

New Hampshire Critical Access Hospital (CAH) Lean/Process Improvement Project

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Administrator

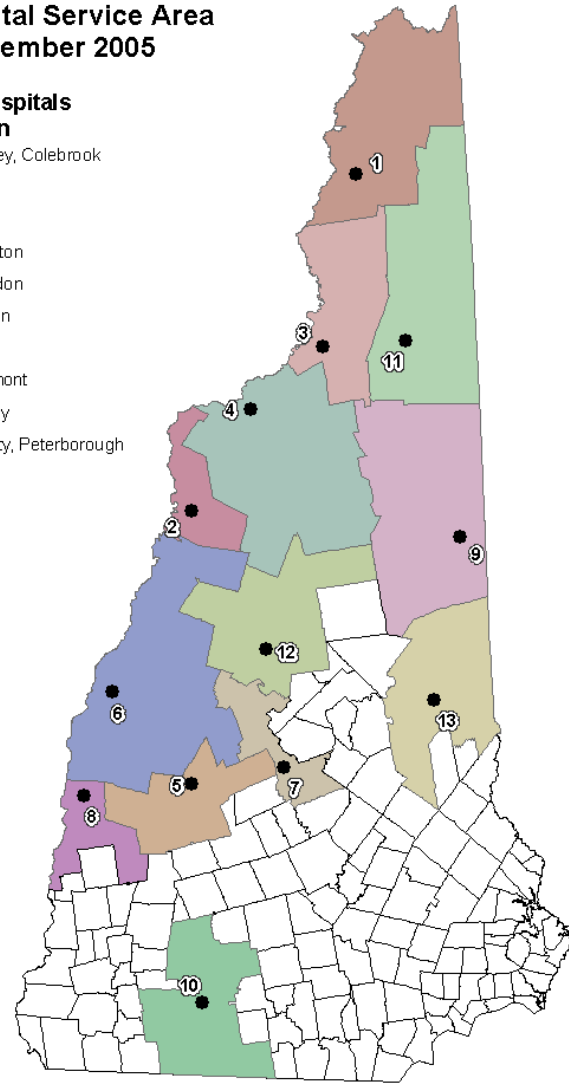
Rural Health & Primary Care Section

New Hampshire Critical Access Hospitals

Certified Critical Access Hospitals by Hospital Service Area September 2005

NH Critical Access Hospitals In order of certification

1. Upper Connecticut Valley, Colebrook
2. Cottage, Woodsville
3. Weeks, Lancaster
4. Littleton Regional, Littleton
5. New London, New London
6. Alice Peck Day, Lebanon
7. Franklin, Franklin
8. Valley Regional, Claremont
9. Memorial, North Conway
10. Monadnock Community, Peterborough
11. Androscoggin, Berlin
12. Speare, Plymouth
13. Huggins, Wolfeboro



Map Provided by DHHS/OMB/BHCR/jh
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Project Purpose

- To employ a vigorous approach to building process improvement proficiency while simultaneously redesigning and improving real processes in participating units.

Funding and Expertise

- Funded by the Medicare Rural Hospital Flexibility Grant under Core Area 2 – Operational and Financial Improvement
- Expertise and facilitation from Stroudwater Associates, Portland, Maine – Melissa P. Lin, MS LSSBB CPHQ and Kristina N. Hahn, MHA

STROUDWATER ASSOCIATES

Program Design

- Objective:
 - Learning together, improving together
 - Making quality improvement everyone's job every day
- 1 team per hospital; each team had a project
- All teams trained at a centralized location
- 3 full-day sessions, 1 final half-day presentation session

Program Design, part 2

- Training sessions organized to simplify the language of quality and improvement
 - Concepts pulled from a variety of philosophies:
 - Lean (Toyota)
 - Microsystems (Dartmouth)
 - Model for Improvement (Nolan)
 - Basic improvement science (Deming, Shewhart, etc.)
- Interactive combination of talks, simulation games, real-time project work during and between training sessions, homework and report-outs

Program Timeline

- Executive Session
 - All participating CEOs in attendance
 - Any other management leaders joining by webinar
- Understanding the baseline
 - Data request and interviews
 - Guided discussion of project ideas and team members

Program Timeline, part 2

- Frontline training sessions
 - 3 full-day on-site training sessions (held January 24, February 7, and March 13, 2012)
 - Phone and e-mail coaching between sessions
- Final joint executive/team session
 - 1 half-day of final presentations on April 12, 2012 - in conjunction with the Rural Health Coalition (New Hampshire Hospital Association) meeting for presentations to all of the CEOs.

Executive Session

- Understanding the future landscape of healthcare value
- Overview of the Lean/Process improvement project
- Understanding the commitment to the project at:
 - Executive level
 - Manager level
 - Team level
- In addition to the CEOs, 50 additional attendees by webinar

Understanding the Baseline

- Data request to understand current performance/quality improvement standards at each participating hospital
- Interviews with each QI Director
 - Understand the strengths and weaknesses
 - The vision for the organization
 - Guided decision on best project themes and team membership
- Pre-training surveys distributed to all team members
 - Capturing the baseline knowledge and confidence levels of each participant
 - To be compared to post-training survey results

Frontline Training Sessions

- Each team:
 - 5-6 people, must include the QI director and practice manager
 - The best, most motivated individuals at your organization
- 3 training sessions over 3 months
 - 6 hours long, breaks in between
- Project topics included:
 - Co-pay Collections
 - Swing Bed Nursing Assessment Documentation
 - Follow-Up Phone Calls for Transition of Care
 - ED Ambulatory Patient Registration Information
 - Improve Communication in Transition of Care Process
 - Lab Services Documentation of Medicare Patients
 - Lab Services Documentation of Medicare Patients in the ED

Frontline Training Sessions, part 2

- Sessions were developed to be:
 - A safe learning environment
 - An opportunity for collaboration within and between teams
 - A chance to ask questions, learn, help others
 - A place to give/review assignments between sessions
- In between sessions
 - Teams were encouraged to meet weekly
 - Executives and managers to provide support/resources
 - Teams accessed the coaches via phone and e-mail

Final Joint Executive/Team Session

- A time to celebrate successes and lessons learned
- Teams presented their projects to their executives
 - Selected issue
 - Process
 - Results
 - Key takeaways from the project and the training
- Presentations on moving forward, how to change the organizational improvement culture
- Executives and teams discussed lessons and next steps
- Post-training survey distributed electronically prior to session

Final Steps

- Each hospital received a final report:
 - An overview of the progress of each team
 - Quantitative survey results of pre/post training
 - Quantitative results from team's project outcomes
 - Team observations based on work during the sessions
 - Next steps for consideration

Project Outcomes

- Six of the 13 NH CAHs participated making up seven teams (one CAH had two teams of 3)
- Before and after the training program, teams were asked to answer questions classifying their familiarity, confidence level, and knowledge about quality and improvement.
- Overall, the hospital team members demonstrated a noticeable increase in confidence in performing improvement projects and incorporating change and quality into their daily work lives.

Project Outcomes, part 2

Example One:

- Aim: to improve the communication and patient understanding in the transition of care process.
- Goal: to increase the percentage of times that a physician is aware of a recent hospitalization.
- Activity: redesign the process to improve internal communication, patient satisfaction and loyalty, and consistency in the transition of care process.
- Process: After three PDSA cycles, the team introduced a new patient follow-up process post-discharge and a new process of distributing the census to community physicians
- Outcome: By the end of training, the team increased physician awareness of recent hospitalizations (measuring those physicians who were aware 75-100% of the time) from 28% to 100%.

Project Outcomes, part 3

Example Two:

- Aim: to improve the accuracy of medical necessity documentation of lab services for Medicare patients in the hospital primary care practice.
- Goal: to decrease the Medicare denials for labs due to ABN issues from \$647/week to \$450/week (a 30% decrease).
- Activity: redesign the process to reduce ABN-related denials, improve reimbursement & net revenue, increase staff communication, reduce rework and decrease staff, patient, and provider frustration.
- Process: After three PDSA cycles, the hospital team updated computer hardware & software standards, updated the ABN form, provided computer training on the redesigned ABN process, and gained buy-in from their staff on the orientation training and training materials.
- Outcome: By the end of training, the team reduced ABN denials from \$647/week to \$289/week, a 55.3% decrease.

Lessons Learned

- Most of the teams did some great work in a short amount of time
- This approach works because of the collaboration and the camaraderie of different hospitals learning together
- The next phase on this project will be open to the CAHs who did not participate yet and then to all of them
- The projects will all be focused on improving transitions with primary care

For More Information

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