



## ND CAH Quality Network Executive Committee Meeting

October 23, 2019 ♦ 10:00am – 11:30pm (CT)

*Mission: To support ongoing performance improvement of North Dakota's Critical Access Hospitals.*

### **Present**

**Officers:** Marcie Schulz (Chair), Coleen Bomber (Vice Chair)

**Executive Members:** Lori Seim (Park River), Alfred Sams (Bottineau)

**Stakeholder Members:** Lynette Dickson (CRH)

**Senior Project Coordinator:** Jody Ward (CRH), **Network Evaluator:** Brad Gibbens (CRH), **Project Coordinator:** Angie Lockwood (CRH), **Project Specialist:** Julie Frankl (CRH)

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## A G E N D A

### I. Welcome: Roll call and Welcome

- Review of minutes from previous meeting – Approved by Alfred Sams, seconded by Coleen Bomber, None opposed – Motion passed

### II. Workplan Update

#### **Objective. 1: Facilitate Best Practice Sharing**

- **Medicare Beneficiary Quality Improvement Program (MBQIP) update-**
  - We are in flu season- October 1, 2019 to March 31, 2020. Employee Flu vaccines.
  - CAHs working on submission deadlines- October 31 EDTC, AMI and ED-2 (IP & OP) data due November 1, 2019. Doing individual calls to those that haven't submitted data in the past.
  - Inpatient 1Q2019 data for Admit Decision Time to ED Departure Time. We have 6 CAHs above the national median time of 45%. (Mayville, Cooperstown, Jamestown, Trinity Kenmare, Williston and Lisbon)
  - Outpatient reporting for AMI as a state for CAHs we have struggled submitting data. 1Q2019. OP-2 Fibrinolytic Therapy within 30 Minutes of ED Arrival is at 50% national. Two ND CAHs are above the national rate (Park River and Oakes)
  - ND CAHs reporting on Outpatient- OP-18 measure on ED Throughput- Time from ED arrival to ED departure for discharged patients. The national medium average is 110 minutes and 16 of 31 CAHs report 90 minutes or less. Jody is following up with the other 5 CAHs that did not report.
  - Coleen wondered why CAHs are reporting on ED-2 – decision time to admit. Decision time is quick in rural hospitals, also on OP-18, certain circumstances will make discharge departure longer. It doesn't make sense to track. Jody will ask for comments from other CAHs at next region meeting and share those with FORHP.
- **Stroudwater- Swing Bed Pilot** 25 of 36 CAHs participating in the one-year pilot. The Flex program is paying \$10,000 to Stroudwater to provide the opportunity for ND CAHs to evaluate and compare CAH Swing Bed clinical outcomes through a set of proposed performance measures developed by the U of Minnesota Rural Health Research Center. CAHs are collecting data on Swing Bed data, which is entered into a secure web-based portal developed by Stroudwater. The goal is for CAHs to be able to quantify the value of their Swing Bed Program.

- **Community Based Palliative Care Project**
  - The project is now in year three of three.
  - We are offering ECHO- Palliative Care Sessions- already started. We are looking for cases to share for future sessions.
    - Advanced Care Planning - November 12, 2019
    - Care for Patients Nearing End of Life without Hospice - December 10, 2019
    - Treating Pain - January 14, 2020
    - Treating Anxiety - February 11, 2020
    - Symptom Management Needs - March 10, 2020

**Objective 2: Engage in Rural Advocacy**

- February 11-13 2020, NRHA Policy Institute- UND CRH staff attend, ND CAHs attending.

**Objective 3: Enhance Professional Development**

- **Care Coordination statewide activity**
  - Collaborating with BCBS ND Blue Alliance Program, ND DoH, CAHD, QIO to streamline our efforts in offering care coordination in the state. The activities and timeline planned are to offer a 1-day training by Debra Laine from the Flex Programs National Resource Center who supports technical assistance to all Flex programs. Debra will train on a care coordination canvas of work to include how to develop a structure for implementing care coordination in a facility. The training will be Jan. 7 in Fargo with a selected cohort of 10 facilities. Starting in Feb. CAHs/Clinics to be invited, to participate on an online 10-week training for clinical health coach training through Iowa Chronic Care Consortium Dr. Applegate. Once the online training is completed, Dr. Applegate would come to ND for a 2-day intensive possibly (May 28-29) for Health Coach Training. The online portion must be completed to attend the in-person meeting. There will be a cost to attend the 2-day meeting and price is being worked on. Park River indicated they are interested.

**Objective 4: Highlight Workforce Development Initiatives & Resources**

- **Advanced Care Planning future training**
  - AHEC ND to help promote and handle registration
  - ACP training 2 trainings per year about 12 people per session by Nancy Joyner. Park River offered to host one if the trainings if the location works.
  - Online Zoom Education POLST & Serious Illness by Nancy Joyner
  - CME Webpage for POLST form online
  - NDHIN - final testing for having ACP & POLST forms in the registry
- **Geriatric Workforce Enhancement Program (GWEP)- Age Friendly Health System**
  - CRH is working with Dr. Jurivich (Chair of Geriatric Program at UND) to assist in recruiting (Hazen, Rolla, Belcourt and Spirit Lake- clinics) to implement an Age Friendly Health System. The clinics are asked to be self-motivated with mentorship from Dr. Jurivich and CRH.
    - Care is guided by EBP-Sign up on IHI website for the Age Friendly Health System worksheets, assessments and resources.
    - Form a team (CEO, Dr. or NP, Pharm D, OT, PT, SW)
    - Focus on the 4Ms

- What Matters-Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.
- Medication- If medication is necessary, use Age-Friendly medication
- Mobility- Ensure that older adults move safely every day in order to maintain function
- Mentation- Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care
- Orientation completed with 2 clinics, next steps working on their action plans.

#### **Objective 5: Optimize Technology Utilization**

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#### **Objective 6: Develop and Manage the ND CAH Quality Network**

- April 29, 2020, Annual CAH Meeting formatted to include RHC track – will be in Fargo
- Developing a survey to identify needs of Rural Primary Care Clinic

#### **III. Other**

- HRSA RHND grant to develop a Rural Primary Care Network- grant due November 25, 2019. St. Andrew's is the applicant.
- Alfred – There will be a call on Friday to let smaller RHC's aggregate together to raise their tier levels for Blue Alliance.
- Flex is again this year supporting costs toward ND CAH participation in the 2019 Eide Bailly CAH webinar education series. Through this partnership, total costs for a CAH in our state to participate is \$187.50 for the 6 sessions. Continuing education credits are available. This year's topics include: 340B, A&A Update, Pricing, Data Strategy, Billing & Collections Processes, Financial & Operational Improvement. Contact [angela.lockwood@und.edu](mailto:angela.lockwood@und.edu) with any questions. <https://www.eidebailly.com/cahwebinars>
- Watch for the North Dakota Flex Program 2019-2020 CAH RFP to be released in the near future. Objectives remain the same in terms of focus on financial and operational improvement, chart audit, and population health improvement. New feature this year will be that instead of individual comprehensive revenue cycle projects, CAHs will apply to receive funding toward work as a cohort facilitated by Stroudwater, and must also agree to participate in a statewide sharing project re-cap (will not include sensitive hospital-specific data).
- Brad informed the group that Mandi is working on a workforce survey that will be sent to CAH CEOs soon.

#### **Adjourn**

#### **IV. 2018-2019 Network Meetings (All by conference call)**

- **December 18** 10am-12pm CST – **JOINT Executive & Stakeholder Committee**