ND FLEX PROGRAM 09-10 PLANS

NDHA ANNUAL CONVENTION
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2009-2010 Objectives

- Supporting Hospitals
- Quality Improvement
- Conversion to CAH
- Strengthen EMS Services
- State Rural Health Plan (SRHP)
- Program Management
Supporting Hospitals

ND Flex Program

• Coordinate/develop educational opportunities
  • CAH Pre-Conference at annual Dakota conference
  • Health information technology offerings
  • Support CAH CEO to attend NBHA 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

Supporting Hospitals - Goals
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

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Quality Improvement

- NDHA
- ND Health Care Review, Inc.
- Center for Rural Health
- University of North Dakota
- School of Medicine & Health Sciences
- North Dakota Department of Health
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

ND Flex Program
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

Strengthen EMS Services

NORTH DAKOTA DEPARTMENT OF HEALTH
Emergency Medical Services and Trauma
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

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 system 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 healthcare needs of rural communities in cooperation with State EMS office
State Rural Health Plan

- 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
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/assess 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

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