

Small Rural Hospital Blueprint for Performance Excellence and Value – State Flex Program Companion Resource

Critical Access Hospital Performance Excellence Summit

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Contents

- Summit Participants.....3
 - Federal Office of Rural Health Policy3
 - Summit Staff.....4
- Purpose and Process5
- Growing Need for a Blueprint for CAH Performance Excellence6
- The State Flex Program Supplement to support Critical Access Hospitals
Towards Performance Excellence 10
 - Leadership 10
 - Strategic Planning 13
 - Patients, Partners, and Communities 15
 - Measurement, Feedback and Knowledge Management 17
 - Workforce and Culture 21
 - Operations and Processes 24
 - Impact and Outcomes 27
- Conclusion 29
- Appendices 30
 - Appendix A 31
 - Acronyms List..... 31
 - Appendix B 33
 - Blueprint for CAH Performance Excellence Critical Success Factors 33
 - Appendix C 35
 - Performance Excellence Framework: Key Questions for Rural Hospitals
Assessment..... 35
 - Performance Excellence Framework: Key Questions for Rural Hospitals
Assessment..... 36
 - Appendix D 41
 - Key Resource Organizations 41
 - Appendix E 43
 - Relevant Resources Organized by Framework Section..... 43

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Purpose and Process

The U.S health care industry is undergoing profound change in payment and service delivery and is increasingly complex. Small rural hospitals face the challenge of being successful in current payment systems, while preparing for new value-based payment systems being rolled out in various forms across the country. Complexity and change are best managed using a comprehensive systems-based framework, including a balanced set of key strategies, initiatives, targets, and measures. These systems frameworks are currently used by many successful rural hospitals to achieve clinical, operational, and financial excellence.

In 2013, with funding from the Federal Office of Rural Health Policy (FORHP), the Technical Assistance and Services Center (TASC) for the Medicare Rural Hospital Flexibility (Flex) Grant Program, a program of the National Rural Health Resource Center (The Center), hosted a Critical Access Hospital (CAH) Performance Excellence Summit. The Summit assembled national rural hospital experts to create a recommended blueprint for sustainable CAH excellence. Summit experts used a comprehensive framework based on the Baldrige Framework¹ to identify the most important critical success factors. The resulting **Performance Excellence Blueprint**, has been one of the most utilized resources available on the Center's website.

In 2021, The Center again assembled national rural health experts for a two-day virtual summit to review and update the Performance Excellence Blueprint. While they largely confirmed that the critical success factors identified in 2013 are still relevant, they also offered contextual updates while highlighting examples, lessons learned, and opportunities across the framework components.

¹ Baldrige Excellence Framework (Health Care): Proven Leadership and Management Practices for High Performance. Available at:
<https://www.nist.gov/baldrige/publications/baldrige-excellence-framework/health-care>

This Flex Program Blueprint Companion Resource aims to guide state Medicare Rural Hospital Flexibility (Flex) Programs as they identify and develop program plans and strategies towards supporting CAHs in using the [Small Rural Hospital Blueprint for Performance Excellence and Value](#) and in achieving organizational and community health excellence. This supplement aligns with the Blueprint for Performance Excellence by providing a list of key resources that can be accessed for any framework component as well as ideas, strategies, and resources that apply to a specific framework component.

Growing Need for a Blueprint for CAH Performance Excellence

The U.S. health care industry continues to undergo profound change and is increasingly complex and costly. To manage this change and complexity, there is a need for a comprehensive systems approach, such as the Baldrige Framework. Like all industries, the health care sector is increasingly focused on quality, efficiency, and outcomes. The original Baldrige Framework was created as an award process to establish criteria for evaluating improvement efforts, highlighting strong performing businesses, and disseminating best practices. In 1999, the scope of the Baldrige Award expanded to include health care organizations and in the ensuing years, health care organizations have repeatedly documented outstanding financial and quality results using the Baldrige Framework. This paper does not suggest that CAHs pursue the Baldrige Award, but rather that rural hospitals use the Framework to map a systematic, broad-based set of strategies to achieve and sustain clinical, operational, and financial excellence.

Like the corporate manufacturing world of the 1980s, health care organizations, even those in rural communities, must adapt to global market forces that are changing payment structures, consumer and worker expectations, technology use and influence, and overall demand. These changes were first identified as the “Triple Aim” which describes the need for improving health, lowering costs, and improving care. More recently, and even more so because of the COVID-19 pandemic, the Triple Aim has expanded to the “Quadruple Aim”: better outcomes, lower costs, improved patient experience, and improved provider experience/joy in work. Other concepts are also being considered for inclusion in this changing model, such as equity. As these frameworks, models and expectations change, rural hospitals must continue to focus on quality, efficiency, and outcomes. They also increasingly need to evolve to put a greater emphasis on joy in work and equity to stay relevant in this rapidly changing marketplace. Adopting a comprehensive systems approach to performance excellence can help hospitals prepare for these changes.

Rural hospitals inherently have a primary care focused delivery model and can be well positioned to thrive in this changing marketplace. but without a systems-based approach to pursue and demonstrate quality and efficiency, align with primary care providers, and develop population health improvement strategies, many facilities struggle.



Without using a framework to provide a comprehensive systems approach, hospitals often struggle to:

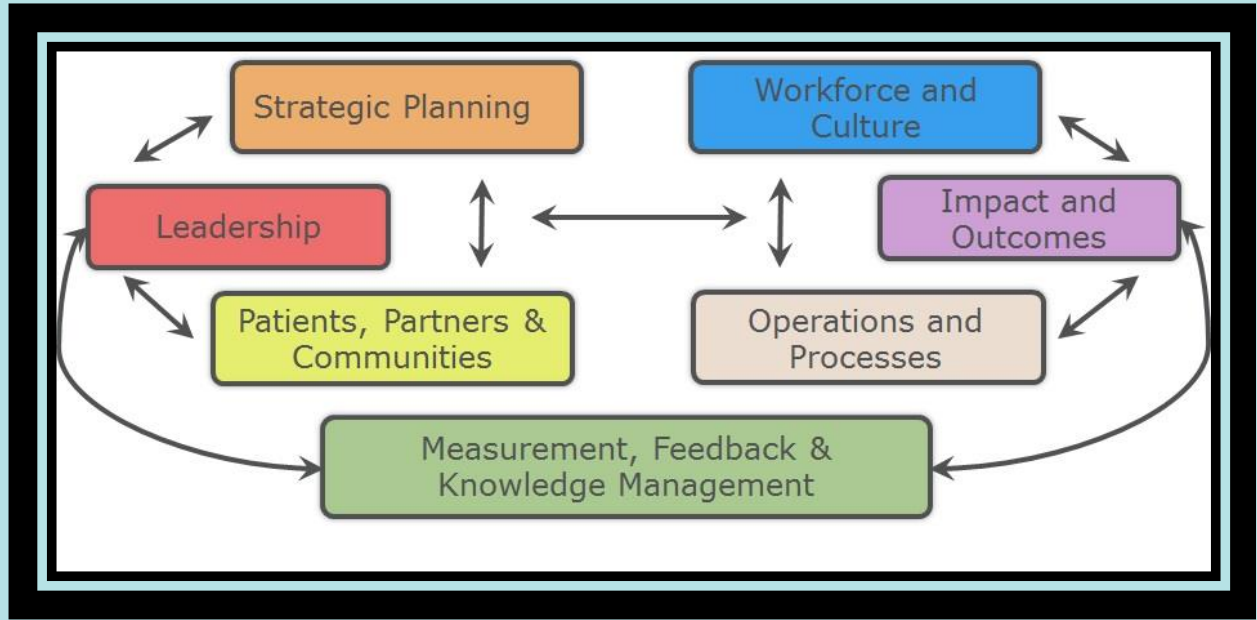
- **Align leadership**
- **Conduct meaningful strategic planning**
- **Assess customer needs**
- **Measure progress**
- **Review relevant information to address problems**
- **Engage and motivate staff**
- **Streamline processes**
- **Document outcomes**

Additionally, hospitals may successfully carry out some of these essential components, but then may be thwarted by breakdowns in other component areas that are not managed effectively. Meaningful work must be done in all these component areas to maximize a hospital's chance of achieving long-term excellence.

Use of a systems-based performance excellence framework, such as Baldrige, helps rural hospitals manage the crucial elements of organizational excellence needed to thrive in this rapidly changing environment. Like CAHs, state Flex Programs can use this framework to guide program planning, development, implementation, and measurement as they work to support CAHs in quality, finances and operations, and population health.

The image below demonstrates key inter-linked components of the Baldrige Framework, while the following sections of the report outline ways state Flex Programs can support the critical success factors in each component. Significant quotes from summit participants are highlighted throughout in boxes in the below sections.

Key inter-linked components of the Baldrige Framework:



The State Flex Program Supplement to support Critical Access Hospitals Towards Performance Excellence

Leadership

Critical Success Factors for CAHs

- Educating and engaging the board regarding health industry trends and their potential impact on the organization
- Empowering and motivating staff to achieve performance excellence, focusing on a systems-based approach to creating value
- Aligning with clinicians and community partners to develop a common vision, goals, and initiatives focused on improving patient care and community health

Leadership has the strongest impact on organizational outcomes and value, more than twice the effect of any other component of the Blueprint. Excellent rural hospitals invariably have excellent leadership.

"Changes in health care are complicated, particularly for those that don't spend all day every day focused on it."

Due to the complexity of the health care environment, some rural leaders are unaware of how their organization may be impacted. Or they may not believe that changes will impact their hospital or community. The day-to-day obligations of running a rural hospital can take precedence over strategy, and chief executive officer (CEO), department leadership, and board member turnover add to the challenge of having a consistent approach.

"We have to be in a state of constant change so how do we, as leaders, prepare our teams so they are ready?"

Flex Program Strategies to Support Rural Hospital Leadership

- Host board member training that may be in partnership with the state hospital association, state rural health association, state health care financial management association (HFMA) chapter, and others.
- Host or facilitate statewide board member lunch and learns, such as those modeled after [Project ECHO](#).
- Use the leadership programs and resources shared on the [TASC website](#).
- Provide or fund online/on-demand board member training opportunities, such as [Best on Board](#).
- Conduct and make available training, workshops, and tools to support succession planning, such as those on [Human Resources Today](#).
- Provide funding to support leadership development and training across all departments (e.g., scholarships for dietary, maintenance, housekeeping, and clinical leadership training). This can be improvement focused, need specific, or driven by changes identified through one of the many health care professional associations and organizations ([Listing of Professional Organizations](#)).
- Provide funding, tools, and templates to support strategic planning. Both [The Center](#) and [RHIhub](#) have resources and listings available on their websites.
- Engage in planning and/or funding to support statewide, regional, and national conferences and workshops to support for CAH staff participation and education.
 - Examples include: Western Flex, Mid-South Critical Access Hospital Conference, Northwest Rural Health Conference,

National Rural Health Association (NRHA), American Hospital Association (AHA), National Organization of State Officers of Rural Health (NOSORH), Illinois Critical Access Hospital Network training events, Minnesota State Rural Health Conference, Wisconsin Rural Health Cooperative and Wisconsin State Office of Rural Health training events, Colorado Rural Health Center Forum as well as many others.

- Flex Program and CAH staff can participate in rural hospital leadership development training events in other states and share key take-aways and lessons learned with other CAHs.
- Promote data sharing and benchmarking between rural hospitals and between departments.
- Work with a recruitment and/or a human resources firm to develop rural hospital leadership recruitment resources and tools.
- Host leadership bootcamps, networking, and on-boarding opportunities where new and seasoned leaders can learn from experts and one another. These could be modeled after the TASC Flex Program trainings offered to new Flex Program staff.
- Identify and showcase through peer-to-peer learning how hospital leaders are networking, building relationships, and connecting regularly with community leaders.

Strategic Planning

Critical Success Factors for CAHs

- Participating in meaningful strategic planning process on a regular basis that drives action plan development for both internal and community facing activities. Using a systems framework for planning to ensure a holistic approach
- Communicating the strategic plan organization-wide in easy-to-understand language

In today's rapidly changing environment, regular strategic planning is extremely important. Planning needs to be purposeful, active, and relevant, with input from key stakeholders such as providers, board members, department leaders, and any patient engagement committees or teams. The plan should be implemented, accountable, tracked, and measured with at a minimum a quarterly review and adjustment. Often, an outside facilitator is

"We need to be thinking about the community and not just about the hospital."

warranted to assure strategic planning stays on track and includes key stakeholders. Additionally, effective strategic plans need to be linked to operations; a simple system to help keep people staying on course. Once a plan is developed, concise communication of the strategy and accountability are critical.

Flex Program Strategies to Support Rural Hospital Strategic Planning

- Encourage CAHs to use their community health needs assessments (CHNAs) as part of the strategic planning process and while identifying strategic priorities.
- Share and showcase models for CHNAs and strategic plans. This may include sharing sample documents. Invite rural

"Flex can support CAHs in understanding what it means to do a complete strategic plan."

hospitals to share with their peers their experiences in developing and implementing strategic plans and CHNAs, building accountability and reporting into plans and assessment, and measuring outcomes.

- Conduct a statewide assessment of CHNAs, creating a portfolio accessible to rural hospitals. Share findings, priorities, and strategies to address needs and lessons learned with hospital leadership.
- Conduct a statewide assessment of strategic plans, creating a portfolio accessible to rural hospitals. Share findings, priorities, and strategies to address needs and lessons learned with hospital leadership.
- Develop rural hospital leadership knowledge of the value, use, and importance of strategic planning. Support strategic planning training.
- Identify and share strategic planning tracking and measurement tools (e.g., e-tools, dashboards, and Balanced Scorecards) that can be used and shared with board members and staff.
- Promote and share strategic planning tools and resources designed for hospitals, such as those available through [The Center](#), consulting firms (see [Appendix E](#)), and the Colorado Hospital Association's "[Re-imaging Leadership: A Pathway for Rural Health to Thrive in a COVID-19 World.](#)"

Patients, Partners, and Communities

Critical Success Factors for CAHs

- Excelling at customer service and patient care
- Exploring partnerships with larger systems or rural health networks
- Forging partnerships with other providers and community -based organizations in the service area

A focus on building relationships with patients, partners, and the community is essential to the growing concept of value in health care. Critical access hospitals should participate in public reporting programs on quality and customer experience as they show value to patients, the community, and potential partners.

With a growing focus on population health management, shorter hospital stays, and less invasive outpatient procedures, inpatient volumes will continue to decrease. To remain viable, CAHs need to evolve to align with community needs, and be the best value provider for the services offered. Some examples of opportunities that support this change are CHNAs, development of portals for patients to access their medical records, Public Health Needs Assessments performed by local public health, partnering locally and regionally with health care providers and more broadly with community-based organizations, and partnerships with larger systems, rural health networks, and other service providers. It is imperative that communication, strong relationships, and coordination are a priority.

"A good community health needs assessment isn't just checking boxes."

Flex Program Strategies to Support Relationship Building with Patients, Partners, and Communities

- Use Medicare Beneficiary Quality Improvement Project (MBQIP) data to drive Flex Program development and decision making aimed at

improving patient satisfaction. This includes targeting resources where they are needed most and evaluating initiatives towards improving outcomes.

- Support training opportunities aimed at improving customer service. This may include webinars and onsite work through internal staff or contractors, sharing successes and challenges between hospitals, and virtual or onsite hospital rotations featuring hospital customer service initiatives.
- Support training opportunities and internal initiatives aimed at improving outreach, messaging, communications, and hospitals telling their story. Share lessons learned, outputs, and outcomes with all hospitals.
- Provide training opportunities and networking related to using electronic health record (EHR) data to support patient outreach, service line development, and strategic planning.
- Help hospitals identify activities focused on the needs of the community. These needs may be described in their CHNA or strategic plan. They may also be identified through community or regional partners, statewide or national assessments, or through patient data and analysis.
- Host joint learning and training opportunities with the state rural health, rural health clinic, and community health center associations.
- Share resources, tools, models, and funding opportunities information that can support hospitals to address community needs and forge new partnerships. Examples on the RHIhub include:
 - [Transportation to Support Rural Healthcare](#)
 - [Interdisciplinary Care Teams, Patient Navigators, and Community Health Workers](#)
 - [Mental Health in Rural Communities Toolkit](#)

- [Improving Education to Address Social Determinants of Health](#)
- [Health Education Toolkit](#)
- Grant searches that can identify funding sources such as the Health Resources and Services Administration (HRSA) [Outreach Grant](#) and [Network Planning and Development Grants](#)

"How do you use your EHR to better understand patient needs?"

- Identify and share networking opportunities that improve the patient experience and outcomes, hospital operations, and community health. This could include sharing EHRs or patient data, referral and transfer of patients, swing bed utilization, service line development, specialty and outpatients services, billing and coding, staff sharing, and care coordination.
- Support training and information sharing related to establishing community paramedicine programs and implementing medical homes, including those with a behavioral health component.

Measurement, Feedback and Knowledge Management

Critical Success Factors for CAHs

- Using a systems framework to manage information and strategic knowledge
- Evaluating strategic progress regularly and sharing information organization-wide
- Gathering and using data to improve health and safety of patients in the hospital and the community

Many CAHs are overwhelmed by the wide variety of data reporting requests and requirements. Limited staff time and expertise can compound this issue,

particularly when there is a lack of appreciation for the value of the data being gathered can provide. The ability to gather data and turn it into information that can be acted upon is critical and will have growing importance as payment structures start to rely on reporting performance measures.

Strategic frameworks such as the Balanced Scorecard, dashboards, performance indicators, Studer Pillars of Excellence, with measures and targets in each area, are effective tools in helping staff understand linkages to strategic plans. These plans often include a mix of external measures (e.g., CMS measures) and internal measures that have been identified as critical components of finance, workforce, quality, and operations.² Hospitals are increasingly connecting operational outcomes to incentivize employees. For example, linking a portion of every employee's wage increase or bonuses to organizational success in reaching targets on their Balanced Scorecard achieving identified patient satisfaction scores, or decreasing fall rates have demonstrated results in increasing employee support for organizational efforts.

Flex Program Strategies to Support Measurement, Feedback, and Knowledge Management

- Share MBQIP reports and supplemental findings (e.g., ranking within state) with hospital quality improvement (QI) teams and other hospital leaders.
- Create statewide or hospital dashboards or balanced scorecards with MBQIP data and share, discuss importance and ways to improve outcomes with hospital QI teams and leadership.
- Support QI reporting through sharing the MBQIP Monthly and any key reporting information, email monthly reporting reminders to hospital QI teams.

"If you don't have data, mythology wins."

² National Rural Health Resource Center, <http://www.ruralcenter.org/tasc/resources/critical-access-hospital-2012-financial-leadership-summit-summary>

- Encourage QI staff to participate in RQITA reporting training opportunities such as Ask Robyn, host regular reporting huddles where hospitals can share reporting challenges but also network to learn solutions, and track reporting by each hospital and each measure, following up with non-reporters.
- Support hospital benchmarking: QI, financial and operational, and human resources; promoting and fostering networking between hospitals to discuss and share needs, opportunities, successes, challenges, and strategies towards improved outcomes.
- Support and foster patient engagement through networking and sharing examples of patient engagement models in rural hospitals, sharing research and lessons learned from experts in the field such as IHI's "[Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care](#)" or [Partnering in Self-Management Support: A Toolkit for Clinicians](#).
- Regularly review the work and publications of other Flex Programs, the Flex Monitoring Team, TASC, and RQITA to identify and share new findings and knowledge that supports hospital and community advancement. This includes submitting presentation requests to any of these Flex Program stakeholders to share their findings directly with hospitals.
- Host workshops and training for hospital leadership on creating and using a balanced scorecard or dashboard.
- Provide training opportunities and internal initiatives aimed at data use and analysis, interpretation, communicating data, and using data for marketing and community outreach.
- Host trainings on how to use electronic health record data to better understand patients' needs, track outcomes, and develop programs and services.
- Encourage collection and review of swing bed quality measure data. Tools such as the [Stroudwater Swing Bed Quality Tool](#) are available. Complement this with swing bed quality improvement data analysis, interpretation and improvement training.
- Host training opportunities that feature public reporting tools and how data can be used for community reporting and improvement efforts.

- Host training sessions on price transparency and how to communicate with patients as they use the data to make health care decisions.
- Support the development of a state-wide rural hospital data base of financial, quality and market share information.

Workforce and Culture

Critical Success Factors for CAHs

- Developing a workforce that is resilient, change ready, and adaptable
- Creating a culture that is patient focused and customer driven
- Nurturing ongoing staff development and retention

Workforce culture is foundational to every factor in the performance excellence framework. Workforce shortages are inevitable and have only been exacerbated by the COVID-19 pandemic; however, organizational structures that are agile and resilient will be better prepared across all organizational levels as needed. Hiring or promoting the “right” people—individuals that bring enthusiasm that aligns with mission and values is important—and can help build engagement for both new and existing staff. Ensuring the culture of your organization is as enthusiastic and ready to accept new ideas as the day-to-day work that happens in between finding the “right” people when additional staff needs to be added. Setting expectations related to teamwork and communication, as well as recognition and rewards that support team-based care, is also an opportunity.

“If you can build the right culture and team, you can do just about anything.”

Incorporating an awareness and focus on diversity, equity, and inclusion as part of organizational culture and staff development is an opportunity to help address disparities. It is important to be culturally sensitive and be able to effectively engage a workforce with varying needs and backgrounds. Supporting awareness of implicit bias and stereotyping of all kinds (cultural, educational, financial, behavioral, etc.) is a potential starting point. Embed a focus on whole-person care as organizations look to care coordination and other opportunities to more broadly connect resources to support health.

Helping employees be aware of the multitude of changes in the health care environment, the organizations strategic priorities, and staff roles in meeting goals is also important in keeping employees engaged. Storytelling is one best practice to help employees manage change. Putting information in the context of impact on individual patients can help staff understand the impact of how their actions contribute to the overall value of the care provided to patients and families.

Resource Spotlight: Equity

- [Achieving Health Equity: A Guide for Health Care Organizations](#), Institute for Healthcare Improvement, 2016
- [Addressing Bias & Driving Equity at Culture Care Connection](#), Stratis Health, n.d.
- [Addressing Health Equity in the Hospital Board Room](#), American Hospital Association Trustee Insights, 2020
- [Hospital Guide to Eliminating Disparities to Advance Health Equity and Improve Quality](#), Michigan Hospital Association Keystone Center, 2020

Flex Program Strategies to Support Workforce and Culture

- Host or coordinate hospital peer group meetings as an opportunity to network and share strategies peer to peer. Examples may include: nurse, CFO, CEO, billing and coding, dietary, and environmental services peer-to-peer meetings.
- Support training and assessment towards hospitals better understanding their workforce and culture through patient safety culture surveys, [Team STEPPS](#), personality tests (e.g., [DISC Assessments](#), [True Colors](#), [16 Personalities](#)), [communication questionnaires](#), employee satisfaction surveys, and employee engagement assessment tools such as those available through Press Ganey and the Agency for Healthcare Research and Quality (AHRQ).
- Develop and/or support the establishment of quality awards and recognition programs.

- Support training opportunities and workshops that promote a healthy work environment through improved communications, such as [Crucial Conversations](#), [Appreciative Inquiry](#), and [Peer Support](#).
- Provide performance improvement training staff at all levels (e.g., lean and performance management) as well as cross-training and team building aimed at department level needs.
- Support training, workshops, and tools that promote succession planning, such as those on [Human Resources Today](#).
- Create opportunities where hospitals can share their on-boarding processes and methods, successes, and challenges; incentive programs; retention programs/incentives; culture improvement strategies (e.g., culture committees); accountability methods; and patient satisfaction strategies. This may be through human resources peer-to-peer sharing and/or broader training events.
- Identify, promote, and support de-escalation, peer coaching, implicit bias, equity, safety, and resiliency training and peer-to-peer sharing.

Operations and Processes

Critical Success Factors for CAHs

- Develop efficient and effective processes related to business and administrative functions
- Continually improve processes with a focus on enhancing the ability of staff to provide high quality care
- Maximize use of technology to improve both efficiency and quality in care delivery and business processes

Streamlining operations, increasing value, and continuously improving quality and safety are essential to staying viable in an evolving global health care environment. Critical Access Hospitals now operate with and rely on electronic health records, telemedicine, and other technologies, but are often challenged with maximizing their use for efficiency, quality, safety, improved access, and outcomes. Due to the COVID-19 pandemic use of technology, such as telehealth, was catapulted and appreciation that telehealth can be an efficient way to help address workforce shortages and access to specialty services has been increased. This will be effectively realized if processes for implementation are well-designed, and providers and staff become comfortable using the technology.

"Unless we refine and execute our internal processes, our survival is in jeopardy."

"Pick one process improvement strategy and do it well. Don't dabble and keep changing."

Training in improvement methods, such as Lean, was cited as being very important, as was sharing best practices between CAHs through workshops, network collaboratives, roundtables, and discussion forums. Summit participants cautioned against dabbling in a variety of methodologies for

improvement but advised rather to identify a method that staff can understand and incorporate into their daily work. Revenue cycle assessment

"If it was easy, all hospitals would be lean and trim."

performed by an external firm was specifically cited as important because it may uncover other operational improvement opportunities.

Flex Program Strategies to Support Operations and Processes

- Support workshops and on-site technical assistance directed at developing efficient business processes with a particular focus on revenue cycle management and service line evaluation.
- Support billing and coding workshops and the sharing of best practices towards retaining staff and staff knowledge and skills.
- Host sessions to discuss, learn about, and identify telemedicine expansion opportunities. This may include showcasing telemedicine programs that are working, breakthroughs into new and financially viable service lines, new partnerships and networks that have evolved, financing and reimbursement, as well as others.
- Support telemedicine coding and reimbursement training opportunities.
- Support 340B training aimed at overall education and awareness and program, reimbursement, and compliance changes.
- Make available financial feasibility study funding for those CAHs considering establishing or expanding retail pharmacy.
- Provide training on the financial impact of establishing or expanding the swing bed program, including peer sharing for those CAHs that have recently added swing beds and/or those who have increased their swing bed volume.
- Provide guidance, support and information related to contracts and contract management.
- Collect, promote, use, and share benchmarking data for financial, operational, and productivity measures. This includes showcasing high performing CAHs and having strategic discussions and/or providing direct technical assistance to those performing poorly.
- Monitor CAH key financial indicators and target resources, training, and peer-to-peer networking to address needs. Indicators can be tracked through in-state data, tools such as [CAHMPAS](#) and [Quality](#)

[Health Indicators](#) (QHi), state needs assessments, and/or through annual FMT reports.

- Create a statewide price transparency portfolio of how, what, and where hospitals are reporting pricing and share this with hospital leadership, providing opportunities for hospitals to showcase their approach and methods.
- Support training and peer-to-peer sharing directed at establishing, implementing, and tracking outcomes for community health workers, health care navigators, and care coordination services.

Impact and Outcomes

Critical Success Factors for CAHs

- Publicly reporting and communicating outcomes broadly
- Documenting value in terms of cost, efficiency, quality, satisfaction, and population health
- Demonstrating community and societal contributions that improve overall health

Implementation of the performance excellence framework focuses on the goal of improving and documenting outcomes. Now more than ever, CAHs must demonstrate the value they provide to patients, communities, and to their health care systems. As the environment continues to shift toward measurable outcomes, CAHs cannot opt out of standard reporting requirements. With the recognition that some quality and safety measures do not adequately reflect the care provided at rural hospitals, high performance on those that are relevant is even more important.

CAHs should take advantage of opportunities to define and promote excellence, both within their community and more broadly in the health system. For example, quality and satisfaction scores along with cost data can help support engagement with larger hospitals to develop transfer agreements for appropriate services such as swing bed care. Summit participants encouraged CAHs to seize opportunities within the community to share data on performance, gather information on perceptions, and needs as defined locally. Transparency and development of trust from the community was identified as a need across several framework components. Critical Access Hospital leaders also need to advocate for and participate in value-based payment demonstrations that are relevant for rural providers. Providing input and participating in discussions related to how value is

"The only way to remain relevant is to define excellence and then achieve and document it."

measured and reported through state Flex Programs, hospital associations, rural networks, and other venues is crucial to having a voice in the future of health care in this country.

One of the most significant changes in the discussion of CAH performance excellence at the 2021 Summit compared to 2013, was a focus on the responsibility of CAHs to demonstrate leadership and societal contribution more broadly in the community. As part of their journey towards excellence, CAHs will need to actively address health disparities, and engage in community efforts related to diversity, equity, and inclusion. Delivery of health care services is only one component of overall health. Critical Access Hospital engagement in economic development, public safety, community and/or work-site wellness, school-based health, and environmental impact are all opportunities to demonstrate by example.

Flex Program Strategies to Support Impact and Outcomes

- Share the Small Rural Hospital Blueprint for Performance Excellence and Value with all CAHs. This may be by hosting a workshop outlining each of the framework components or a discussion on gaps and needs to support Flex Program planning. Discuss, solicit feedback, ask how the Flex Program can support their efforts.
- Conduct the Performance Excellence Framework: Key Questions for Rural Hospital Assessment across all CAHs in the state. Collect baseline data, identify high performers, share findings, and showcase high performers. Repeat the assessment every 2-3 years to track outcomes and to continue peer sharing.
- Lead by example, including building program evaluation into Flex Program activities and communicating outcomes, successes, and challenges to program stakeholders.
- Encourage and promote participation in the use of unblinded quality, operational, customer satisfaction, and financial benchmarking data.
- Facilitate value-based payment, value measurement, and population health improvement educational sessions and peer-to-peer learning.

"The organization's quality is the sum of the individuals that work in the facility."

- Develop and share case studies that showcase CAH leadership and outcomes towards community benefit and population health improvement.

Conclusion

The health care landscape is undergoing fundamental change. Leadership awareness and support is critical in helping rural hospitals stay relevant during this time of uncertainty and change. The [Small Rural Hospital Blueprint for Performance Excellence and Value](#) is a tool to help CAH leaders begin to identify the key strategies necessary to bridge the gap between where they are presently and where they will need to be in a value-based health care system. It is also a tool to support Flex Programs in understanding current CAH needs and the strategies CAHs should be considering or applying to address those needs and remain vital and relevant. Flex Programs can use this Companion guide to think about their CAHs needs in Flex Program planning and then use and adapt some of the Companion strategies to best support rural hospitals.

Appendices

- A. Acronyms List
- B. Blueprint for CAH Performance Excellence - Critical Success Factors
- C. Performance Excellence Framework: Key Questions for Rural Hospitals Assessment
- D. Key Resource Organizations
- E. Relevant Resources Organized by Framework Section

Appendix A

Acronyms List

AHA – American Hospital Association

AHRQ – Agency for Healthcare Research and Quality

CAH – Critical Access Hospital

CAHMPAS – Critical Access Hospital Measurement and Performance System

CHNA – Community Health Needs Assessment

CMS – Centers for Medicare and Medicaid Services

CEO – Chief Executive Officer

CFO – Chief Financial Officer

EHR – Electronic Health Record

FORHP – Federal Office of Rural Health Policy

FMT – Flex Monitoring Team

HFMA – Healthcare Financial Management Association

IHI – Institute for Healthcare Improvement

MBQIP – Medicare Beneficiary Quality Improvement Project

NOSORH – National Organization of State Offices of Rural Health

NRHA – National Rural Health Association

QHI – Quality Health Indicators

QI – Quality Improvement

RHIhub – Rural Health Information Hub

RQITA – Rural Quality Improvement Technical Assistance

TASC – Technical Assistance Services Center

Appendix B

Blueprint for CAH Performance Excellence Critical Success Factors

Leadership

- Educating and engaging the board regarding health industry trends and their potential impact on the organization
- Empowering and motivating staff to achieve performance excellence, focusing on a systems-based approach to creating value
- Aligning with clinicians and community partners to develop a common vision, goals, and initiatives focused on improving patient care and community health

Strategic Planning

- Participating in meaningful strategic planning process on a regular basis that drives action plan development for both internal and community facing activities
- Using a systems framework for planning to ensure a holistic approach
- Communicating the strategic plan organization-wide in easy to understand language

Patients, Partners and Communities

- Excelling at customer service and patient care
- Exploring partnerships with larger systems or rural health networks
- Forging partnerships with other providers and community-based organizations in the service area
- Encouraging the use of local health care services

Measurement, Feedback and Knowledge Management

- Using a systems framework to manage information and strategic knowledge
- Evaluating strategic progress regularly and sharing information organization-wide
- Gathering and using data to improve health and safety of patients in the hospital and the community

Workforce and Culture

- Developing a workforce that is resilient, change ready, and adaptable
- Creating a culture that is patient focused and customer driven
- Nurturing ongoing staff development and retention

Operations and Processes

- Develop efficient and effective processes related to business and administrative functions
- Continually improve processes with a focus on enhancing the ability of staff to provide high quality care
- Maximize use of technology to improve both efficiency and quality in care delivery and business processes

Impact and Outcomes

- Publicly reporting and communicating outcomes broadly
- Documenting value in terms of cost, efficiency, quality, satisfaction, and population health
- Demonstrating community and societal contributions that improve overall health

Appendix C

Performance Excellence Framework: Key Questions for Rural Hospitals Assessment

The Baldrige Performance Excellence Framework can be used as a systems-based framework for rural hospitals to develop and support critical success factors in key areas leading to performance excellence across the organization.

Key areas of the framework include:

- Leadership
- Strategic Planning
- Patients, Partners and Communities
- Measurement, Feedback and Knowledge Management
- Workforce and Culture
- Operations and Processes
- Impact and Outcomes

Assess your organizations' current capacity in each of these key areas to help identify opportunities for growth and development of system-based capacity for excellence.

Consider having a team of 6 - 8 people from across your organization complete this assessment independently. Then use it as a tool for discussion to bring in perspective from across the organization to understand varying perceptions, gain buy-in, and identify opportunities and priorities for action.

A Word document version of this assessment can be accessed at the [National Rural Health Resource Center's website for Performance Excellence](#).

Performance Excellence Framework: Key Questions for Rural Hospitals Assessment

Please check the appropriate box:

Leadership Our Leadership team...	Strongly Disagree 1	Somewhat Disagree 2	Somewhat Agree 3	Strongly Agree 4
Is aware of health industry trends and changes and how they may impact our organization				
Understands need for systems approach in all aspects of our organization				
Provides ongoing education opportunities for board, leadership, and managers				
Works to align with clinicians around values, goals, and strategies				
Empowers and motivates staff to achieve performance excellence				
Engages clinicians and community partners to develop a common vision, goals, and initiatives related to improving patient care and community health				
Embeds equity, diversity, and inclusion in strategic and operational decision making and is a visible				

advocate for addressing health disparities				
<i>Strategic Planning</i> Our organization...	Strongly Disagree 1	Somewhat Disagree 2	Somewhat Agree 3	Strongly Agree 4
Participates in meaningful strategic planning process on a regular basis that results in action plan development for both internal and community facing activities				
Involves multiple stakeholders, both internally and externally, to ensure strategic plans reflect community needs				
Uses a systems framework for planning to ensure a holistic approach				
Incorporates a focus on promoting equity and reducing disparity				
Communicates the plan organization-wide in easy to understand language				
<i>Patients, Partners and Communities</i> Our organization...	Strongly Disagree 1	Somewhat Disagree 2	Somewhat Agree 3	Strongly Agree 4
Measures and publicly reports data on patient satisfaction and quality				
Excels at customer service as shown by comparative results on patient satisfaction				

Engages in partnerships with larger systems or rural networks				
Works collaboratively with other types of providers and community-based organizations in the service area to improve transitions of care and care continuity				
Implements strategies to market and encourage use of local health care services				
Collaborates with public and private organizations in the community to assess and improve health of the population				
<i>Measurement, Feedback and Knowledge Management</i> Our organization...	Strongly Disagree 1	Somewhat Disagree 2	Somewhat Agree 3	Strongly Agree 4
Uses a strategic framework to manage information (such as a Balanced Scorecard)				
Evaluates strategic process regularly and shares information organization-wide				
Uses data to improve the health and safety of patients in hospital and the community				
Consistently captures and utilizes data on race, ethnicity, language, and social needs to identify				

opportunities to improve care and reduce disparities				
<i>Workforce and Culture</i> Our organization...	Strongly Disagree 1	Somewhat Disagree 2	Somewhat Agree 3	Strongly Agree 4
Supports development of a workforce that is resilient, change-ready, and adaptable				
Has an intense focus on staff well-being including organizational policies that support flexibility and work-life balance				
Actively encourages and supports ongoing staff education, skill building, and leadership development				
Has developed a culture that is patient-centered and customer focused				
Has explicit organizational and health equity-focused policies and practices to advance diversity and inclusion				
Has a proactive plan and program to identify, address, and prevent safety concerns including potential workplace violence and aggression				
<i>Operations and Processes</i> Our organization...	Strongly Disagree 1	Somewhat Disagree 2	Somewhat Agree 3	Strongly Agree 4
Has developed efficient business processes and operations in all areas				

Continually measures and improves quality and safety				
Maximizes the use of technology to improve efficiency and quality				
Ensures continuous process improvement is embedded in the culture				
Has implemented a strategy to expand use of telehealth to support improved access and quality				
<i>Impact and Outcomes</i> Our organization...	Strongly Disagree 1	Somewhat Disagree 2	Somewhat Agree 3	Strongly Agree 4
Reports quality outcomes to federal agencies, community, staff, and other stakeholders				
Benchmarks outcomes internally and with peers to identify opportunities for improvement				
Documents value in terms of cost, efficiency, quality, satisfaction, and population health				
Has identified opportunities and strategies related to community and societal contributions that improve overall health such as community vitality, economic development, or environmental impact				

Appendix D

Key Resource Organizations

Below is a listing of key resources and their acronyms referenced throughout this supplement.

[Flex Monitoring Team](#) (FMT) – FMT assesses the impact of the Flex Program on rural hospitals and communities nationally and the role of the states in achieving overall program objectives. FMT created, hosts, and develops the Critical Access Hospital Measurement and Performance Assessment Systems (CAHMPAS) database and develops state and national reports covering all Flex Program components.

[Healthcare Financial Management Association](#) (HFMA) – HFMA has more than 69,000 members, including those in finance and leadership and they help their members—both individuals and organizations—achieve optimal performance by providing the practical tools and solutions, education, industry analyses, and strategic guidance needed to address the many challenges that exist within the U.S. health care system. There are state chapters of HFMA in every state.

[Institute for Health Improvement](#) (IHI) – IHI is a recognized innovator, convener, and generous leader, a trustworthy partner, and the first place to turn for expertise, help, and encouragement for anyone, anywhere who wants to profoundly change health and health care for the better.

[National Organization of State Offices of Rural Health](#) (NOSORH) – NOSORH strives to develop increased communication and involvement with the 50 State Offices of Rural Health, building strong relationships with other health care groups, and find sources of revenue to improve its effectiveness.

[National Rural Health Association](#) (NRHA) – NRHA is a national membership organization, whose mission is to improve the health and health care of rural Americans and to provide leadership on rural issues through advocacy, communications, education, and research.

[Rural Health Information Hub](#) (RHIhub) - RHIhub, formerly the Rural Assistance Center (RAC), is a national portal for health and human services information which provides customized searches and assistance on a variety of rural topics.

[Rural Quality Improvement Technical Assistance](#) (RQITA) – RQITA’s goal is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) quality initiatives, which are focused on quality measure reporting and improvement:

- Small Health Care Provider Quality Improvement Grantees (SCHPQI)
- Medicare Rural Hospital Flexibility (Flex) Program Medicare Beneficiary Quality Improvement Project (MBQIP)
- Intended to add expertise related to quality reporting and improvement, not to replace technical assistance support already in place.

[National Rural Health Resource Center](#) (The Center) – The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities and provides technical assistance, information, tools and resources for the improvement of rural health care. It serves as a national rural health knowledge center and strives to build state and local capacity.

- [Technical Assistance Services Center](#) (TASC) – TASC, a program of The Center, has provided information, tools and education to CAHs and to individual state Flex Programs. TASC provides support for all Flex Program components and has a list of vendors that can support state Flex Program with evaluation needs. Through TASC, The Center also offers direct technical support to Flex Programs and has outside resources who are available work with Flex Programs as requested.
- [Flex Forum](#) – Hosted by TASC, the Flex Program Forum is a secure, web-based message forum for use by the State Flex Programs. On the Flex Program Forum there is the opportunity to share messages, pose questions, post documents and web links and comment on each other’s posts. Use this tool to connect and share information, ideas, needs, and lessons learned.

Appendix E

Relevant Resources Organized by Framework Section

Leadership Resources

BOARD GOVERNANCE

- [AHA 2019 National Health Care Governance Survey Report](#), American Hospital Association Trustee Services (includes key leadership discussion questions in each section)
- [Critical Access Hospital Governing Board Manual](#), Illinois Critical Access Hospital Network (ICAHN), 2020
- [Engaging Your Board and Community in Value-Based Care Conversations](#), Rural Health Value, 2016
- [Framework for Effective Board Governance of Health System Quality](#), Institute for Healthcare Improvement, 2018
- [Visionary Board Leadership and the Transition to Value Video Series](#), National Rural Health Resource Center, 2020

PROFESSIONAL AND ORGANIZATIONAL DEVELOPMENT

- [ACHE Healthcare Executive 2021 Competencies Assessment Tool](#), American College of Healthcare Executives
- [Future of Rural Health Care Task Force – Final Recommendations](#), American Hospital Association, 2021
- [Leading Through Crisis: A Resource Compendium for Nurse Leaders](#), American Organization for Nursing Leadership, n.d.
- [Management Methodologies and Value-Based Strategies: An Overview for Rural Health Care Leaders](#), Rural Health Value, 2019

- [Managing from the Middle: Leading Through Change Podcast Series](#), National Rural Health Resource Center, 2020
- [Leadership Insights – Monthly Newsletter](#), Rural Wisconsin Health Cooperative, ongoing
- [Physician Engagement - A Primer for Healthcare Leaders](#), Rural Health Value, 201

Strategic Planning Resources

- [Hospital Strategic Planning: What Should You Include in Your 5-Year Plan?](#), ClearPoint Strategy, n.d.
- [Rural Healthcare Surge Readiness](#), Rural Health Information Hub, n.d.
- [Rural Health Networks and Coalitions Toolkit – Strategic Planning](#), Rural Health Information Hub, 2017.
- [Re-imaging Leadership: A Pathway for Rural Health to Thrive in a COVID-19 World](#), Colorado Hospital Association, 2020.
- [Strategic Planning: The Ultimate Guide to Preparing, Creating and Deploying Your Strategy](#), ClearPoint Strategy, n.d.
- [Strategic Outlook for Hospitals Post-Covid](#), Becker’s Hospital Review, 2021.
- [Value-Based Care Assessment Tool](#), Rural Health Value, 2018.
- [7 Steps to Healthcare Strategic Planning](#), White Paper, Hayes Management Consulting, n.d.
- [The 10 Most Popular Strategic Planning Templates on Our Site](#), ClearPoint Strategy, n.d.

Patients, Partners, and Communities Resources

- [A Guide for Rural Health Care Collaboration and Coordination](#), Health Resources and Services Administration, 2019
- [Demonstrating CAH Value: A Guide to Potential Partnerships](#), Rural Health Value, 2017
- [Guide to Patient and Family Engagement in Hospital Quality and Safety](#), Agency for Healthcare Research and Quality, 2017
- [The Hospital as a Convener in Rural Communities: Case Study](#), American Hospital Association Future of Rural Health Care Task Force, 2021
- [Patient Trust: A Guide for Essential Hospitals](#), Essential Hospitals Institute, 2020
- [Population Health Toolkit](#), National Rural Health Resource Center, n.d.
- [Study of HCAHPS Best Practices in High Performing CAHs](#), Stratis Health, 2017

Measurement, Knowledge, and Feedback Resources

- [Build a Data-Driven Health Organization With These Three Considerations](#), Becker's Health IT, 2018
- [Making the EHR Work: Rural Healthcare Organizations Use Data Extraction to Improve Patient Care](#), Rural Monitor – Rural Health Information Hub, 2018
- [MBQIP \(Medicare Beneficiary Quality Improvement Project\)](#), National Rural Health Resource Center, n.d.
- [Rural Hospital and Clinic Financial Summit Report](#), National Rural Health Resource Center, 2018
- [Rural Hospital Value-Based Strategic Summit: Balanced Scorecard & Strategy Map Templates](#), National Rural Health Resource Center, 2017

- [Strategy Map and Balanced Scorecard Recorded Webinars](#), National Rural Health Resource Center, 2019
- [Using Data to Understand your Community](#), Rural Health Value, 2020

Workforce and Culture

- [Action Collaborative on Clinician Well-being and Resilience](#), National Academy of Medicine, n.d.
- [Caring for our Health Care Heroes During COVID-19 - Addressing Workforce Social Needs](#), American Hospital Association, 2020
- [IHI Framework for Improving Joy in Work](#), Institute for Healthcare Improvement, 2017
- [Innovative Health Care Provider Roles](#), Rural Health Value, 2020
- [Practice at the Top of Your License: What Does That Really Mean?](#), KevinMD.com, 2019
- [Team-based Care Creates Value: Issue Brief](#), American Hospital Association Value Initiative, 2020
- [Team STEPPS® \(Team Strategies & Tools to Enhance Performance and Patient Safety\)](#), Agency for Healthcare Research and Quality (AHRQ), n.d.
 - [Getting Started with Team STEPPS®](#), American Hospital Association Team Training, n.d.
- [Worker Safety in Hospitals: Caring for our Caregivers](#), United States Department of Labor Occupational Safety & Health Administration (OSHA), n.d.
- [Workforce and Workplace Violence](#), American Hospital Association, n.d.

Operations and Processes Resources

- [An Overview of Lean: A Guide for the Small Rural Hospital Improvement Grant Program](#), National Rural Health Resource Center, 2013
- [Financial and Operational Strategies: Hospital Best Practices and Recommended Strategies](#), National Rural Health Resource Center, n.d.
- [Navigating Fluctuating Supply and Demand: How Health Systems Can Adjust Demand Planning Amid the Pandemic](#), Becker's Hospital Review, 2020.
- [The Prescription for Financial Well-Being: Why Leading Health Systems are Turning to Clinical Asset Informatics Platforms](#), Becker's Hospital Review, 2021.
- [Quality Improvement Basics: A Collection of Helpful Resources for Rural Health Care Organizations](#), Stratis Health, 2019
- [Revenue Cycle Management and Business Office: Processes Hospital Best Practices and Recommended Strategies](#), National Rural Health Resource Center, n.d.
- [Telehealth.HHS.GOV](#), Health Resources & Services Administration, n.d.
- [5 Strategies to Increase Hospital Outpatient Review Cycle Profitability](#), Becker's Hospital Review, 2021.

Impact and Outcome Resources

- [Community Vitality and Rural Healthcare](#), Rural Health Information Hub Topic Guide, 2021
- [Community Economic Development](#), Rural Wisconsin Health Cooperative, 2021
- [Go Green: How Your Hospital Can Cut Costs by Embracing the Environment](#), HealthcareGlobal.com, 2020
- [Hospitals Race to Save patients — and the Planet](#), Association of American Medical Colleges, 2019