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Using Resources and Models to Strengthen State FLEX Programs



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Outline

- **Framework for Performance Improvement**
- **Examples of resources and models to move the FLEX program forward?**
 - **QI – TeamSTEPPS**
 - **Operational and Financial Improvement – CAH Assessments**
 - **Health System Development and Community Engagement – Developing a STEMI Plan**
- **Concluding thoughts**



Evaluating the Impact of FLEX Program Interventions



- Identify Problem

- Identify Intervention

- Define Baseline and Targets

- Begin Intervention

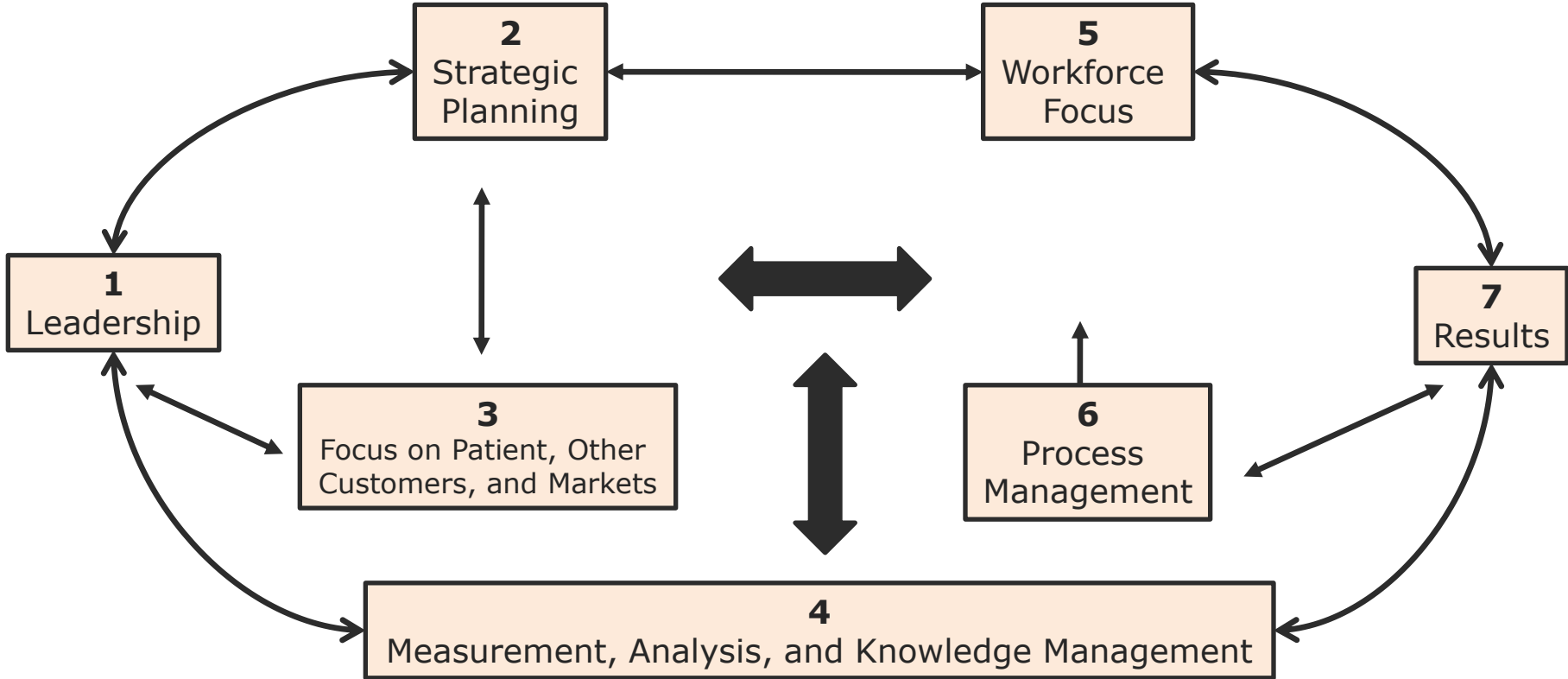
- Measure Improvements

- Report Data

Baldrige National Quality Model

- Provides a strategic direction for CAH and FLEX performance improvement activities
- Emphasizes leadership, communication, and measurement which are essential to change the culture
- All FLEX activities are designed to improve the results of CAHs and the rural health care system

Baldrige Performance Excellence Framework



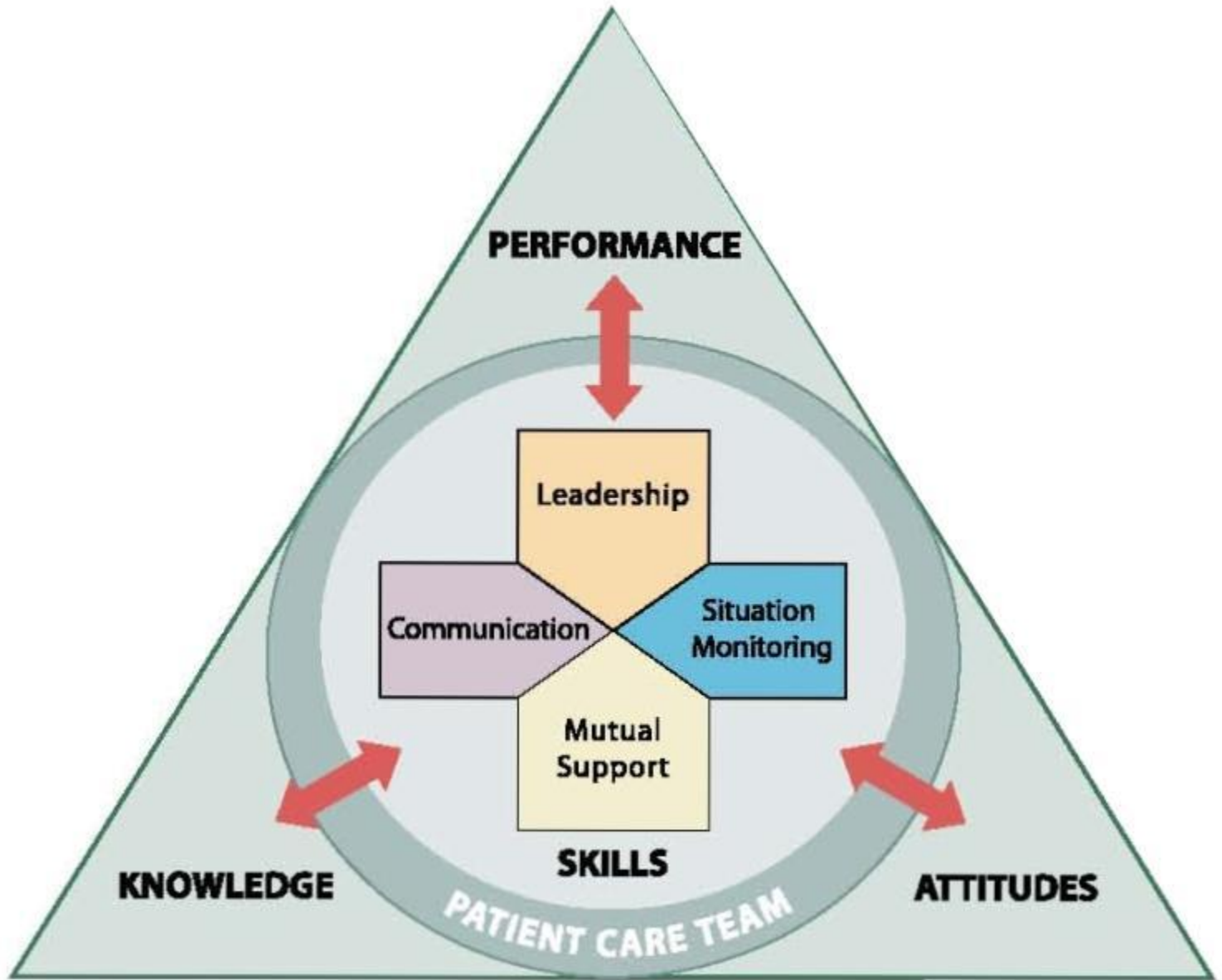
Support for QI -- TeamSTEPPS

Problem: Lack of communication and teamwork reduces quality and safety for patients

Intervention: TeamSTEPPS

- An evidence-based strategy that is designed to improve general teamwork skills (communication and mutual support behaviors)
 - Focused on improving performance (safety, quality, and efficiency)
- Implemented in 52 of 65 CAHs

What Will Your Teams Learn?



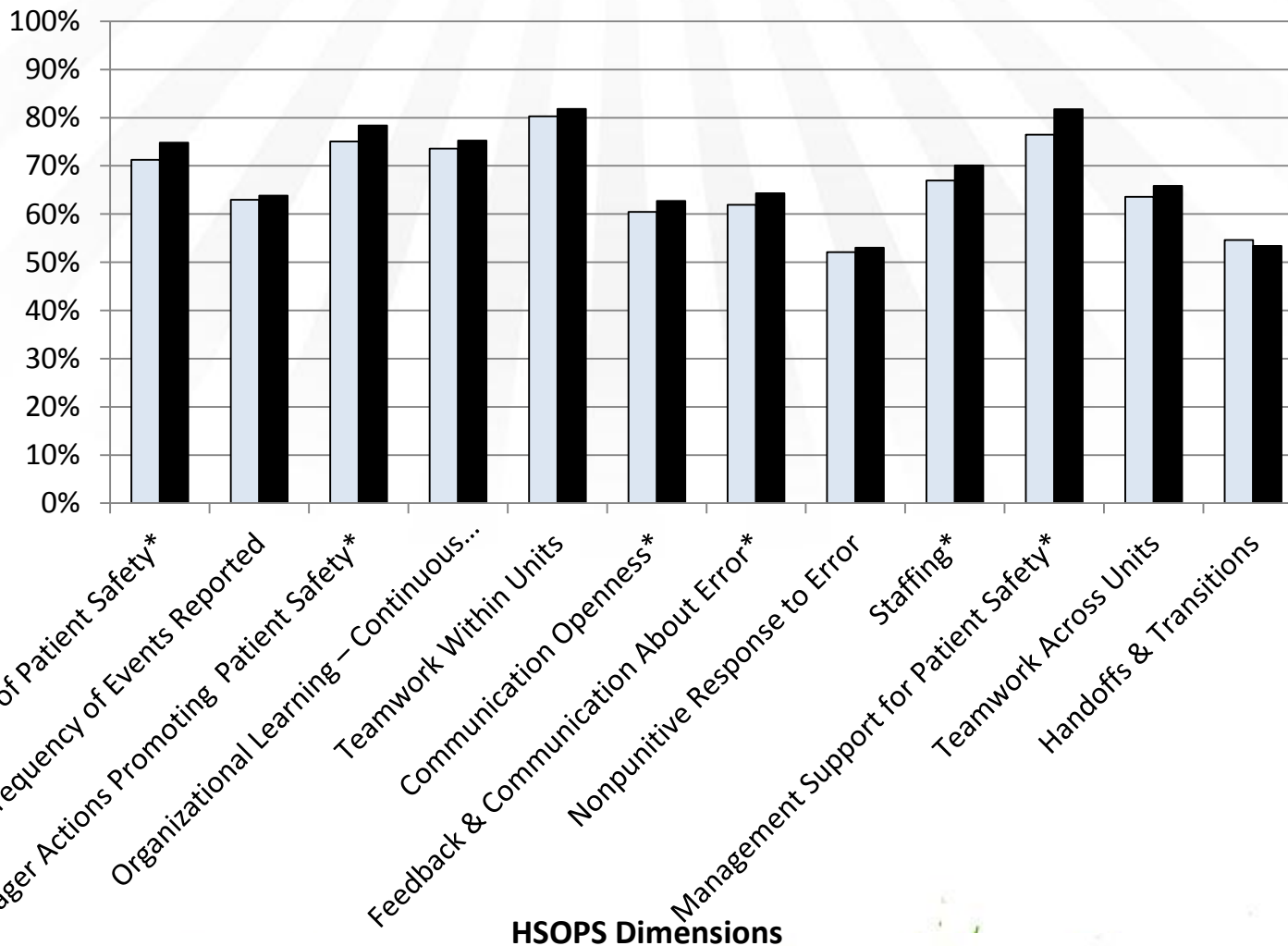
Key to Success: Measuring Results

- Use modified version of AHRQ Hospital survey on Patient Safety Culture
- Compare pre- and post-survey results to determine effectiveness of training
- Can also be used to measure the impact of other performance improvement initiatives
- Encourage CAHs to conduct survey on a regular basis

Hospital Survey on Patient Safety Culture Dimension Scores

Pre- and Post-TeamSTEPPS for 36 CAHs

□ Baseline (2007 - 2009) (Pre-TeamSTEPPS) Scores



HSOPS Dimensions

* P < 0.05 for a paired t-test comparing baseline to reassessment HSOPS scores

Evidence from NE



EVERY 5% Increase in team behaviors....

- 11% ↑ in communication openness
- 15% ↑ in teamwork within departments
- 19% ↑ in exchange of information across depts
- 22% ↑ in exchange of important patient information during shift change
- 24% ↑ in perception that hospital mgt is interested in patient safety before adverse events
- 25% ↑ in perception that serious mistakes don't happen by chance

Jones K.J., High R., Skinner A. (2011). *Assessing Hospital Safety Culture to Evaluate the Impact of Team Training in a Collaborative of 24 Critical Access Hospitals*. Manuscript in Progress.

Financial and Operational Improvement -- Assessments

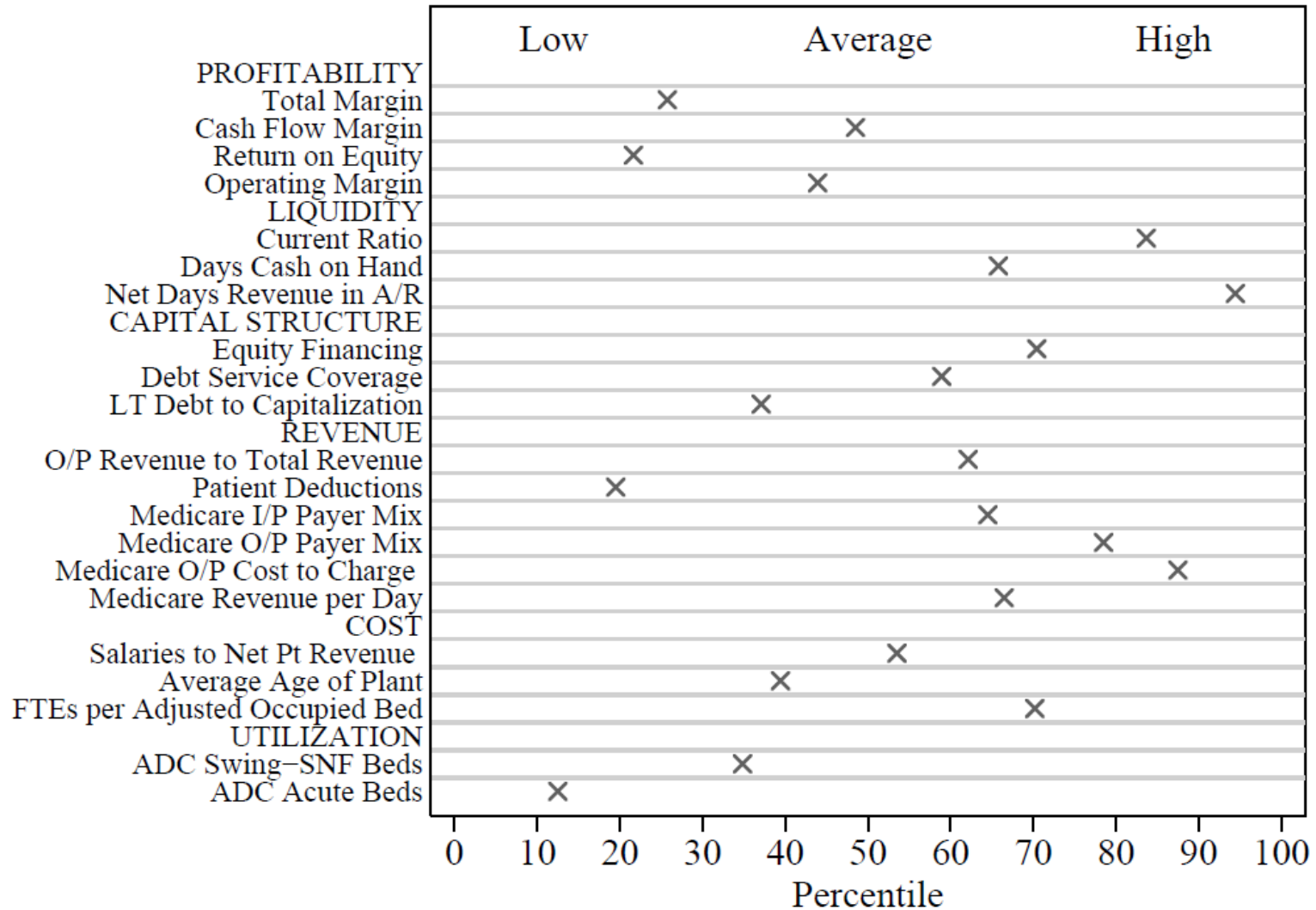
Problem

- Poor financial and operational performance of some CAHs

Intervention: Financial and operational assessment in low-margin CAHs

- Selection of CAHs based on FMT data
 - Total margin
 - Cash flow margin
 - Days cash on hand
 - Debt service coverage
 - LT debt to capitalization
 - Medicare O/P cost to charge

In 2010, hospital value compared to peer value was...



There were 100 CAHs in the peer group in 2010.



Elements of Financial and Operational Assessment

- Conduct interviews with Board members, physicians, CEO, senior managers, and a few community leaders.
- Review key documents – strategic plan, financial documents, and various policies
- Prepare a report with recommendations that includes a rationale and key action steps
- Progress reports submitted quarterly by the CEO

Key Recommendations (FMT)

- Recruit new physicians
- Expand revenue (e.g., updated chargemaster)
- Capital strategies (e.g., replace outdated equipment and implement EHR)
- Expand or discontinue services (e.g., expand outpatient capacity or divest LT care facility)
- Develop and implement a strategic plan
- Organize an administrative council

Ref #	Description	Due Date	Leader, Progress, and Comments	% Done
1.A.	Prepare a detailed process to develop a comprehensive strategic plan and begin the work	Dec 30, 2011	CEO <i>Strategic Planning has been implemented through Bryan LGH and HHA with Ken Foster facilitating the process. SWOT and Critical Planning Issues have been completed with Management and Senior Team Members on the following dates: December 12, 2011, and January 13, 2012. Board and Medical Staff retreat took place on April 4, 2012. Board will approve final plan May 16, 2012</i>	100%
1.B.	Complete the strategic plan and get Board approval	Mar 30, 2012	CEO <i>Board approval will be May 16, 2012 (See Attached Strategic Plan)</i>	100%
1.C.	Widely communicate the new strategic plan and begin implementation; use it to guide budget preparation and setting annual goals for each employee	Apr 30, 2012	CEO, Admin. Council, BOD <i>Our next quarterly employee meetings will be held the end of June and the Strategic Plan will be reviewed and distributed to all employees</i>	50%
1.D.	Continue implementation activities, widely communicate regular progress reports, and celebrate completed goals	TBD	CEO, Admin. Council, BOD <i>Quarterly CEO forums are being conducted with our employees updating them on progress and celebrating</i>	60%

Support for Health System Development – STEMI

- **Problem:** Many cases of patients with MI that may not be treated in accordance with best practice guidelines
- **Intervention:** Conduct a study of all CAHs in Nebraska to examine their STEMI policies and existing barriers

Results of STEMI Study

- There were 419 STEMIs seen in Nebraska CAHs
- A total of 41.5% do not have standing patient acceptance agreements with regional STEMI centers
- All but one CAH reported administering fibrinolytic therapy.
- Local EMS responders rarely perform and transmit 12-lead EKGs results to the CAH

Recommendations

- Expand the number of EMS units providing 12-lead EKGs.
- Track door in door out times for acute STEMI
- Develop a standardized statewide approach for acute STEMI that includes guidelines for monitoring QI processes
- Develop an acceptance agreement template between STEMI receiving centers and CAHs
- Bottom line: Need to develop a more coordinated and regionalized system of care that can be monitored with performance standards

Conclusions

- A framework for performance improvement (e.g., Baldrige Model) is very useful
- There are several resources from FMT that can help to identify evidence-based interventions and useful databases
- In a short time frame, it is not always possible to measure outcomes, but it is possible to measure progress



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FLEX Monitoring Team References

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2. Zachariah Croll, Andrew Coburn, and Karen Pearson, “Promoting a Culture of Safety: Use of the Hospital Survey on Patient Safety Culture in Critical Access Hospitals,” Flex Monitoring Team Briefing No. 30, April, 2012. www.flexmonitoring.org
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6. John Gale, “Developing Regional STEMI Systems of Care: A Review of the Evidence and the Role of the FLEX Program,” Policy Briefing #23, October, 2011. www.flexmonitoring.org
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