ND Medicare Rural Hospital Flexibility Program

QUALITY

NRHA Annual Conference
Miami – May ‘09

Marlene Miller, MSW, LCSW
Program Director – ND Flex Program

ND Flex Focus on QUALITY

1998-2002
• Almost no focus on quality

2003-2004
• Research of other state’s activities
• Flex Steering Committee reviewed

2005
• ND Flex Program approached by regional network to conduct study of CAH needs
2005-2006
• Statewide survey developed and administered
• QIO joined Flex Steering Committee

2007
• Statewide CAH meeting hosted by Flex
• Survey findings shared
• Other CAH models shared (e.g. MT PIN)
• Strategic planning for Network
• Stroudwater facilitated
• Voluntary planning committee – 7 CAHs

2007-2008
• Planning committee met numerous times
• Researched other models
• Discussed funding and infrastructure
• Developed a mission and suggested activities
• Guidelines for Executive and Advisory Committee completed
• Advisory Committee developed
  • ND Healthcare Review, Inc. (QIO)
  • ND Department of Health (survey)
  • ND Healthcare Association (hospital assoc)
  • UND Center for Rural Health (Flex)
2008-2009

- Decision to hire Network Coordinator
- Job description and hiring process
- May 2008 – Hired
- Position supervised by Flex Director
- Oversight from Executive Committee
- Workplan finalized
- Funding secured for 1 year
- HRSA Network Dev Planning Grant submitted

Celebrating 1 YEAR !!!
36 Rural and Strong

Network Members - Rural Hospitals

Site Visits

Brochure

Network

Communication

Bulletin Board

Newsletter

E-mail: lward@medicine.nodak.edu

(701) 858-6729
ND CAH Quality Network Website

Topics of Discussion
(Shared policies and guidelines)

- Blood Transfusion/Admin
- Durable Medical Eqmt
- Infections FAQ’s
- Methacholine
- Peer Review
- Practice Privileges
- Pressure Ulcers
- Red Flag Alert
- Respite Care
- RN/LPN IV Therapy
- Wellness Centers
- Fire Safety
- Dismissal Policies
- Grievance Policies
- Heparin Protocol
- Adverse Drug Reactions
- Incident Reporting
- Insulin
- Versed/IV Conscious Sedation
- Observation Vs Inpatient
- Procrit Medicare Billing
- Medication Administration Policy
- Docs on Board
- Medical Staff Bylaws
- Sample letter Nursing Ed
- Loan Repayment Program
- OTC Medications
- Using Patient’s Own Medications
- Catheter Associated UTI
- Med-Watch program
Network Goals

• Support CAH Quality Activities
  – Develop mentorship program
  – Facilitate the exchange of resources
  – Provide technical assistance
  – Coordinate and support education opportunities
  – Support Healthcare Safety Zone pilot project

• Assist CAHs with Medicare Conditions of Participation (CoP) compliance
  – Develop CoP checklist for CAHs
  – Develop CAH CoP Manual
  – Work collaboratively with NDDoH
Network Goals

• Strengthen Partnerships (stakeholders, tertiaries, other)
  – Identify & establish relationships with partners
  – Participate in collaborative efforts with partners
  – Explore other state’s initiatives

• Develop and manage ND CAH Quality Network
  – Secure funding to support network
  – Disseminate information
  – Finalize Network Workplan
  – Develop & maintain Advisory Committee
  – Maintain Executive Committee

TeamSTEPPS

Team Strategies and Tools to Enhance Performance and Patient Safety

• Offered on 2 occasions over the last year by QIO and CAH Quality Network (Flex supported)
• 25 ND hospitals have participated
• 40 Master Trainers (2.5 day training)
• 40 train the participant (1 day training)
• Monthly networking call hosted monthly for 6 months following
TeamSTEPPS

- TeamSTEPPS concepts provide specific tools and strategies
- TeamSTEPPS is composed of a core framework (Leadership, Mutual Support, Situation Monitoring, Communication)
- TeamSTEPPS is based on evidence
A way to expand strategic patient safety and healthcare quality data management across North Dakota!

Pilot involving 14 ND CAHs – 7 months (Sept 08-March 09)
Shared costs to portal subscription
Developed for the Network

Network optimizes use for sharing information
Examples: library, policies, users, data
The Healthcare SafetyZone® Portal

Immediate notification to and follow-up by key people who need to know...based on User Rules to assure security

Easy and integrated analysis

Shared Report: CAH Q Network Portal Pilot Project

Percent of Events by Type

4Q2008

• 75% of events are Medication, Falls, or Infections. All medication events are medication errors.
• 78% of falls were unobserved.
• 25% infections were healthcare associated
Sample Shared Report: CAH Q Network Portal Pilot Project

Number Of Events
4Q2008

<table>
<thead>
<tr>
<th>Visitor</th>
<th>Resident</th>
<th>Patient</th>
<th>Non-Patient</th>
<th>Employee</th>
</tr>
</thead>
</table>

- Visitor
- Resident
- Patient
- Non-Patient
- Employee

Community Forum

<table>
<thead>
<tr>
<th>ND CAH Quality Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forums</strong></td>
</tr>
<tr>
<td>Lessons Learned</td>
</tr>
<tr>
<td>Where you can share lessons that you have learned from events that have occurred in your organization.</td>
</tr>
<tr>
<td>FAQs</td>
</tr>
<tr>
<td>This forum will provide answers to common questions.</td>
</tr>
<tr>
<td>Meeting Notes</td>
</tr>
<tr>
<td>Notes from our monthly meetings are kept here.</td>
</tr>
<tr>
<td>Share your Portal Experience</td>
</tr>
<tr>
<td>Please describe how your Portal Experience has been going.</td>
</tr>
<tr>
<td>What’s on your mind?</td>
</tr>
<tr>
<td>This is where you can post any questions that you would like feedback on from the group on.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Last Post</strong></th>
<th><strong>Threads</strong></th>
<th><strong>Posts</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rec. Text about... by guest 13-12-2008 2:36 PM</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Just Culture by CAH Admin 02-08-2009 3:42 PM</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Notes from Jan... by CAH Admin 02-16-2009 1:24 PM</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>HHS Measure Inventory by CAH Admin 02-26-2009 4:53 PM</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Who is Online
There are 2 guest(s) online. There are 1 member(s) online. - CAH Admin

- Direct Access off the Portal Home Page
- Enables dialogue among CAH Members
- Provides access to shared resources and best practices
Success Indicators - What We Learned

- CAHs find it usable and of value
- Costs savings (staff time, eliminate other system subscriptions, no need to website maintenance and staff time to manage website)
- Reduces duplication of QI data entry and tracking
- Gives CAHs one stop to look for info and post questions
- Opportunity to post and benchmark data
- Increased CAH engagement around quality/patient safety (e.g. run reports for board members, others)
- Build data set(s) to inform grant opportunities
- Improvement in regulatory compliance with CoP

ND pilot started September 2008 and ends March, 2009 … April, 2009 inviting new members!

ND CAH Pilot – What We Learned

Pilot Project Evaluation Results – Examples of Positive Comments

“Our participation in this program has been beneficial for our facility as there is immediate notification to all staff members and practitioners that need to review and document the incident. Submitting the report is user-friendly, making the process less intimidating for staff.”

“I like the fact that I don’t have to input all the data; the staff find it easy to use; there is no searching for forms and applicable departments and /or personnel can use the information without duplication. I think it is a very good program and I hope to continue.”
Feedback from Network Members

“I have to honestly say that after my experience with the CAH survey it reiterated my pride in being a North Dakotan. The support and assistance that all my colleagues offered not only warmed my heart but calmed my soul. I do not think many states have this kind of collaboration and I feel honored to be part of such an awesome team”, Patricia Dirk, CEO Hillsboro Medical Center.

“Thanks for helping us put quality into people’s lives!”

“You know, this whole thing is great! Just being able to call the Network on the new swing bed form that is needed was so helpful”

“I very much appreciate the Network as a resource for networking – I find the information useful!! Thank you!”

“I have been receiving the emails and I think it is a WONDERFUL idea”

“Thanks for getting all of this set up and getting us all "connected" electronically!”

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