

Small Rural Hospital Blueprint for Performance Excellence and Value

Small Rural Hospital Performance Excellence Summit

April 27-28, 2021

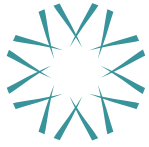


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Purpose and Process

For nearly a decade, the U.S. health care industry has been undergoing profound change in payment and service delivery; and growing increasingly complex. The past year has layered on several additional opportunities and challenges including the need for pandemic and emergency preparedness, massive growth in the acceptance and use of telehealth, spotlighting of social needs as a core component of health, and the systemic and persistent disparities facing people of color. Small rural hospitals face the challenge of being successful in fee-for-service payment systems while preparing for and entering into value-based payment arrangements, at a time of financial stress and uncertainty. This is all occurring while hospitals serve as a cornerstone of support and resources for their staff and community.

Complexity and change are best managed by using a comprehensive systems-based framework, including a balanced set of key strategies, initiatives, targets, and measures. These systems frameworks are currently being 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 Framework to identify the most important critical success factors.¹ The resulting Performance Excellence Blueprint has been one of the most utilized resources available on The Center's website.

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>

In 2021, The Center again assembled national rural hospital experts for a two-day virtual summit to review and update the Performance Excellence Blueprint to help ensure the concepts, examples, and resources reflect the rapidly changing landscape. Summit participants completed a questionnaire in advance of the event, providing input on the current relevance of the critical success factors identified in 2013, and offering lessons learned and examples related to the framework components. Summit participants largely confirmed that the critical success factors identified in 2013 are still relevant, and offered contextual updates while highlighting examples, lessons learned, and opportunities across the framework components.

The Blueprint is intended to be a tool to assist rural hospital leaders in implementing a comprehensive systems approach to achieving organizational excellence. It contains an outline of the key inter-linked components of the Baldrige Framework, along with critical success factors relevant to small rural hospitals. Challenges and strategies are also addressed. Comments reflecting the Summit discussion are highlighted in each of the seven Blueprint components. A companion resource focused on related strategies and resources for state Flex programs is also available.

Growing Need for a Blueprint for CAH Performance Excellence

The U.S. health care industry is undergoing profound change. As the health care payment system increasingly shifts towards value-based reimbursement, the capacity of and access to technology has grown exponentially. The importance of addressing social needs as a component of high-quality health care delivery is appreciated. There is a growing need for a comprehensive systems approach, such as the Baldrige Framework, to help manage this change and complexity. Ironically, some of the market changes in the health care environment today are similar to those in the corporate manufacturing world in the 1980s. In the 1980s it was recognized that U.S. manufacturing companies needed to have a renewed focus on quality and efficiency to stay relevant in an increasingly global marketplace.

It was at this time when 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 two decades, 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 changing market forces that are moving payment structures from fee-for-service payments based on volume to one that is focused primarily on value. These changes were first identified as the “Triple Aim” which described the need for improving patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care.² More recently, and even more so because of the COVID-19 pandemic, the Triple Aim has often been expanded to add a fourth aim of improving the work life of those who deliver care.³

When the CAH Blueprint for Performance Excellence was originally developed in 2013, the shift towards value-based reimbursement was still relatively new, and primarily included incentives related to reporting and performance on quality measures. There has been rapid growth of value-based reimbursement programs across multiple payor types since that time. In their most recent assessment, the Health Care Payment Learning and Action Network (HCP-LAN) identified that in 2018, more than 60% of all health care payments, across all payor types, were under a value-based arrangement,

² Institute for Healthcare Improvement,
<http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

³ Bodenheimer and Sinkov, From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Annals of Family Medicine*, November 2014.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226781/>

with the most rapid growth in arrangements that included financial risk for the health care provider organizations.⁴ The HCP-LAN has set goals that 50% of Medicaid and Commercial payments, and 100% of Medicare and Medicare Advantage payments would shift to risk-based models by 2025.⁵

In addition to the changing landscape for reimbursement, other key challenges and opportunities have recently come into the spotlight:

- Health disparities and the need to focus on diversity, inclusion, and equity
- Workforce resilience and agility
- Rapid growth in technology and telehealth
- Increased focus on community and societal contributions as a component of hospital performance

Underlying the payment and environmental changes, rural health care organizations are also experiencing continued movement toward an increased number of rural-urban affiliations, physicians transitioning to hospital employment models, flattening or even declining in-patient volumes, and chief executive officer (CEO) turnover.

Now more than ever it is critically important for rural hospitals to have a renewed focus on quality and efficiency to stay relevant in this rapidly changing environment. Adopting a comprehensive systems approach to performance excellence can help hospitals prepare for and address these changes. This approach should include the ability to measure and demonstrate value.

Rural hospitals inherently have a community-focused care delivery model. As such, they are well positioned to thrive in this changing environment, but not without a system-based approach. This system-based approach supports them to demonstrate quality and efficiency. It also supports them to align

⁴ HCP LAN APM Measurement, 2019 Report: <https://hcp-lan.org/apm-measurement-effort/2019-apm/>

⁵ HCP LAN Goals FAQ: <https://hcp-lan.org/faqs/>. Note – in the FAQ, a possible exception to the 100% goal for Traditional Medicare is identified for payments to FQHCs and RHCs.

with primary care clinicians and community partners to develop population health improvement strategies.

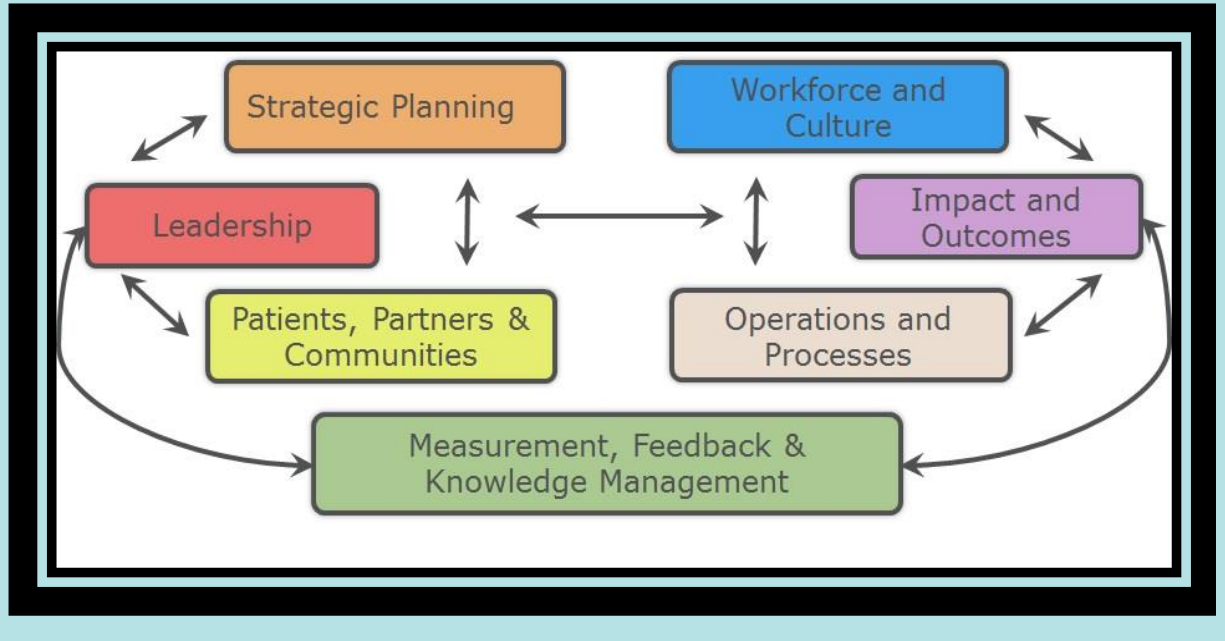
Without using a framework to provide a comprehensive systems approach, hospitals often struggle to:

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

Without a framework, 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 in major undertakings.

The image below demonstrates key inter-linked components of the Baldrige Framework, while the following sections of the report outline 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 Critical Access Hospital Blueprint for 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 relationship to organizational outcomes and value, more than twice the effect of any other component of the Blueprint. Excellent rural hospitals invariably must have excellent leadership.

Summit participants reiterated that leadership is a driving factor for systems-based performance excellence. There are multiple challenges for CAH leaders in implementing critical success factors to support performance excellence. The day-to-day trials of running a rural hospital can take precedence over strategy. Turnover of CEOs and other leaders add to the challenge of maintaining a consistent approach.

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

A critical challenge and opportunity for rural hospitals is educating and engaging the board. Hospital board members in rural communities often do not have a health care background, which can make understanding the complexities of the rapidly changing environment even more challenging. In communities with system-owned hospitals, the role of the board may have shifted to be more of an advisory capacity rather than governance. This can potentially change the commitment of community members interested and willingness to serve in that role. Many rural hospitals are also challenged with engaging board representation that reflects the diversity of the community they serve.

Communication, empathy, resilience, and a focus on serving the community are all key aspects for leaders associated with empowering and engaging staff. Clear, effective communication about the hospital's mission, vision, and goals are a key opportunity. Using data to drive decisions is a critical leadership skill. In addition to the measurable data, it is important to

"A leader should be respectful and provide empathy and not just focus on results."

recognize that it is often stories or personal experiences that engage individuals to make change. Demonstrating empathy and resilience has long been a well-known leadership trait. The COVID-19 pandemic spotlighted the importance of keeping providers and staff safe and supported both at work and at home, so they in turn could support and care for the community. The increased societal awareness of racial disparities is also a leadership opportunity to engage staff in ensuring equitable access, quality, and experience for all patients to help reduce outcome variations in the community they serve.

Working in partnership with clinicians and other partners towards aligned goals in improving patient care and community health has risen from being a best practice to a core competency in hospital leadership. Successful rural hospitals serve as an anchor institution or cornerstone for health services in

"Leaders have responsibility as leaders to assure equitable access to all patients, reducing disparities. We need a commitment to diverse leadership."

their community. They have a growing role in supporting alignment of services and strategies to address social determinants of health. Physician resistance is often cited as a challenge. A key opportunity for engagement between hospitals and clinicians is focusing on what is meaningful to the clinicians. For example, for many clinicians, understanding how proposed strategies will save them time and improve patient care will be more likely to garner engagement and support than an explanation of the impact on reimbursement.

Examples, ideas, and resources identified by Summit participants related to leadership:

- Provide regular consistent communication, using multiple channels, to focus on alignment of strategy and initiatives with the organization’s mission and vision.
- Incorporate opportunities for input across all levels of the organization regarding the value and importance of various roles in meeting organizational goals.
- Provide short monthly ‘market updates’ to keep board members abreast of health industry trends.
- Use the hospital’s community health needs assessment (CHNA) to provide a foundation for discussion with board members, clinicians, and staff about population health, social determinants of health, and value-based care.
- Encourage and support participation by board members in certifications and trainings (often offered by state hospital associations or others).
- Equip board members with talking points to help them communicate hospital strategies and decisions in the community.
- Focus on leadership development across all levels of staff by providing training, opportunity, and support for expanding leadership skills.
- Lead by example – give credit for success and coach when improvement is needed.

"Need to ensure there is a tie between the strategic plan, CHNA, and marketing plan... How can we expect staff to understand the direction of the organization when all three point in different directions?"

- Seek out and act on opportunities to increase diversity. Ensure that the organization’s leadership and staff are representative of the community.
- Develop relationships and connect regularly with other community leaders. For example, the hospital CEO could have coffee with the superintendent of the schools and the police chief once per month.
- Participate and engage with state and national organizations and associations to understand and provide input into policy and regulatory changes.
- Incorporate support for clinician engagement and leadership into contracts and reimbursement structures. For example, block administrative time once per week on clinic schedules, or specify/address reimbursement for leadership duties if clinicians are primarily paid based on production.

See [Appendix C for Relevant Leadership Resources](#)

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 happen regularly, consistently, and be connected to action strategies with opportunities for regular review and adjustment. For example, a quarterly review of strategic action plans can provide an opportunity for regular discussion and clinician leadership engagement and input.

"If you are building for tomorrow based on what is good for today, you are already behind the eight ball."

Strategic planning is a weak spot for many CAHs. A lack of internal expertise in strategic planning models, limited access to data to complete a strong environmental assessment, and engagement of external stakeholders are some of the challenges. Using the CHNA as a key strategic planning resource is strongly recommended to align strategy and community need. Planning that includes both an internal, or organizational focus, as well as an external, or community focus, can help support engagement of clinicians and community stakeholders. The strategic planning process can be used to discuss and identify opportunities to address disparities and improve equity.

Once a plan is developed, concise communication of the strategy is critical. This includes the translation of strategic goals into operational objectives. Several rural hospitals have found success utilizing a Balanced Scorecard and strategy map. The Balanced Scorecard and strategy map provide visual depictions of strategic goals and objectives and their connections (see the [resource section](#) in [Appendix C](#) for more information).

Examples, ideas, and resources identified by Summit participants related to strategic planning:

- Engage external support and/or facilitation when doing a major update to the hospital's strategic plan.
- Utilize strategic planning and action plan implementation as a leadership development opportunity. Consider pairing more experienced staff with newer leaders to help build expertise while ensuring appropriate leadership competency and resources to develop and execute the strategic plan.
- Include talking points/communication strategies as part of the planning process.
- Focus strategic planning activities on building for 'tomorrow's needs', by looking at changing demographics and considering anticipated increased or decreased utilization of various service lines.
- Ensure clinicians play a key role in strategic planning and action plan development to help ensure buy-in and engagement. Consideration of different models for clinician staffing and support can be a key strategic opportunity.

"The CHNA can be a useful tool in understanding the community's needs and assess why community members travel elsewhere for locally available services – even if you don't agree with their rationale."

See [Appendix C for Relevant Strategic Planning Resources](#)

"A focus on digital literacy is needed across all levels of staff and into the community."

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. Historically, rural hospitals have had an advantage when it comes to customer satisfaction. Ongoing focus and effort is needed as larger hospitals have been closing this gap in recent years. This gap is closing in part because the Centers for Medicare & Medicaid Services (CMS) Hospital Value Based Purchasing program (from which CAHs are exempt) has provided a financial incentive for larger hospitals to improve patient experience. Effective processes for care coordination and care transitions are important for patient care, but also for patient experience and satisfaction.

With a growing focus on population health management, inpatient volumes are likely to continue to decrease. To stay viable, CAHs need to adapt services to align with the needs of their community. They also need to be the best valued provider for the services they offer. It is essential to encourage the community to seek services locally and increase market share for the services provided. Meaningful engagement can be a challenge. It takes time and resources, but the rewards can greatly impact the hospital's

"Hospitals don't need to solve everything – but they have a key role in supporting community collaboration and partnerships that are addressing community needs."

bottom line and community reputation. Technology adoption can support efforts to increase market share. Telehealth is a key strategy to increase local service delivery but use of technology more broadly such as simplifying access to scheduling, patient records, and communication can also be effective in supporting community utilization of local services.

Exploration of partnerships with larger systems, rural health networks, and other service providers is an opportunity to coordinate care, share resources, and identify strategies to improve chronic disease management and population health. There can be a wide variety of options when considering alignment and partnership with health systems or networks (joint ventures, affiliation, shared services, etc.). One example would be partnering with other hospitals and clinicians, or a larger health system to participate in an Accountable Care Organization (ACO).⁶

Successful hospitals have recognized that it is critical to build relationships locally. Since there is increasing focus on what influences and supports health outside of hospital walls, these local relationships should be built not only with other health care providers, but more broadly with community-based organizations. Partnerships are needed to address broader community needs, and hospital leaders should consider what role the hospital can play in addressing broader social needs. Participation in community collaborations can be a key role for rural hospitals. This includes serving as a convener and/or facilitator.

The COVID-19 pandemic highlighted the importance of local relationships and the need to coordinate and partner to meet community needs. Rural communities have natural advantages in being able to communicate and coordinate since there is limited number of key partners. It is important to develop and maintain relationships at all times, not just during emergencies or disasters.

⁶ Accountable Care Organizations are groups of clinicians, hospitals and other health care providers who come together voluntarily to give coordinated high-quality care a designated group of patients. <https://www.aha.org/accountable-care-organizations-acos>

Examples, ideas, and resources identified by Summit participants related to patients, partners, and communities:

- Develop a patient and family advisory committee (PFAC) as a key engagement and customer service opportunity.
- Participate and engage in networking, education, learning collaboratives, and best practice opportunities available through state Flex Programs, Quality Innovation Networks, Hospital Quality Innovation Contractors, or other organizations.
- Take advantage of services and resources available through membership in rural health networks or other organizations that support affiliated and/or shared services. This can help reduce cost and increase capacity and effectiveness.
- Consider participating in an ACO, which brings partnership opportunities, wellness and care coordination focus, and data access that can be used to understand patient utilization patterns and marketing.
- Invest in a marketing assessment and plan to identify key communication channels in the local community. Develop messaging to highlight available services as well as quality and safety results.
- Focus on transparency and trust with the community and partners. Engage board members to help build a trusting relationship.
- Ensure you are the best valued provider for the services you offer, including a focus on documenting outcomes, price, patient experience, or other key information that current or potential partners value.
- Use the CHNA as an opportunity. Listen to why individuals are seeking services elsewhere (even if you do not agree with their rationale)
- Consider what informal supports and relationships were developed as the COVID-19 pandemic spotlighted needs in the community. Consider how to continue to build and grow relationships and partnerships to address community needs.

"Transparency is key – you have to have trust.

Imagine you don't have trust in the community – and now your role is to distribute vaccines."

See [Appendix C for Relevant Patient, Partners, and Communities Resources](#)

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

One of the most significant challenges facing CAHs in using data to drive strategy is the awareness and capacity of how to utilize the available data. There is a need to convert data into knowledge, and knowledge into information that can be acted upon. Limited staff time and expertise can compound this issue. This can be amplified if there is a lack of appreciation of the value of the data to support improvement activities.

Technology is both an opportunity and challenge when considering measurement and knowledge management. Data is more available, but a challenge is to ensure it is current, timely, relevant, and organized so that it is readily accessible and useful. There has been rapid growth in the move towards utilization of claims data and electronic clinical quality measures. Since CAHs are exempt from many of the CMS quality program requirements, they are often either unaware or overwhelmed by the variety of measures and programs. With the shift towards digitized measurement processes using either claims or electronic health record (EHR) data, the importance of complete and accurate coding and leveraging the EHR becomes even more important. However, for CAHs this transition is compounded by the rural relevancy and limitations of the current set of standardized nationally available quality

Peter Drucker's famous quote, "What gets measured, gets managed."

metrics. Technology to support using data for business intelligence related to organizational processes is increasingly available at reasonable cost.

A strategic framework such as the Balanced Scorecard, with measures and targets in each area, can be an effective tool in helping staff understand the linkage of measures to strategic plans. These plans typically include dashboards that have key performance indicators including a mix of external measures (such as the CMS quality measures) and internal measures (such as finance, workforce, quality, and operations).⁷ A framework, such as the Balanced Scorecard, can also be used as a tool to broadly share performance information organization-wide, and help support creating a culture for value-focused measurement.

Examples, ideas, and resources identified by Summit participants related to measurement, feedback, and knowledge:

- Pair investment in technology or analytic systems with investment in staff skills and capacity to access, understand, and present data in useful ways.
- Develop processes for reviewing quality and safety data. Create expectations and infrastructure to take action for improvement if targets are not being met.
- Use data dashboards across the organization and with the board to highlight key metrics and progress towards identified targets.
- Consider joining an ACO. Participation in an ACO can provide a wealth of data that is not otherwise available. Develop staff skills to be able to utilize and understand the information.
- Take advantage of support and resources related to access and use of data such as the Flex Program, the critical access hospital performance assessment system (CAHMPAS), MBQIP data, Quality Innovation

"Data is key - we cannot address what we don't measure."

⁷ National Rural Health Resource Center, <http://www.ruralcenter.org/tasc/resources/critical-access-hospital-2012-financial-leadership-summit-summary> (Updated 2020)

Networks, Hospital Quality Innovation Contractors, or other organizations.

See [Appendix C for Relevant Measurement, Feedback, and Knowledge Management Resources](#)

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 underlies every factor in the performance excellence framework. Although long recognized as a key factor in hospital success, the COVID-19 pandemic emphasized the vital focus on staff engagement. Staff engagement is critical to have a culture that prioritizes staff and their needs (both in and out of work). Prioritizing and assuring a safe workplace is foundational, with a focus both on occupational hazards and potential workplace violence.

Organizational structures that allow agility and support resilience will be critical to staff engagement and retention. Ongoing investment in staff development across all levels is needed. Hiring or promoting the “right” people—individuals that bring enthusiasm that aligns with mission and values – is important. This can help build engagement for both new and existing staff. Setting expectations related to teamwork and communication, as well as recognition and rewards that support team-based care, is an opportunity.

Incorporating an awareness and focus on diversity, equity, and inclusion as part of

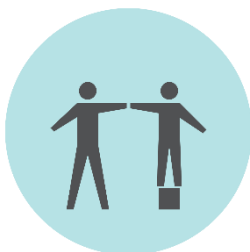
“An environment where people feel supported and valued is critical.”

organizational culture and staff development is important when addressing 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, as well as embedding a focus on whole-person care as organizations look to care coordination and opportunities to more broadly connect resources to support health.

"Does the diversity in your staff reflect the community you serve?"

Helping employees be aware of the multitude of changes in the health care environment, the organization's strategic priorities, and staff roles in meeting goals is significant for employee engagement. 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

Examples, ideas, and resources identified by Summit participants related to workforce and culture:

- Consider organizational strategies and human resources processes that support employee empathy and resilience (e.g., leave policies, employee safety, child care support, flexibility in scheduling, etc.)

- Move towards implementation of team-based care, where clinicians and staff practice at the top of their license. Incorporate innovative workforce roles such as community health workers and peer recovery specialists.
- Provide teamwork and communication skills training such as Team STEPPS®.
- Provide training related to diversity, equity, inclusion, and implicit bias to help develop a workforce that is prepared and skilled to be allies for all team members and patients.
- Consider implementing programs to address the wide variety of patient needs such as behavioral health, substance use disorder, and social determinants of health. Ensure staff have the needed skills, training, and capacity for that work.
- Identify paths or a ladder for career development of staff and look for opportunities to build leaders and skills.
- Use data to identify needs. Pair needs with storytelling to engage staff in making change.

See [Appendix C for Relevant Workforce and Culture Resources](#)

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

With technology playing an ever-growing critical role, continuously improving quality and safety while streamlining operations is essential to stay viable. New capacity in business intelligence technology, analytic tools to support clinical care and population health management, and the rapid

growth of telehealth are all opportunities to support efficiency, quality, safety, and patient experience.

Maximizing use of information technology as a tool to coordinate care and connect patient resources is growing quickly. Health Information Exchange tools such as ADT (admission, discharge, transfer) alerts for primary care providers and care managers are becoming common practice. Many communities are shifting to e-referral platforms to help connect patients with services to address social needs. Critical Access Hospitals that have joined ACOs are able to utilize claims data to provide a more complete picture of patient care to support care management and appropriate services. Technologies that support remote patient monitoring also provide opportunity to improve care management and help keep individuals in their home and in the community.

"Revenue Cycle Management has become an obsession... It is important but can overwhelm other strategic quality and consumer strategies. Basic coding and record keeping are still the key to capturing revenue."

Business operations have technology related opportunities to improve efficiency. For example, use of real time location systems (RTLS) technology solutions can capture time studies needed for documenting on-call time for providers in the emergency department. Business intelligence tools gather information from disparate systems to report productivity to departmental leaders on a near time basis to allow adjustments to staffing levels on an ongoing basis. Use of videoconferencing and or online meeting applications can also improve efficiency by eliminating travel time when 'face-to-face' meetings are needed.

Telehealth has long been utilized to improve access and quality of care in rural communities. The rapid growth in telehealth care delivery due to the pandemic has changed the trajectory of implementation with new flexibilities in payment policy, and rapid adoption by patients and providers alike. Integration of telehealth services across a variety of settings and for a variety of services can improve access, support effective and efficient care delivery, and help community members receive care locally. While many CAHs were already utilizing telehealth to support emergency department

care and some specialty care access, new opportunities to integrate additional services or expand and have better utilization of services will be important to staying competitive in the marketplace. In addition, there are new competitors in the health care marketplace that will be able to access the rural service area and provide health services directly to the patients. These nontraditional competitors include giant retail corporations, large health care systems, and telehealth organizations focused on providing virtual care nationally.

Examples, ideas, and resources identified by Summit participants related to operations and processes:

- Invest in IT infrastructure for both clinical and operational processes. Keep in mind that technology will have the greatest benefit when you also invest in staff skills and capability to use the technology to redesign workflow and fill gaps.
- Develop a workforce culture that encourages a focus on improving efficiency, effectiveness, and experience of all process types.
- Focus on use of digital information and claims data. Align care processes and documentation with good coding and billing opportunities such as Annual Wellness Visits (AWV), chronic care management (CCM), advance care planning (ACP), and transitional care management (TCM).
- Develop or enhance telehealth capabilities and support across a variety of services to align with community needs assessment and feedback.
- Consider opportunities to automate and streamline business operations through use of technology and/or vendor supports.
- Ensure processes are in place to ensure ongoing alignment of medical staff bylaws and credentialing processes as additional services or telehealth supports are integrated.

"We still find too many CAHs that are overstaffed due to broken processes. Fixing the processes can allow the organization to complete current levels of work – or more – with equal to less staff."

See [Appendix C for Operations and Processes Resources](#)

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 need to demonstrate the value they provide to patients, their community, and to the health care system. As the environment continues to shift toward a focus on measurable outcomes and value, it is no longer feasible for CAHs to opt out of quality 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 measures that are relevant is even more important.

CAHs should 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 and gather information on perceptions and local needs. Transparency and development of trust from the community was identified as a need across several framework components.

CAH 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 measured and reported through state Flex Programs, hospital associations, rural networks, and other venues is critical 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. The 2020-2021 Baldrige Health Care Criteria identified a focus on societal contributions a core value and concept.⁸ A variety of hospital rating programs have started to incorporate the concept. The Lown Institute Hospital Index includes metrics related to inclusivity and community benefit.⁹ IBM Watson partnered with the Bloomberg American Health Initiative and the Johns Hopkins Center for Health Equity to develop a method to measure the impact of hospitals on community health with a focus on equity for inclusion in their top 100 hospital ranking program.¹⁰

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. CAH engagement in economic development, public safety, community and/or worksite wellness, school-based health, and environmental impact are all opportunities to demonstrate by example.

Examples, ideas, and resources identified by Summit participants related to operations and processes:

- Share data broadly and openly to support development of trust through transparency.
- Construct and manage facilities with a focus on sustainability in order to minimize negative environmental impact. For example, consider opportunities to reduce the facility's carbon footprint.
- Pursue and leverage accreditation and awards to support performance improvement and provide marketing opportunities.
- Participate in and support local and regional discussions related to community economic development.

⁸ <https://www.nist.gov/baldrige/core-values-and-concepts>

⁹ <https://lownhospitalsindex.org/>

¹⁰ <https://americanhealth.jhu.edu/news/measuring-hospital-contributions-community-health-focus-equity>

- Consider the community need as part of the hospital scorecard/goals (e.g., high school graduation rate, employment rate). Ensure a lens to disparities when looking at measures.

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 CAH Blueprint for Performance Excellence is a tool to help CAH leaders manage system wide improvement and navigate change. Concurrent to the update of the Blueprint for CAH Performance Excellence TASC commissioned a companion guide which 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 Blueprint for Performance Excellence and in achieving organizational and community health excellence.

The Blueprint is flexible and can be used in multiple ways – reviewing the key success factors and taking a critical look at your organization is a good starting point ([Appendix B](#)). By taking a systems-based approach, the Blueprint strategies can help an organization bridge the gap between where they are presently and where they need to be in a value-based health care system. Improvements in the various components of the Blueprint do not have to happen all at the same time; they can be made intermittently. It is important that 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.

Appendices

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

Appendix A

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 B

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 organization's 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 C

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