

Alabama Flex Program

Fiscal Year (FY) 2019 Significant Accomplishments, Best Practices, and Lessons Learned

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Program Area 1: CAH Quality Improvement: Report and Improve Additional Patient Safety Measures

The Alabama Flex Program provided education to critical access hospitals (CAHs) to improve patient safety and health outcomes focused on patient falls. At the February 2020 Rural Quality Network (RQN) meeting, CAHs built upon a fall injury improvement project they felt to be a measure of relevance to their facilities. A consultant gathered CAH-provided data and was able to present comparisons statewide and nationally.

The Alabama Flex Program implemented the fall injury improvement project to monitor the quantity and nature of patient falls. Process measures included the distribution and support for data collection of quality metrics and ongoing technical assistance (TA). The outcome was creating a baseline tool to address and improve the quality of care through patient falls. The tool consisted of an algorithm to screen for fall risks, assess patient needs, and interventions to prevent falls. With this tool, CAHs can also provide at-risk patients with education on how different factors can make them more at risk for falling.

All five CAHs participated in the fall injury improvement project. The quality a hospital provides affects the hospital's reputation and can affect compensation for its care. The contracted consultant reviewed the hospital's reported data and compared it regionally, statewide, and nationally; the contracted consultant analyzed the data and provided hospital comparisons. The consultant engaged the five CAHs to discuss best practices among the hospitals to reduce falls and fall injuries. All five CAHs showed improvements in their patient fall numbers.

Lessons learned during this project include:

The lesson learned across all quality improvement activities is the importance of communication. CAHs benefit from the communication they receive from their Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys to make improvements. They also benefit from identifying challenges and shortfalls in Medicare Beneficiary Quality Improvement Project (MBQIP) data comparisons to make improvements. The Alabama Flex Program must review and analyze the hospitals' data to mold the program activities for the most significant benefit of the Flex Program participants. Activities provide training or education to CAHs based on the needs identified through data and discussion.

PROGRAM AREA 2: CAH OPERATIONAL AND FINANCIAL IMPROVEMENT

CAHs' need for financial improvement also reflected their need for operational improvement. CAHs communicated the benefit of the CAH Swing Bed Network during the February 2020 RQN meeting.

Flex Co-directors continued the consultant-led CAH Swing Bed Network at the CAHs' request. The Swing Bed Network activities consisted of four education sessions to provide CAHs with tools to improve swing bed operations using the Patient-Driven Payment Model (PDPM). The education sessions assisted CAHs in reporting functional abilities, readmission rates, and discharge status. A consultant provided a charting and documentation guide to help nurses have clear, timely, and accurate documentation of the swing bed patient. At the conference, hospitals received education on the importance of marketing their swing bed program.

The Swing Bed Network has greatly benefitted CAHs, especially during Coronavirus Disease 2019 (COVID-19). The specialized training provided the tools CAHs needed to utilize their facility's swing bed program appropriately and accurately code the patient encounter for billing purposes.

Lessons learned during this project include:

The lesson learned from Swing Bed Network training is that CAHs must market their swing bed programs. Hospitals have noted how they were currently promoting their swing bed programs and have discussed ways to improve those promotions. One recurring topic was sending a brochure or flyer marketing their swing-bed services to more extensive facilities when transferring patients to other facilities. Another point of mention was identifying and maintaining an open line of communication and then building

relationships with facilities that may transfer patients to utilize their facility's swing bed program.

Program Area 3: CAH Population Health Improvement: Assisting CAHs to Engage with Community Stakeholders and Public Health Experts to Address Specific Health Needs

The assessment of Alabama's health environment identified strengths, weaknesses, and an opportunity for the Flex program to make a difference in rural Alabama lives through targeted population health initiatives. Lack of access to healthcare and the prevalence of chronic conditions, such as heart disease and diabetes, continue to be leading causes of death in many rural populations.

The Alabama Flex Program continued efforts to provide diabetes education to CAHs through digital educational tools focused on diabetes self-management. These educational materials are shared with patients with diabetes to help manage their condition. The video and materials were produced in-house by the Alabama Department of Health (ADPH) Diabetes Program. Diabetes Self-Management Education and Support (DSMES) allows people with diabetes to implement and sustain behaviors that regularly help manage the condition.

The impact of diabetes education cannot be quantified to patients using DSMES. Statistically, patients who use DSMES and can get their blood glucose levels under control have fewer recurring hospital visits. The Alabama Flex Program promotes CAH participation in the Population Health Readiness Assessment to target and enhance future activities for identified health needs to support CAHs with educational materials further to help their patients.

Lessons learned during this project include:

By the Alabama Flex Program utilizing the Alabama Diabetes Program's services, the Alabama Office of Primary Care and Rural Health was able to leverage a resource, at no cost to the program, and assist the Alabama Diabetes Program in furthering its mission of diabetes education.

PROGRAM AREA 6: CAH DESIGNATION: CAH conversions

Two hospitals showed interest in exploring the benefits of converting to CAH status. The Alabama Hospital Association co-Flex coordinator discussed the conversion process and requirements with both hospitals before pursuing

further conversation information. Both hospitals meet the rural requirement for CAHs. One hospital decided to postpone its pursuit during the COVID-19 pandemic, and the other hospital did not meet the minimum mileage requirements required for CAH designation.