
- Host community Dialogues
- Integrate community input into SRHP process and Steering and Advisory Committees
- Explore alternative models of health delivery systems
- Contact HRSA regarding Frontier Extended Stay Clinic model in Alaska
- Explore application in ND
- Continue discussions with Congressional offices
- Develop next steps

14

ND Flex Program

Flex Program Development, Management and Evaluation



Program Management, Development and Evaluation - Goals



- Develop, implement & evaluate 09-10 Flex Work Plan
 - Review and finalize Work Plan
 - Evaluate progress
 - Flex Steering Committee meets monthly (2x in person)
 - Attendance at Annual Flex Meeting and ORHP Region E Meeting
 - Participate in NOSORH Flex calls, TASC 90 calls, national meeting
- Conduct subgrantee evaluations
 - Data Collection and analysis (outcome forms and interviews of CAHs)
 - Aggregate report from all CAH reports – disseminate and share data with Flex Monitoring team as requested
- Evaluation of technical assistance provided
 - Conduct 6 month post technical assistance and workshop surveys
 - Analyze/use findings
 - Track Flex assistance provided using Center's internal activity tracking system
- Continued input and advice from CAHs
 - Maintain Flex Advisory Committee
 - Meet twice per year
 - Share program outcomes and strategies
 - Solicit CAH input related to Flex Workplan

Flex in the Future

- **Significant focus on impact/evaluation including impact at beneficiary level**
- **EMS and CAH Performance**
- **More prescriptive**
- **Workforce - questionable**



For More Information Contact

Center for Rural Health
University of North Dakota
School of Medicine and Health Sciences
Grand Forks, ND 58202-9037



Tel: (701) 777-3848
Fax: (701) 777-6779



<http://ruralhealth.und.edu>



North Dakota Healthcare Association
1622 E Interstate Avenue
Bismarck, ND 58507

Phone: (701) 224-9732
Fax: (701) 224-9529

<http://www.ndha.org/>

