ND Critical Access Hospital Quality Network

Fall Annual Meeting
October 10, 2011

Shawnda Schroeder & Jody Ward
CAH Quality Network Coordinators

The Center for Rural Health

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country’s most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Focus on:
  - Education, Training, and Resource Awareness
  - Community Development and Technical Assistance
  - Native American Health
  - Rural Health Workforce
  - Rural Health Research
  - Rural Health Policy
  - Program Evaluation
- Web site: ruralhealth.und.edu

CAH Quality Network Mission:
To support ongoing performance improvement of North Dakota’s Critical Access Hospitals

ND CAH Quality Network

- All 36 CAHs are Network Members
- CAHs make up the Executive Committee
- Advisory Committee representing ND stakeholders
- Network helps facilitate collaboration between partners

2011 Executive Members
- Chair, Louise Dryburgh, Park River
- Vice Chair, Doris Vigen, Mayville
- Jodi Atkinson, Bottineau
- Dana Andress, Hettinger
- Candie Thompson, Harvey
- Cathy Swenson, McVille
- Shawn Smothers, Kenmare
- Elnora Hokana, Oakes
- Coleen Bomber, Northwood

Network Staff is Growing!
- Jody Ward, Network Coordinator
- Shawnda Schroeder, Network Coordinator
- Nikki Massmann, Stroke Coordinator
- Angie Lockwood, Project Assistant
- KayLynn Bergland, Administrative Assistant
- Brad Gibbens, Evaluator
- Marlene Miller, Flex Director - provides management support to the Network
Network Workplan & Goals

• **Goal 1:** Support CAH Quality Improvement Activity
• **Goal 2:** Assist CAHs with Medicare Conditions of Participation Compliance
• **Goal 3:** Develop and Manage CAH Quality Network

Goal 1 Support CAH QI Activity

• Develop Informal Mentorship Program
• Facilitate the Exchange of Resources
• Provide Technical Assistance
• Identify, Coordinate, and Support Educational Needs and Opportunities

More Goal 1 Activity

• Coordinate and Implement Clinical Projects
• Assisting with the Use of Electronic Systems to Improve/Drive Quality
• Build Relationships with, and Involve, Medical Staff

Goal 2 Assist CAHs with Medicare CoP Compliance

• Maintain CAH CoP Resources
• Prepare CAHs for State Surveys
• Facilitate State Survey Discussion Group

Goal 3 Develop and Manage CAH Quality Network

• Sustain Network Infrastructure
• Implement Communication Plan
  – List Serve
  – Newsletter
  – Website
  – Site Visits

CAH Activity

[Diagram showing various activities related to CAHs, such as Hospital Reporting, Mentorship Program, State Survey, and Tertiary CAH Regional Meetings.]
Reach of ND CAH Quality Network

Hospital Reporting
- National initiatives- Inpatient, Outpatient and HCAHPS
- Flex program (MBQIP) and QIO program (CMS)
- Networks Role with CAHs
  - Provide technical assistance
  - Build quality improvement processes
  - Benchmarking
  - Sharing of best practices

Hospital Reporting – QualityNet.org
- Inpatient Heart Failure, Pneumonia
- Outpatient Chest Pain Protocols, Timing of EKGs

Hospital Compare 22 ND CAHs
http://www.hospitalcompare.hhs.gov/
- Bottineau
- Cando
- Carrington
- Cavalier
- Dickinson
- Elgin
- Grafton
- Gradon
- Harvey
- Hettinger
- Hillsboro
- Jamestown
- Langdon
- Linton
- Mayville
- Northwood
- Rolla
- Rugby
- Tioga
- Watford City
- Williston
- Wishek

Hospital Quality Alliance (HQA)

Pledge of Participation Form

Why participate?
Statewide Credentialing

*Develop a standardized form to be used by all ND hospitals that all insurance carries for ND would accept*

Credentialing

Statewide Workgroup
- CAHs and Tertiary
- BCBS, Medicaid
- ND Health Information Exchange
- Meeting monthly
- Form development
- Software

HRSA Rural Quality Program
Electronic Patient Registry (EPR) Project
- Aim Statement
- Goals
- MediQHome
- Pilot CAHs
- Progress Made

HRSA Rural Health Care Services Outreach Grant Program

“Service delivery through collaboration”
“Effective Models of outreach and service delivery in rural communities”

- EMS Focus
- Grant “Think Group”
- Announcement May 1, 2012

MediQHome & HIPAA

ND CAH Quality Network Data Collection Tools
North Dakota CAH Data Collection Tools
Collection Measures, Overlap, & Meaningful Use Criteria

1. Understanding “Endorse” a CAH
   - CAHs that are endorsed in a CAH program are marked “Endorsed” (X). Others are marked “Not Endorsed” (N). For more information, contact the CAH program coordinator.

2. All tertiary centers have baseline entered.
3. Participating Hospital Awards from AHA.
4. Moving toward combining the regional protocols into a statewide standard through the State Stroke Task Force.
5. Not too late to enroll!

Driving CAH Quality:
Finance, Technical Assistance, & Leadership

Marlene Miller
Associate Director, UND Center for Rural Health
Flex Program Director, (Management support of ND CAH Quality Network)

Network Funding Source

- ND Flex Program ($150K per year)
- NDDoH – State Stroke Program ($90K per year; currently in 3rd year)
- HRSA – Quality Improvement grant ($300K over 3 years; currently in 2nd year)
- HRSA Outreach Grant to be submitted (potential funding - $375K over 3 years)
Current Budget
September 1, 2011 - August 31, 2012
(Previous year total budget was $260,000)

<table>
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<tr>
<th>Item</th>
<th>Cost</th>
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<tr>
<td>Personnel</td>
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<tr>
<td>Travel</td>
<td>20,000</td>
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<tr>
<td>Supplies/computers</td>
<td>7,000</td>
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<tr>
<td>Communication</td>
<td>1,200</td>
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<tr>
<td>Building/lights, etc.</td>
<td>49,000</td>
</tr>
<tr>
<td><strong>Total budget</strong></td>
<td><strong>$327,200</strong></td>
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ND Medicare Rural Hospital Flexibility (Flex) Program

- **3 Priority Focus Areas**
  - Financial / operational performance
  - Quality improvement (and assurance)
  - Health system collaboration / community engagement

Flex Program Directive

*Support efforts to improve and sustain the quality of care provided by CAHs to ensure that rural citizens receive high-quality, appropriate care in their communities.*

Flex Program Options to Support CAH Quality

1. Submitting quality data to CMS
2. Implementing evidence-based protocols for common diagnoses
3. Participation in national QI training or capacity building programs
4. Participation in infection control programs
5. Extend QIO projects to CAHs
6. Implement activities to reduce unnecessary hospital readmissions

Flex Programs Options to Support CAH Quality (continued)

7. Support development of multi-hospital medical peer review assistance/support systems
8. Assist with state survey processes and requirements
9. Use secondary data or survey CAHs to identify technical assistance needs related to implementation of electronic health records and health information exchanges
10. Link CAHs to online tools and local/regional HIT technical assistance resources
11. Developing arrangements to share HIT infrastructure and/or IT staff
12. Initiatives to train CAH clinicians and staff in meaningful use of EHRs

New National Flex Program to Support CAH Quality

- Medicare Beneficiary Quality Improvement Project (MBQIP)
- All 45 Flex states are participating — that means us!
- Focus: Reporting, analyzing, improving care
- Rural appropriate measures: inpatient, outpatient, and HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)
- Phased approach from 2011-2015
- So far ….. 21 ND CAHs have agreed to participate (MOU signed); nationally 726 CAHs participating.
- Site visits coming soon from Flex, Quality Network & QIO
How is the Flex Program measured for its effort/funding around quality?

- The # and % of CAHs participating in Hospital Compare
- State Flex Programs report the number and type of activities that they have undertaken to encourage CAH participation in public reporting
- Report the # and % of CAHs participating in the multi-hospital QI project
- The amount and type of assistance provided to CAHs
- Relevant measures of the impact of the project on the quality of care provided by the CAHs involved (e.g., increases in the percent of CAHs providing recommended care for patients with heart failure)

Has your quality SHIP left the dock yet?

- Continued focus on quality going forward and pooling your funds
  1. Bundled payment
  2. Accountable care organizations (ACO)
  3. Value-Based purchasing (VBP)

SHIP - Bundled Payments

A concept meant to build accountability across the continuum of care.

- Single payment for all services related to a treatment/condition; may span multiple providers and settings.
- SHIP funding may be used to improve care transitions between: ambulatory and acute, acute to upstream acute, acute to step-down facility

SHIP - Accountable Care Organizations

ACO – a local health care organization and a related set of providers that can be held accountable for the cost and quality of care delivered to a defined population.

The goal of an ACO is to deliver coordinated and efficient care.

SHIP - Value-Based Purchasing

Rewards providers for providing high quality, safe care for patients (relates to clinical process of care and patient experience based on HCAHPS)

- Use SHIP funds to improve data collection activities in order to facilitate reporting to Hospital Compare

How to use SHIP funding?

- Support activities designed to reduce medical errors
- Education and training in data collection, reporting and benchmarking
- Software that helps track, analyze and improve care
- Clinical care transition protocol development
- Administration of HCAHPS
The Role of Leadership

- Quality is everyone’s business
- Need board support and CEO
- Need to understand the continuum and balanced review/activity: QA --- QI --- PI
- Board members are legally responsible for the quality of health care delivered within their organizations.
- Recent national study found CAH board of directors do not understand their responsibility, lack appropriate committees, and lack orientation of quality for new members.

Why take quality seriously?

- It is the right thing to do and part of your mission; shortcomings can result in direct harm to patients.
- You have a legal responsibility; it is part of meeting Medicare’s Condition of Participation.
- Reputation for quality care plays a significant role in maintaining/increasing your market share.
- Future reimbursement models will be based on quality of care and patient outcomes.

How well are you doing?

1. To what degree does your organization have a healthy quality program that has an effective balance of quality assurance, quality improvement and performance improvement activities?
2. To what degree does your board understand its role in assuring quality of care?
3. How satisfied is your board with the reports it receives regarding quality?

How well are you doing?

4. To what degree does your organization continuously focus on improving the quality of care and services provided?
5. What are the goals of your organization’s QI program? What metrics and benchmarks are used to measure progress towards each of these performance goals?
6. How does your organization measure and improve the quality of patient/resident care? Who are the key management and clinical leaders responsible for these quality and safety programs?

How well are you doing?

7. Are clinical quality standards supported by operational policies? How does management implement and enforce these policies? What internal controls exist to monitor and report on quality metrics? Does the board have a formal orientation and continuing education process that helps members appreciate external quality and patient safety requirements?
8. Are human and other resources adequate to support patient safety and clinical quality?

ND CAH Director of Nursing Mentorship Program

Shawnda Schroeder
CAH Quality Network Coordinator
How it will work . . .

- Visit the ND CAH Webpage at http://ruralhealth.und.edu/projects/cahquality/
- See a list of Potential Mentoring Opportunities
  - North Dakota Partners
  - Other Resources
- Fill out Form – Direct Mail
- Peer Exchange – Conference Call
- BTWAN

DON Mentorship Skills Assessment

- Please indicate which areas/topics you are:
  - Uncomfortable
  - Can Muddle Through
  - Comfortable
- Indicate if you:
  - Would like more information/training or would use assistance around this topic
  - Would be willing to share information/train or offer assistance on the given topic
  - The topic area is not applicable to your line of work and/or your facility

Mentorship Skills Assessment

<table>
<thead>
<tr>
<th>Policy and Procedures Development</th>
<th>Can Handle Through</th>
<th>Comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Quality Improvement</td>
<td></td>
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<tr>
<td>Working well with co-worker</td>
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<tr>
<td>Meeting the needs of the patient</td>
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<tr>
<td>Supervision Issues</td>
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<tr>
<td>Employee Communication</td>
<td></td>
<td></td>
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<tr>
<td>Essential Understanding between interpersonal and family relationship</td>
<td></td>
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<tr>
<td>Staff Training</td>
<td></td>
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<tr>
<td>Leadership and Coaching</td>
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<tr>
<td>5S role in the Care Setting</td>
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<tr>
<td>Improving Team Communication</td>
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<tr>
<td>Quality improvement tool</td>
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Quality Network

ND Critical Access Hospitals’ Regional Updates

Chest Pain Protocol
Shawn Smothers, CEO
Trinity Kenmare Hospital

Northwest Region CAHs

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinity Kenmare Community Hospital, Kenmare</td>
<td>Tioga Medical Center, Tioga</td>
</tr>
<tr>
<td>Mountrail County Medical Center, Stanley</td>
<td>Mercy Medical Center, Williston</td>
</tr>
<tr>
<td>McKenzie County Healthcare System, Watford City</td>
<td>St. Luke’s Hospital, Crosby</td>
</tr>
<tr>
<td>Heart of American Medical Center, Rugby</td>
<td>Presentation Medical Center, Rolla</td>
</tr>
<tr>
<td>Towner County Medical Center, Cando</td>
<td>St. Andrew’s Health Center, Bottineau</td>
</tr>
<tr>
<td>St. Aloisius Medical Center, Harvey</td>
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Chest Pain Protocol

• Shared system of care for chest pain
  – Chest pain protocol form
  – Monthly meetings (Providers, Staff, Lab, X-ray)
  – Developed form to meet the needs of CAHs at the same time building common language to communicate with Trinity
  – Form has a QA side to monitor timing of events
• Trinity STEMI EKG capabilities and issues

Health Care SafetyZone Portal

• Event Reporting Tool
• Benefits
  – Awareness of safety issues and trends
  – Accuracy and timeliness of data
  – Ease of communication between departments
  – Accelerated Actions
  – Ease and time saving for staff
  – Reduced duplication of data entry

Hospital Event Reporting:
Using Data from the Health Care SafetyZone Portal

Coleen Bomber, Quality Assurance Director
Northwood Deaconess Health Center

Northeast Region CAHs

Pembina County Memorial Hospital, Turtle Lake
Mercy Hospital, Devils Lake
Nelson County Health System, McVille
First Care Health Center, Park River
Cavalier County Memorial Hospital, Langdon
Unity Medical Center, Grafton
Northwood Deaconess Health Center, Northwood
Towne County Medical Center, Cando

• Benefits continued . . .
  – Ease and time saving in producing reports
  – Benchmark statewide
  – Enhanced quality of care and patient/resident safety
• New “Benchmark for Excellence in Patient Safety Program”

Questions?
One Call & Stroke Program
In the Southeast Region
Doris Vigen, DON
Sanford Medical Center Mayville
Jo Burdick, VP of Nursing
Sanford Health Network

Southeast Region CAHs

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Town</th>
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<tbody>
<tr>
<td>Hillsboro Medical Center, Hillsboro</td>
<td>Hillsboro</td>
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<tr>
<td>Mercy Hospital, Valley City</td>
<td>Valley City</td>
</tr>
<tr>
<td>Jamestown Hospital, Jamestown</td>
<td>Jamestown</td>
</tr>
<tr>
<td>Sanford Medical Center, Mayville</td>
<td>Mayville</td>
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<tr>
<td>Oakes Community Hospital, Oakes</td>
<td>Oakes</td>
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Sanford Health – Fargo
“One Call”

- Follow-up with Referral Facility
- Additional Staffing
- Physician Backup
- Feedback
- Resources

Stroke Program

- Developed Poster for each CAH ER
- Bringing out Stroke Reference Manual
- Identifying any issues at each CAH that could impact stroke transfer

Contact us for more information!

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(701) 777-0787
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Nikki Massmann
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Nicole.massmann@med.und.edu

Stroke Program in the Southwest Region

Beth Hetletved, Quality Improvement Coordinator, DON
Susan Steinwand, Discharge Planner, UR
Garrison Memorial Hospital

Southwest Region CAHs

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Town</th>
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<tbody>
<tr>
<td>Jamestown Hospital, Jamestown</td>
<td>Jamestown</td>
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<tr>
<td>Jacobson Memorial Hospital, Elgin</td>
<td>Elgin</td>
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<tr>
<td>Sakakawea Medical Center, Hazen</td>
<td>Hazen</td>
</tr>
<tr>
<td>Ashley Medical Center, Ashley</td>
<td>Ashley</td>
</tr>
<tr>
<td>Carrington Health Center, Carrington</td>
<td>Carrington</td>
</tr>
<tr>
<td>St. Joseph’s Hospital, Dickinson</td>
<td>Dickinson</td>
</tr>
<tr>
<td>Community Memorial Hospital, Turtle Lake</td>
<td>Community Memorial Hospital, Turtle Lake</td>
</tr>
<tr>
<td>Garrison Memorial Hospital, Garrison</td>
<td>Garrison</td>
</tr>
<tr>
<td>Linton Hospital and Medical Center, Linton</td>
<td>Linton</td>
</tr>
<tr>
<td>St. Alexius Medical Center, Harvey</td>
<td>Harvey</td>
</tr>
<tr>
<td>Southwest Healthcare Services, Bowman</td>
<td>Southwest Healthcare Services, Bowman</td>
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Stroke Program in the Southwest Region

- BTWAN discussion session for CAH providers
- Opened lines of communication between tertiary and CAHs on stroke care
- Development of “stroke packet” for the SW Region includes:
  - Transfer envelope template
  - Algorithm
  - Blood pressure management guidelines
  - tPA administration guidelines

Sanford Health – Fargo
“One Call”

- Follow-up with Referral Facility
- Additional Staffing
- Physician Backup
- Feedback
- Resources

Contact us for more information!

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