Alaska Flex Program

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

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Program Area 1: CAH Quality Improvement:
The Alaska CAH Quality Reporting Guide

The Alaska Critical Access Hospital (CAH) Quality Reporting Guide explains the various quality reporting programs that CAHs may participate in. Participation in these programs varies depending on the needs and desire for quality monitoring by the CAH.

Ultimately, the guide's purpose is to help quality improvement officers structure and support quality improvement efforts and support informed decision-making about quality reporting for their individual CAH facilities while consolidating pertinent reporting information into one easy to access format.

The Oregon Office of Rural Health (OORH) created a "Quality Reporting Overview Guide" to support CAHs across Oregon with quality improvement reporting options and requirements. After reviewing this excellent tool, the Alaska Flex Team saw the value of providing a resource to small hospitals with high staff turnover and staff who are busy filling many roles. The OORH gave the Alaska Flex Program permission to modify their existing guide to be Alaska-specific, thus making it possible to build quickly and efficiently on what they had already accomplished. Flex partners ASHNHA (Alaska State Hospital and Nursing Home Association) and MPQH (Mountain-Pacific Quality Health) created the new document with input from the Alaska Flex Coordinator.

The Alaska CAH Quality Reporting Guide went live in August 2020. The Quality Reporting Guide will be a "living" document that the program will keep up to date and should be an excellent tool for Quality Improvement

Officers and a great "jumping off" point for providing technical assistance (TA) to new hospital quality staff.

The guide can help bridge the gaps created during staffing transitions or those who feel overwhelmed by quality reporting. The guide is also a great reference point to center quality reporting discussions with new and existing hospital staff and a Flex team tool to provide TA or during site visits.

Lessons learned during this project include:

Flex Teams across the United States are doing excellent work and collaborating with other Flex programs increases the Alaska Flex Team's capacity and prevents duplication of efforts across the country. They also included the whole Alaska Flex Team in the process of updating and customizing the guide to Alaska's needs. With the right tools, CAHs can participate and excel in national quality improvement reporting programs.

Program Area 2: CAH Operational and Financial Improvement: Updated Rural Hospital Profiles

For this activity, the Alaska Flex Team wanted to develop rural hospital profiles with recent financial and operational data, community health indicators, and service utilization information in one concise report. They created a report for each CAH for presentations with stakeholders, policymakers, and community groups. The goal is that each CAH receives its report and can use the rural community/hospital datasheet to support policy advocacy. These profiles establish baseline data, create a composite picture for annual tracking, and provide linkages to community health needs assessment planning.

Alaska adopted the rural hospital profiles project model based on a similar project implemented by Washington state several years ago for their CAHs. Alaska confirmed stakeholder buy-in with CAH CEOs and incorporated their feedback into the scope of work. Through the hospital association, Alaska utilized a survey tool to collect data and hired a contractor to assist with additional data collection and profile design. Draft profiles were reviewed and approved by CEOs for the final data collection process. The rural hospital profiles will become valuable data resources highlighting the history and trends related to finances, services and volume, community demographics and health status, primary care access, strengths, and challenges for each hospital.

The rural snapshots will be complete in time for Alaska's legislative session starting January 2021. All CFO and CEOs at the 18 rural hospitals are

currently completing the survey and assisting with edits to the final profile drafts. The snapshots are a proactive approach to highlight the quality, value, and financial fragility of rural hospitals in Alaska that can educate and inform policymakers, funders, and community leaders. The profiles will assist in communicating the importance of CAHs in Alaska.

Lessons learned during this project include:

Adopting a model used by another state and engaging a contractor with experience in this type of project made for a smooth process. Buy-in and participation were essential to choosing meaningful data points, collecting recent data, and increasing the potential for long-term utilization of the data profiles. It has been challenging to get some of the data they need because of the COVID pandemic and hospitals not having the staff or time resources to provide data. However, once submitted, annual updates should be easier to compile.

Program Area 3: CAH Population Health Improvement: CHNA Evaluation for Agenda Setting

Based on rural hospital representatives' feedback at a small hospital committee meeting, community health needs assessments (CHNA) were considered an important but underutilized tool for setting population health agendas. The Alaska Flex Program conducted a review of Alaskan hospitals' CHNAs to identify common themes, evaluate the most frequently stated health priorities, and assess how statewide population health goals may differ/align with smaller communities around the state. The activity follows a similar project conducted in 2016 by the Wyoming Department of Health.

This activity was a collaboration between the Flex Team and the Alaska Primary Care Office (APCO). Flex and PCO staff worked together to pull each hospital's most recently completed CHNA. The CHNAs were then reviewed and evaluated to determine the prioritized health concerns of communities from around the state. Areas where priorities aligned or where organizations noted unique challenges were determined and compared to the preferences indicated in the State's *Healthy Alaskans 2030* goals and the Alaska Mental Health Trust Authority's scorecard indicators.

The CHNA evaluation project helps to paint a picture of the public health priorities of Alaskans. It highlights potential areas of focus for population health interventions and illuminates areas where collaboration should be encouraged as many communities shared some of their highest priority concerns. It is interesting to note that Alaska's *Healthy Alaskans 2030* priorities and the Alaska Mental Health Trust Authority's Scorecard

often did not match what a community viewed as their most pressing population health issues. The evaluation also noted that substance use disorder treatment capacity and suicide prevention were top concerns in many communities. In addition to identifying population health priorities across the state, the PCO will utilize the data for their Primary Care Needs Assessment project.

This activity is a work in progress. However, they anticipate sharing the results more broadly with hospitals, partners, and state health improvement collaborators in the Primary Care Needs Assessment. They expect it will help identify connections with other plans and programs already in Alaska and lead to practical population health projects with partners.

Lessons learned during this project include:

Coordinating with the PCO on a shared project was another excellent way to reduce duplication efforts and enhance existing capacity. They remain aware that CHNAs are potent tools for agenda-setting. With their core data organized and simplified, CAHs can also use them to identify regional goals and potentially increase collaboration where it might not have been obvious. It is nice to have this tool to quickly provide feedback on future agenda setting and potentially influence statewide population health goals.

Program Area 4: Rural EMS Improvement: National Emergency Medical Services Information System (NEMSIS) Implementation

This activity's goal was to have all agencies in Alaska's seven emergency medical services (EMS) regions reporting in Version 3 (v3). The Alaska Flex Program provided technical assistance to EMS regions for v3 NEMSIS compliance.

As a result of this activity, NEMSIS reporting increased from 45 to 87 agencies of 92 total EMS agencies statewide as of Aug 30, 2020. Alaska is establishing a common reporting standard and baseline data for future improvement efforts.

The State EMS Office coordinates data reporting from each EMS agency through the EMS Regions. Alaska Uniform Response Online Reporting Access (AURORA) Elite v3.0 is the online NEMSIS compliant reporting system. The State EMS Office uses this data for quality improvement initiatives throughout the state. The Flex and EMS program utilizes data from AURORA Elite, Alaska Trauma Registry, and the Section of Health Analytics and Vitals Statistics to identify gaps and measure progress. NEMSIS reporting helps

address the gaps in patient transfer delays, coordination with EMS, and data system linkages.

Lessons learned during this project include:

Utilizing national reporting standards helps the Alaska EMS agencies compare to other states and regions. Connecting data systems allows evaluating patient outcomes associated with response times, advanced life-saving techniques, and EMS staff training. Standardizing to a common data platform and establishing baseline data are the essential building blocks to strengthening an EMS system and planning for quality improvement. The Flex Team also identified a lack of funding and limited training opportunities as barriers for EMS agencies to stay updated with reporting systems.

Program Area 6: CAH Designation:

Alaska had one substantial inquiry this year regarding a CAH, currently community-owned and independently managed, that the local tribally managed FQHC has an interest in managing. The request was to find a funding source for a feasibility study and resources on other examples of this occurring. The Alaska Flex Coordinator gathered information and reached out to the National Rural Health Resource Center (The Center). Although there were no funding resources readily identified, TASC shared their knowledge and recommended resources. The lesson learned for other states is to utilize the Center and SORH resources.