Performance Improvement
ND Balanced Scorecard Initiative
National Conference of State Flex Programs
Kansas City, MO
July 1, 2008

Marlene Miller, MSW, LCSW
Program Director (Flex, SHIP, CAH HIT)

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

Center for Rural Health

• Established in 1980; university-based
• Focus on:
  – Education, Training, & Resource Awareness
  – Community Development & Technical Assistance
  – Native American Health
  – Rural Health Workforce
  – Rural Health Research
  – Rural Health Policy

**Flex is one of 30+ programs/40+ staff
NORTH DAKOTA

- Population – 639,715
- Median age - 38.8
- 47 of 53 counties lost population (1990-2000)
- 66% (35/53) of ND Counties are Frontier Counties
- Elderly population (65+) will grow by 58% in next 20 years
- 89% of ND counties are entirely or partially HPSA/MUAs
- Average age of RN – 45 years
- 93% of EMTs are volunteers
- 87% of ND Rural Hospitals are CAHs (34/39)

North Dakota
Medicare Rural Hospital Flexibility Program

- University of North Dakota Center for Rural Health
- Partners: hospital association, dept of health, QIO
- Flex Advisory Committee
  - 8 CAH administrators from across ND
- CAH QI Executive Committee and Advisory Committee

Goals and activities related to:
- Quality/Performance Improvement
- Network Development
- Emergency Medical Services
- CAH Designation
- State rural health planning
Grant Program, Technical Assistance, Information Dissemination

✓ **Grants:** CAH grants, EMS grants, Trauma Designation, Network Enhancement

✓ **Technical Assistance:** strategic planning, community needs assessment, staff surveys, key informant interviews, network development, balanced scorecard implementation, CAH profiles, more!

✓ **Information Dissemination:** Flex Updates (list serve), website, workshops, alerts, NDHA (Informer)

✓ [http://ruralhealth.und.edu/projects/flex/](http://ruralhealth.und.edu/projects/flex/)

Building Capacity

• Limited resources of ND CAHs
• Surveyed how to best use Flex funding and implement performance improvement initiative(s)
• Build Flex capacity (staff)
• Build community capacity (CAHs)
• Work with others (Montana, TASC)
• Train-the-Trainer
Train-the-Trainer Model

• Contracted with Rural Health Resource Center (Duluth) – 2 years

Contract Deliverables (1st year):
• Train Flex Director and other staff on the BSC and how to assist hospitals with implementation (in-house training for 2 days; modeled training to hospitals, shared materials, expertise)
• Ongoing support, conference calls
• Direct assistance to ND CAHs
  – Developed presentations and worked on ND process
  – Participated in all site visits
  – Follow up between meetings

Train-the-Trainer Model

Contract Deliverables (2nd year):
• User Group (with Montana CAHs and Flex Program)
  – 1/4ly web-ex/education/networking
• 1 site visit with Flex program staff to each CAH in 2008 (measurements)
• Flex Program – BSC implementation
• Ongoing assistance as needed
Indicators of Success

- Flex Program has capacity to assist CAHs with BSC
- 4 CAHs implemented BSC in 2007
- 2008 implementation beginning with additional CAHs
- User-group established (MT and ND)
- CAHs assisting one another and Flex Program
- ND Center for Rural Health implemented BSC

Engaging CAHs

- Workshop held 2006 (TASC and Stroudwater Assoc.) in ND – 18 CAHs attended
- Two CAH admin taken to Annual Flex Meeting – listened to success CAH/BSC presentations
- Information disseminated via listserv, video conference sessions, word of mouth
- Worked together through Flex Program and piloted approach with 4 CAHs (2007)
- 2008 - CAHs recruited (2007 CAHs assisted)
**ND Flex Model**

- Call for interest at beginning of Flex year
- Application & Readiness Assessment
- Current strategic plan?
  - If yes, share and cross over into BSC
  - If no, fresh start using BSC framework/visioning
- CAHs selected
  - Agree to commitment of time, openness to develop model that works for CAHs, follow through, and work with other CAHs in the future

---

**BSC Sites – North Dakota**

- ND Flex Program
- Map with 2007 and 2008 Implementation markers
ND Flex Model --- VISIT 1

• 3 visits to each CAH, about every 6 weeks

  1 hour meeting with the board of directors
  **Focus:** education and support

  12 hours with dept. managers (over 2 days)
  **Focus:**
  - Introduction to the BSC
  - Culture survey
  - Mapping exercise/Visioning exercise
  - Operationalize strategies
  - Strategy Map (draft)
  - Plan for staff/provider education over next 6 weeks

ND Flex Model --- Visit 2

1 day with department managers
**Focus:**
- Discuss how staff education went
- Brief BSC overview (if needed)
- Finalize strategy map
- Work in 4 small groups around BSC perspectives (pre-determined)
- Prioritize strategies/draft initiatives
  (All share ideas in large group)
- Begin establishing measures, timelines
ND Flex Model --- Visit 3

1 day with department managers

**Focus:**
- Revisit measures and work over past 6 weeks
- Four perspective groups present and then do small group work to finalize measures, set baselines, timelines
- Large group finalizes
- Problem solving
- Future networking/user group participation

Staff Education - Initiatives

- Each CAH approached this differently
  - **Hospital A**
    - BSC Fair hosted; 4 perspective groups developed visual presentation
    - Staff rotated through displays learning of each perspective; at the end signed “commitment” to participate
    - Picnic setting
Staff Education - Initiatives

• Each CAH approached this differently
  
  **Hospital B**
  
  ➢ Open invitation to staff (attached to paychecks) to attend BSC forum; large group setting presentation; department managers co-hosted and worked together
  ➢ Repeated 2x
  ➢ Setting: Ice cream social

---

Staff Education - Initiatives

• Each CAH approached this differently
  
  **Hospital C**
  
  ➢ Mandatory meeting for all staff to attend information session
  ➢ CEO and Flex Director did education
  ➢ Presentation was video-taped and to be viewed by all (including new staff)
  ➢ Setting: Hospital chapel
  ➢ Ongoing BSC updates in employee newsletter
We aren’t called the Flex Program for nothing!

- Need to be **F L E X I B L E**

- They might surprise you!
- Hone your approach as you go; learn from one and share with others
- Each CAH is different
  - Staffing levels, capacity
  - Stand alone/systems
  - Readiness to change/timing

ND Deliverables to CAHs

- 3 Site visits over 6 months
- On-site training, technical assistance as well as phone support
- Product development (presentations (paper, live and videotaped), talking points, sample brochures, draft and final strategy map, strategic planning, press releases, culture survey (pre and post), facilitation, user-group)
- Ongoing assistance as needed
- Facilitate exchange of information between CAHs
What ND CAHs say …

New board member reviewed BSC (of 6 months) and said “we’ve really got a lot of information here --- it’s easy to read and understand what we’re trying to do”

QI Coordinator said “thank goodness … we’ve been waiting for something like this!”

What ND CAHs say …

1st visit - Environmental services “guy” said he wasn’t too excited about the BSC … 2nd visit said “I was looking forward to your coming!”

DON – “Best thing since sliced bread!”

BSC resulted in one CAH losing 2 staff after implementing changes around promoting accountability – they said “it was a positive result”
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

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

http://ruralhealth.und.edu