

Delta Region Community Health Systems Development (DRCHSD) Program

Quality Improvement Webinar Series: Rural Health Best Practices



The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce

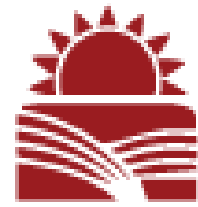


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U.S. Department of Health & Human Services



HRSA

Federal Office of Rural Health Policy

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National
Rural Health
Resource Center

Diversity, Equity, Inclusion, & Anti-racism



Building a culture where difference is valued

The Center is committed to DEI and anti-racism. We create an environment that reflects the communities we live in and serve; a place where everyone feels accepted and empowered to be their full, authentic selves; and where everyone belongs.

We understand the impact of and seek to defeat racism and discrimination in ourselves, our workplace, and the world. This guides how we cultivate leaders, build our programs and resources, and deliver our technical assistance.

We are an organization that honors, celebrates, and respects all dimensions of diversity. These principles are central to our mission and to our impact.

<https://www.ruralcenter.org/about/dei>

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National
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DRCHSD Upcoming Webinars

- Quality Improvement Series: Just Culture
 - May 18 from 11:00am- 12:30pm CT
- DRCHSD Hospital and FQHC Application and Eligibility Webinar
 - June 6 from 11:00 – 12:00 pm CT
- DRCHSD RHC and Small Clinic Application and Eligibility Webinar
 - June 29 from 11:00 – 12:00 pm CT

Pre-Polling Questions

1. I am ___ in my understanding of the importance of Organizational Quality and how it shapes patient experience.
2. I am ___ in my understanding of techniques to engage patients with their care and make the care continuum easier for them, and the organization.
3. I am ___ in my understanding of how overall financial and operational strategy impact the patient experience.

Today's Speakers



Cameron Smith, MBA,
CPHQ
Consultant
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STROUDWATER

**RURAL HEALTH BEST PRACTICES
& THE PATIENT EXPERIENCE**

DRCHSD Quality Webinar Series

LEARNING OBJECTIVES

01

Understand the importance of Organizational Quality and how it shapes patient experience

02

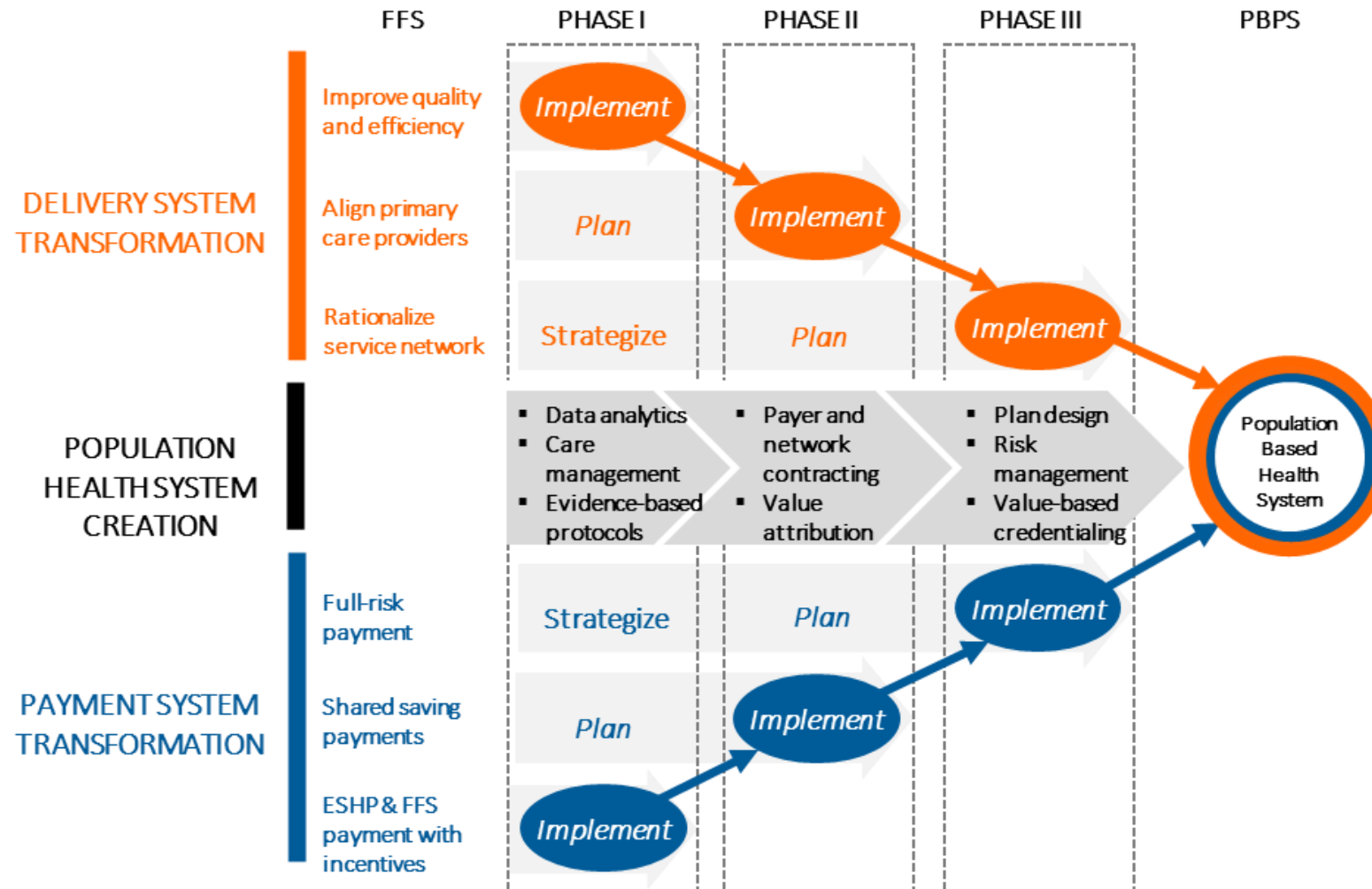
Learn techniques to engage patients with their care and make the care continuum easier for them, and the organization

03

Understand how overall financial and operational strategy impact the patient experience



TRANSITIONING TO POPULATION HEALTH



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FUNDAMENTALS OF RURAL HEALTH SUCCESS

- The most important performance driver for a rural hospital is the overall mindset of the staff, management team, and trustees where their commitment centers on abundance, growth, and incremental contribution margin gains as opposed to a focus on expense management and cost reductions to the existing care model. Value is unlocked by the marginal revenue gain in a high fixed-cost environment.
 - Understand the difference between variable costs, fixed costs, and fully allocated costs
 - Recognize that nearly all paying services create a positive contribution
 - Economic imperative is the development of 1,000s of mini “contribution margins” to cover fixed costs of CAH
 - Cost-based reimbursement will only cover costs and not generate aggregate profit



POPULATION HEALTH VALUE EQUATION

- In order to maximize and fully realize this value equation, patients must choose your organization for their care needs – making the patient experience not only a quality imperative but a financial imperative as well

$$\text{PATIENT VALUE} = \frac{\text{QUALITY}}{\text{COST}} \times \text{POPULATION}$$





QUALITY INFRASTRUCTURE

QUALITY PROGRAM BEST PRACTICES - OVERVIEW



QI/PI
Committee

Dashboards

Performance
Accountability

Staff
Engagement



QUALITY INFRASTRUCTURE, CONTINUED

- **Establish a QI/PI committee**
 - Hold monthly quality committee meetings with a multidisciplinary team
 - Include a Board member and physician champion
 - Include front-line staff members on a rotating basis
- **Dashboards or scorecards**
 - To drive focus and direction for the committee from every department
 - Establish performance benchmarks and compare actual results to targets as components of the dashboards/scorecards
- **Performance Accountability**
 - Share metrics with all staff and the public while utilizing performance to drive improvement across the organization
 - Post quality metrics for staff to visualize performance within each department and begin to include non-clinical departments



QUALITY INFRASTRUCTURE, CONCLUDED

- **Internal Communication**
 - Hold **leadership forums** on a quarterly schedule, offering several sessions each quarter to maximize ease of attendance
 - Conduct **daily interdisciplinary management huddles** focused on hospital-wide quality, safety, and service delivery



QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT



Share and educate all staff, providers, and the Board on the hospital's quality initiatives



QAPI programs must be approved and signed by Chairperson of Hospital Board, Hospital Administrator and Chief of Staff, as well as reviewed annually



Utilize a standardized quality improvement methodology to hardwire results throughout the organization (LEAN, PDSA)



STAFFING



Develop standardized orientation programs for new employees



Conduct annual employee surveys and utilize survey results to improve employee satisfaction, address any workforce concerns, identify opportunities to continuously improve the work environment, as well as to identify training and development opportunities for all levels of leadership



Implement structured leader-to-employee rounding to strengthen relationships, create approachability, assess process improvement opportunities, and demonstrate appreciation





Customers will never love a company until the employees
love it first.

Simon Sinek





ENGAGING PATIENTS

PATIENT ENGAGEMENT BEST PRACTICES - OVERVIEW



Communication

Discharge
Planning

Care
Transitions

Surveys



COMMUNICATION (INTERNAL AND EXTERNAL)

- Create a method for safe, effective warm provider handoffs
- Use whiteboards as a tool to improve teamwork, communication, and patient care; have designated “auditors” check whiteboards and provide feedback to nurse managers to ensure compliance
- Establish a venue for communication and sharing of community resource availability i.e., “joint health partners”
 - Quarterly meetings to include area home health, nursing homes, hospice, EMS, pharmacies, clinics, wellness centers, Dept. of Public Health, and others as applicable
- Develop a Patient Family Advisory Council, drawing on the experiences and perspectives of patients and family members which will offer insight and recommendations for improving unmet needs, patient satisfaction, quality, service, safety, and education



DISCHARGE PLANNING

- Complete **follow-up calls** to all discharged patients within 24 to 48 hours of discharge to improve quality, answer any questions, decrease the risk of readmission and improve patient satisfaction
- Ensure patients have a timely **follow-up appointment** scheduled prior to discharge
- Implement the use of **admission/discharge folders**, making sure that information is regularly updated for the patient and the most useful information is included
- Prior to discharge, inform patient/family that they will be receiving discharge education



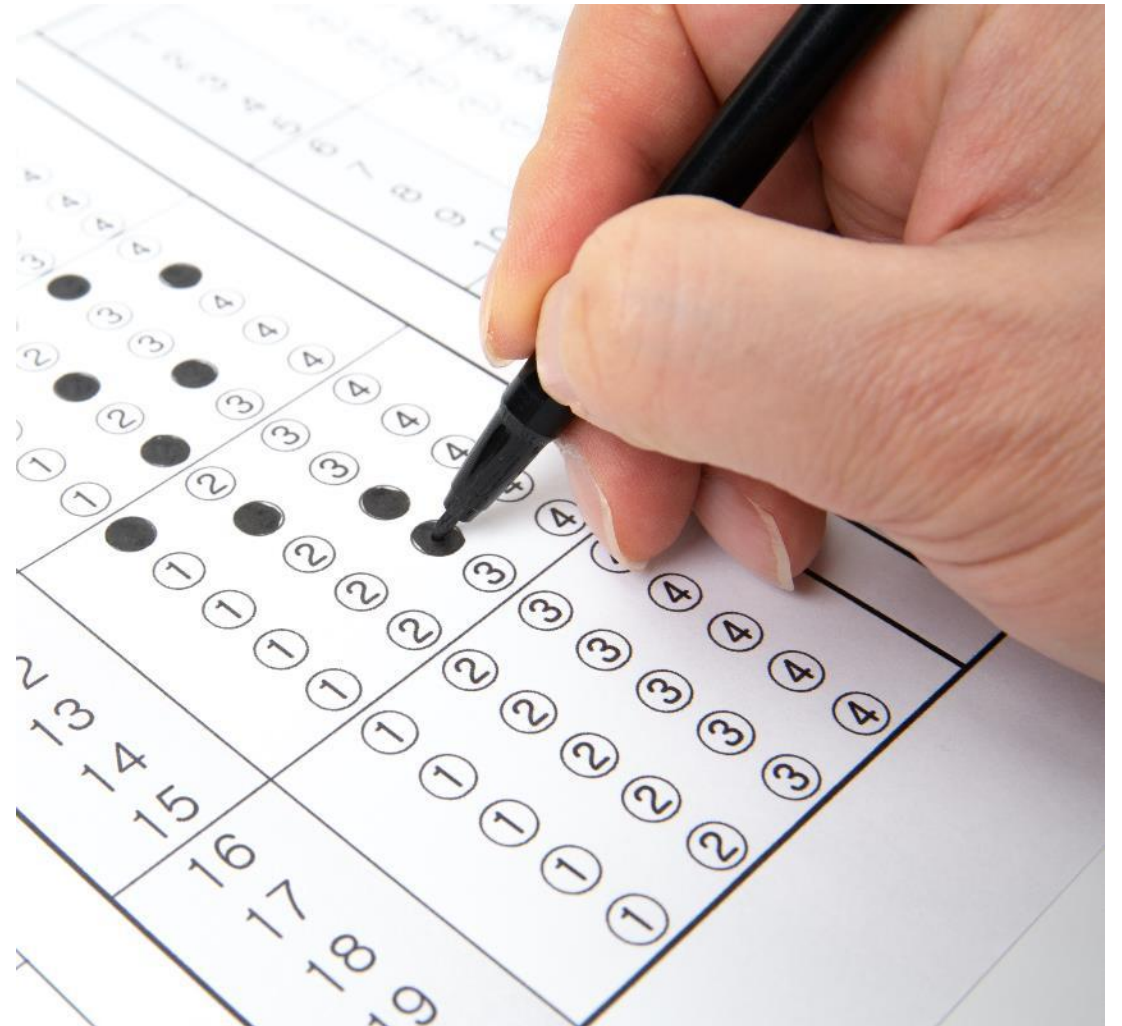
CARE TRANSITIONS

- As noted by the National Transition of Care Coalition, “Transitions of care’ are a set of actions designed to ensure coordination and continuity. They should be based on a comprehensive care plan and the availability of well-trained practitioners who have current information about the patient’s treatment goals, preferences, and health or clinical status.”
 - Hospitals actively communicate with patients and families and facilitate smooth transitions of care to prevent avoidable hospital readmissions and ED visits, enhance the patient’s experience of care, and help improve outcomes of care
- Develop clear, agreed-upon workflows, communication processes, and tools to maximize timely, efficient, patient-centered transitions of care across their care continuum and to deliver coordinated integrated care and services
- Ensure patient/family involvement in transitions of care and care planning
- Make it a priority that once selected, home health representative consistently meets with patients before they are discharged, to improve patients’ understanding of their home care before they leave the hospital



HCAHPS SURVEY

- Survey patients who utilize the organization's ambulatory departments as well as inpatients to measure the patient experience (ED, Clinic, OP Services)
- Communicate the importance of surveys to patients by building communication into staff workflows, admission/discharge folders, and patient discharge education
 - Create a letter from the Administrator to be given at discharge, explaining the survey process and encouraging patients to respond in order to improve the survey response rate
 - Target 30% response rate
 - Educate staff about the importance of the survey and using language that matches that of survey questions when talking with patients and families



HCAHPS SURVEY, CONTINUED

Educate every employee about how patients perceive quality using the HCAHPS survey and implement systems to ensure patient expectations are exceeded



Post quality scores visibly to engage staff at all levels of the organization to cultivate a culture of quality improvement and safety



Realize the importance of quality-based marketing to increase awareness about the high quality and care competencies throughout the organization and the transition toward value-based payment

Leverage high quality and outcomes scores as a point of competitive differentiation for regional service area marketing purposes and as a competitive asset





OPERATIONAL AND FINANCIAL BEST PRACTICES

INPATIENT SERVICES

- Implement systems to ensure all patients who are transferred to other hospitals for health care services are transferred back, when possible, for care delivery
- Define the Care Spectrum (those patients able to receive care at your facility) as a collaborative, multi-disciplinary group inclusive of the following categories: Medical Staff, Nursing, Pharmacy, Medical Equipment and Therapists)
- Implement Hourly Rounding and Bedside Handoff models for nurses to optimize multidisciplinary communication
- Integrate a Pharmacist visit into every patient discharge

When a shared level of understanding is reached between the community and the healthcare provider, expectations can be managed, and the overall experience becomes the focus rather than trying to operate the system.



EMERGENCY SERVICES

- Develop strategies to better manage demand for non-emergent care within the community to include the following:
 - Evaluate signage to improve patient's ability to self-select the ED versus the urgent care clinic
 - Educate the public on the appropriate use of the ED to reduce the number of non-emergent visits
 - Enroll patients with a primary care provider or direct them to a more appropriate level of care setting
- Develop ED-hospitalist model coverage capability with ED provider and APP to improve care and admissions capability, and to reduce transfers
- Work with medical staff and system partner to review the appropriateness of transfers and leverage the development of an ED-hospitalist coverage model to enable patients to remain at the hospital for care when medically appropriate
 - Review patient transfers for potential missed opportunities
- Consider LEAN processes to reduce throughput time in the ED
- Engage the hospitalists and Emergency Department providers to focus on improved collaboration that results in enhanced patient throughput
- Track and monitor KPIs related to the Emergency Department, including:
 - ED admissions (acute/observation) as a percentage of ED visits to between 8% and 10%
 - Transfer rates as a percentage of Emergency Department visits to below 5% of all ED visits
 - Note: Track ED KPIs at the individual provider level
 - Throughput measures: Door to MD, Door to Discharge, Door to Admit, Door to Transfer, LWOT, AMA, etc.



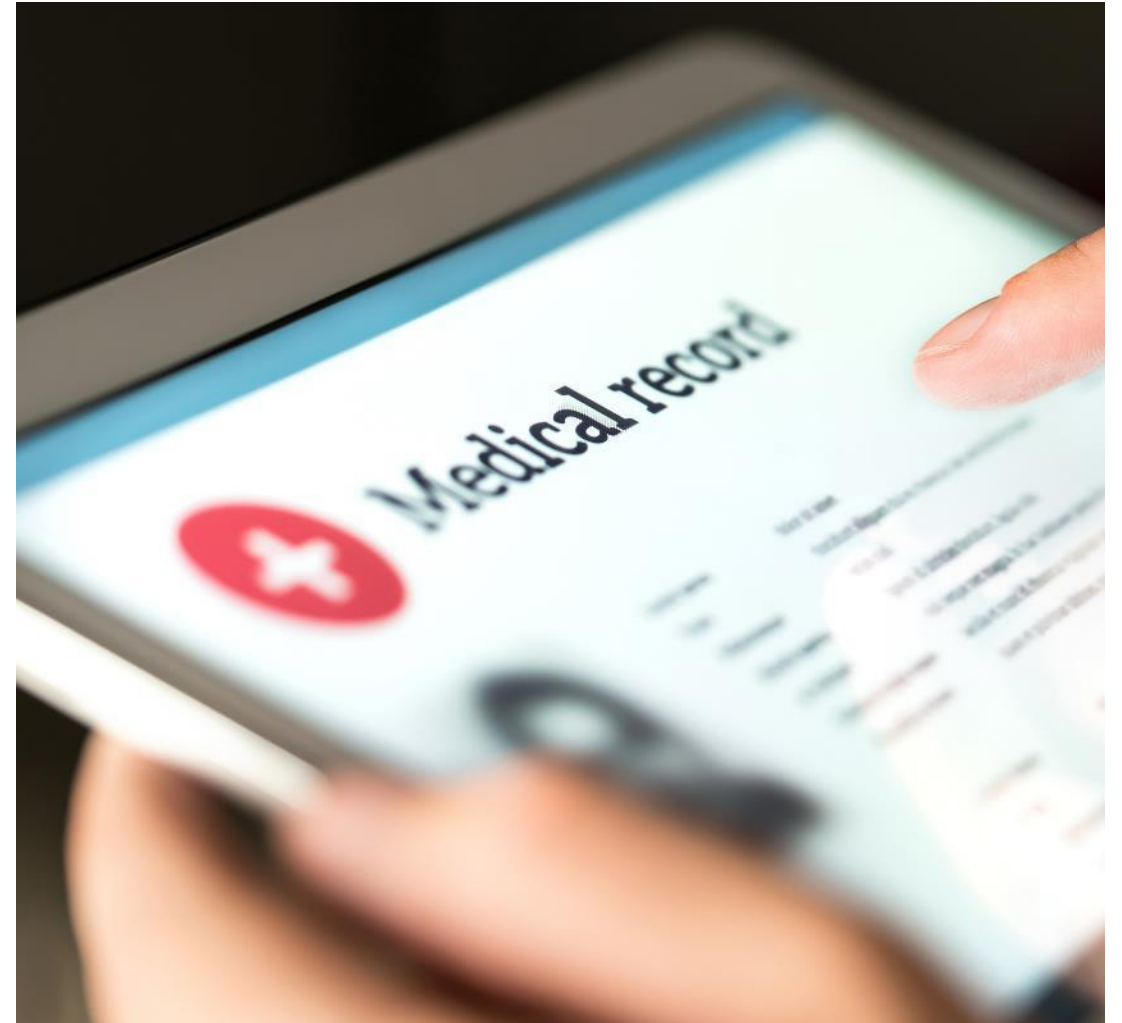
CLINICAL DEPARTMENTS

- Conduct outreach to area providers to build awareness of service offerings as well as to foster strong customer service
- Advertise/promote services provided to area providers to increase volumes and keep providers informed of the services offered
- Maintain reasonably updated equipment/technology, which demonstrates quality and promotes patient experience
- Evaluate community need as part of return on investment (ROI) analyses to determine the feasibility of offering or expanding services
- Evaluate current staffing levels for opportunities to enhance efficiency with a focus on volume growth



INFORMATION TECHNOLOGY

- Create a five-year strategic IT vision that goes beyond meaningful use and leverages IT resources to create a high-quality culture of patient safety through system training and integration into clinical operations
- Recognize IT as a strategic asset, rather than as an expense to be managed
- Integrate all systems to increase operational efficiencies, and access to information, and reduce unnecessary work
- Focus on ensuring patients are educated on the patient portal and that the patient portal is easy to use and understand for a diverse patient population



MANAGEMENT ACCOUNTING

- Engage managers in the process of developing operating and capital budgets to foster ownership and accountability
 - Educate all managers on the budget process and basic financial management principles
 - Manager involvement in both department revenue and expenses
- Consistently hold managers accountable for monthly variance reporting by requiring rationale and actions related to positive/negative budget variances
- Establish performance monitoring dashboards for all managers
- Provide monthly budget to actual reports to all department managers and mentor them to improve financial understanding and commitment to accountability
 - Develop a process where department managers are required to prepare variance reporting for pre-determine variances from the budget and plan monthly DOR meetings with CFO/CEO for overall financial/business mentoring





Be curious, not judgmental.

Walt Whitman



Post-Polling Questions

1. I am ___ in my understanding of the importance of Organizational Quality and how it shapes patient experience.
2. I am ___ in my understanding of techniques to engage patients with their care and make the care continuum easier for them, and the organization.
3. I am ___ in my understanding of how overall financial and operational strategy impact the patient experience.
4. I am ___ that I will apply the knowledge gained from this educational training to impact the quality of care that my organization's patients receive.



OPEN FORUM



THANK YOU

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