

# **HealthCare Quality in Rural America**

**A Multi-state Initiative for Rural  
Healthcare Quality and Success**

**Alaska ♦ Arizona ♦ Kansas ♦ New Mexico  
Oklahoma ♦ Virginia ♦ Wyoming**

**July, 2008 - National FLEX Conference**

Jodi Schmidt, MBA/HA  
Hays Medical Center/Northwest Kansas Health Alliance

# Why?

- CAHs focused on survival
- Historic QA represented busy work
- QI/PI tools built for larger organizations
- QI/PI operates in a functional silo; not integral to operations
- Collaboration provides learning opportunities

# Project Purpose

Assist Critical Access Hospitals in building healthier performance improvement systems that will allow them to:

1. Enhance community reputation
2. Build healthy systems for managing change
3. Be strategically responsive to the changing healthcare environment
4. Be strategically competitive in the future healthcare marketplace
5. Increase the stature of CAHs in the national health care industry

# Partners

- Critical Access Hospitals
- Network Support Hospitals
- State Offices of Rural Health
- State Hospital Associations
- Quality Improvement Organizations
- Project Consultant: Bainbridge & Associates

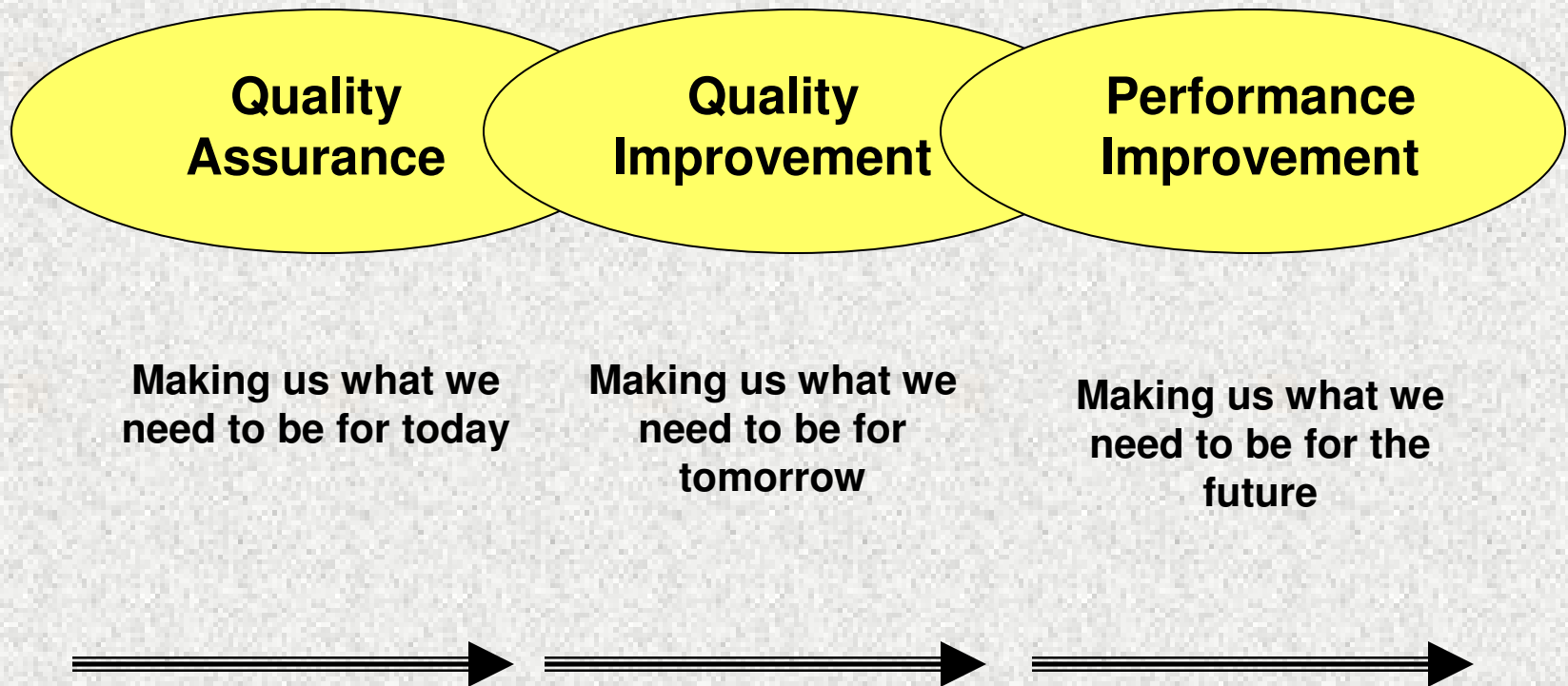
# Getting Started

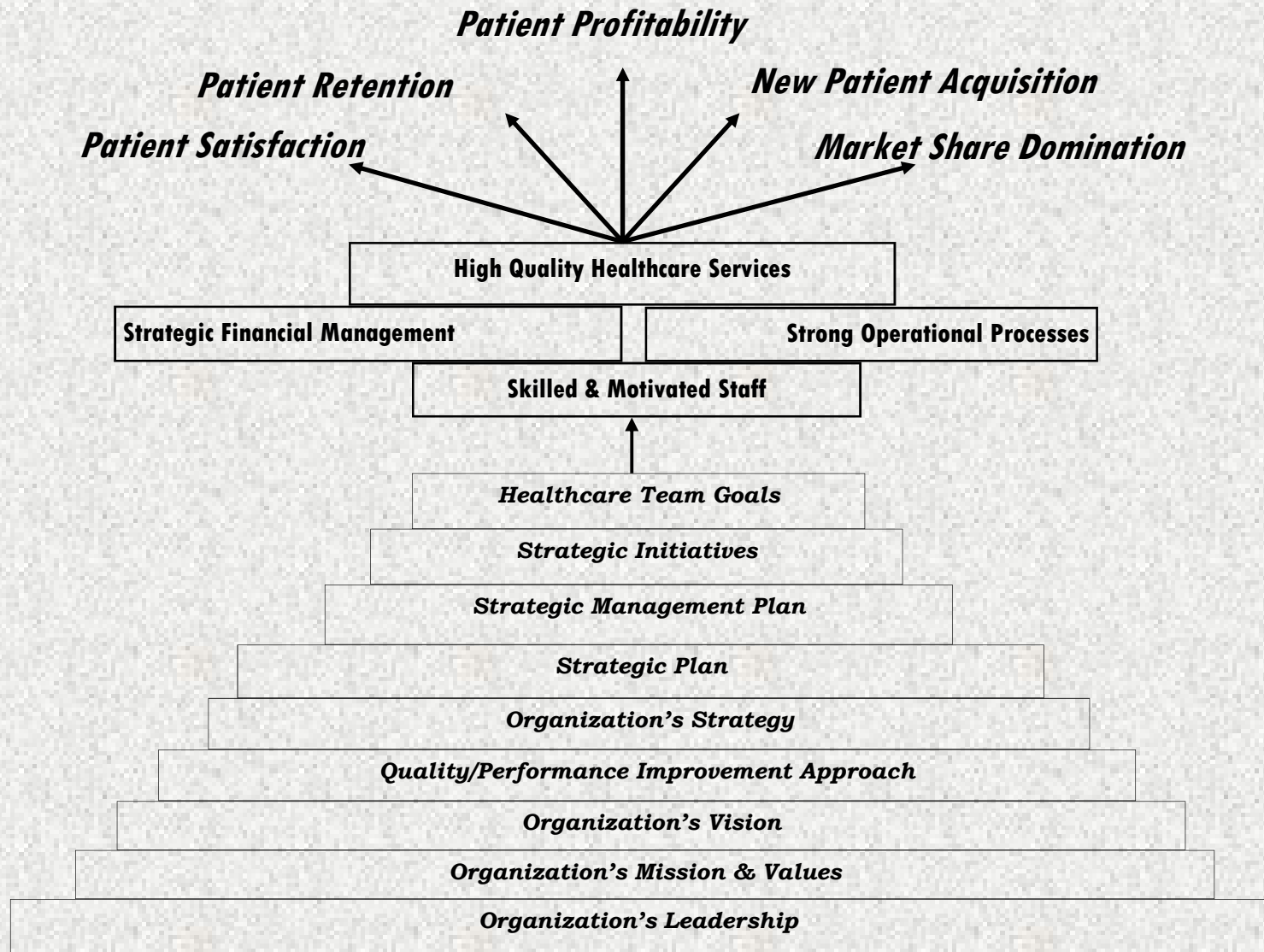
- Built on Northwest Kansas Health Alliance Quality Project – FLEX and Network Development grant funded
- Goal: develop a strong rural “model” for performance improvement
- Expanded to statewide project in Kansas (includes all 81 CAHs) and then multi-state *“Healthcare Quality in Rural America”*

# How is it done?

- Assessment
- Education & Consultation
- Benchmarking and Sharing of “Best Practices”
- Foundation: CAH-specific tools and techniques for quality and performance improvement

# The Quality Continuum





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by DD Bainbridge Associated

# Challenges...

- Leadership Buy-in
- Accessible Education
- Appropriate Tools
- Overcoming Attitudes
- Communications
- Baseline Assessment
- Data as a Tool, Not A Burden

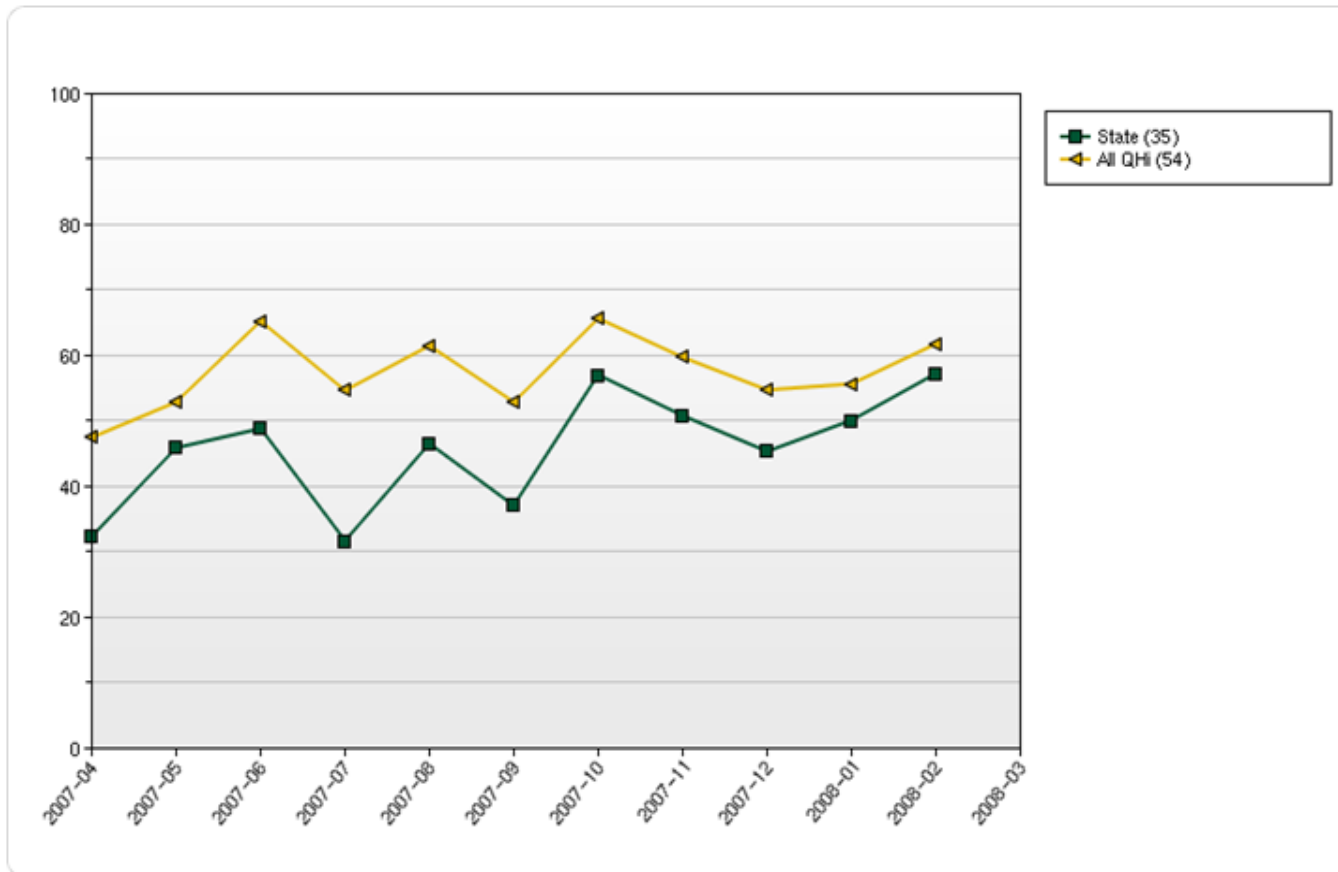


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### Inpatients Receiving Pneumonia Immunization -compare to CMS Pn-2



Use of CMS Indicators to measure and compare with

Use of data collection and benchmarking and engagement of User Advisory Work Groups

\* Peer Average is based on the following criteria:  
Date = April 2007 to March 2008

# Why it Works?

- Proven track record with KS CAHs
- It is about the smaller hospitals
- It is about the future
- The hospitals drive the goals
- It is an integrated approach
- It draws on existing resources rather than investing in new ones
- Talents, experience & dedication of DD Bainbridge

# HQRA in FY 2008-09

- Development of a web portal to enhance communications and access to services/tools and a resource library
- Approximately 25 additional CAHs
- Increased use of distance learning (Webinars)
- Increased use of electronic hospital data collection and benchmarking

# Keys to Success



- Synergy through partnerships
- CAH level participation
- Promotion of self-sufficiency
- Building a stronger foundation
- Creation a “system for sustainability”
- Recognition of turnover
- Use of technology

# Contact Information

Chris Tilden

Director, Office of Local & Rural Health

Kansas Dept of Health & Environment

[ctilden@kdhe.state.ks.us](mailto:ctilden@kdhe.state.ks.us)

(785) 296-7439