


Critical Access Hospital Leadership Development in the Nebraska Flex Program



Margaret Brockman, Administrator, Nebraska
Office Rural Health

Leslie Marsh, CEO, Lexington Regional Health Center
(LRHC)

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Programs provided by the Flex Grant and impacts to a Critical Access Hospital (CAH)

- CAH Executive Fellowship Project
- Lean Six Sigma
- Financial and Operational Assessment
- Leadership Development Conferences
- Network Task Force Meetings
- Governance Institute
- Balanced Scorecards




CAH Executive Fellowship Program

- The purpose of the program is to provide the leadership competencies and tools that are necessary to build a culture of change and transform the hospital into a high performance organization.
- Utilize consultant to provide 9 month program
- Examples of Projects, new employee evaluation process, reduction in readmissions, evaluate patient billing cycle



Lean Six Sigma

- In 2011, began contracting with the Midwest Health Consultants (MWHC) to work with 10 CAHs to implement Lean health care methods that were aimed at improving the quality, safety, and efficiency of patient care.
- With guidance from MWHC, each hospital formed an internal, multidisciplinary team to learn and apply the concepts, principles, and methodologies of Lean to a selected performance improvement issue.
- Following the implementation of Lean methodologies, each hospital implemented at least one Lean project.

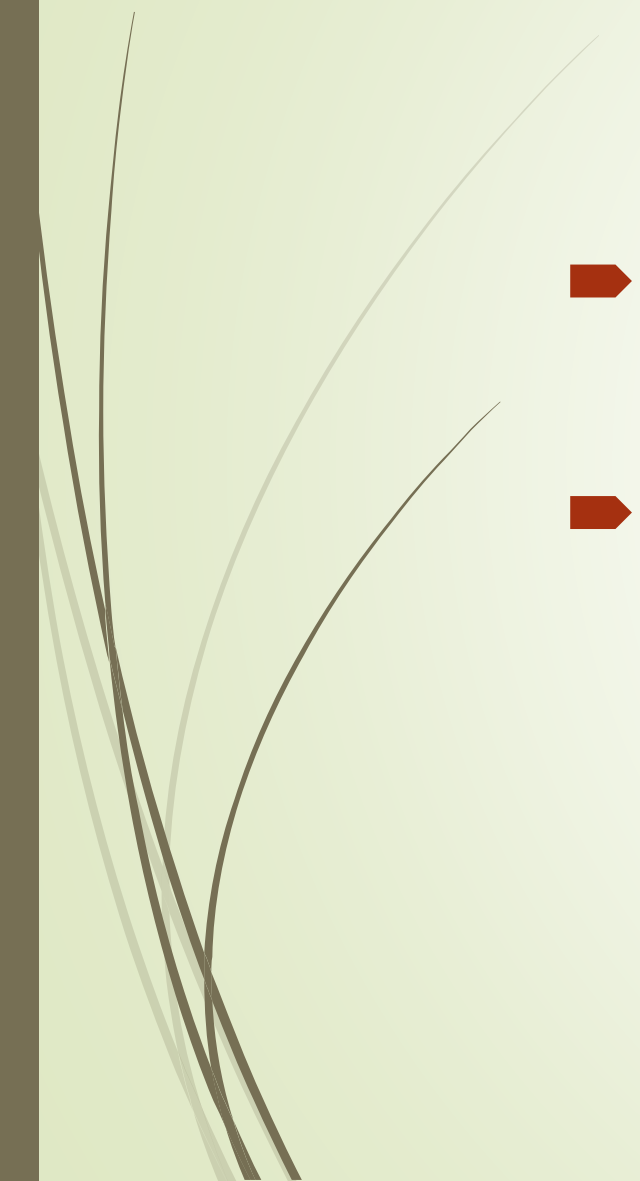


LRHC Lean Six Sigma

- 14 participants earned their “Greenbelt”
- 13 projects accepted
 - Supply management
 - Reduction in accounts receivable (AR) days
 - Financial Analysis –staffing in real time
 - Analysis and improvement of current processes in various departments



Financial and Operational Consultant

- Bill Luke, consultant, former Nebraska hospital administrator
 - Low performing, low margin hospitals
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Organization Operational Assessment

- On-site assessment
 - Met with leadership team
 - Examined Strategic Plan
 - Reviewed financial reports
 - Examined market data
 - Create report
 - Community meeting to share report findings
 - Regular meetings with all participants across the state
 - Progress reports as required
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Leadership Development Conferences

- Annual Conference attended by CEOs and Board Members
- Numerous Leadership Conferences for all levels of CAH staff and Board of Trustees
- Healthcare education experts to present tools and skills for hospital leadership development
- “Emerging Leaders” Program



Network Task Force Meetings

- Networking and Programs
 - CEOs
 - Nursing and Quality Directors
 - Emergency Departments
 - Pharmacy
 - Human Resources
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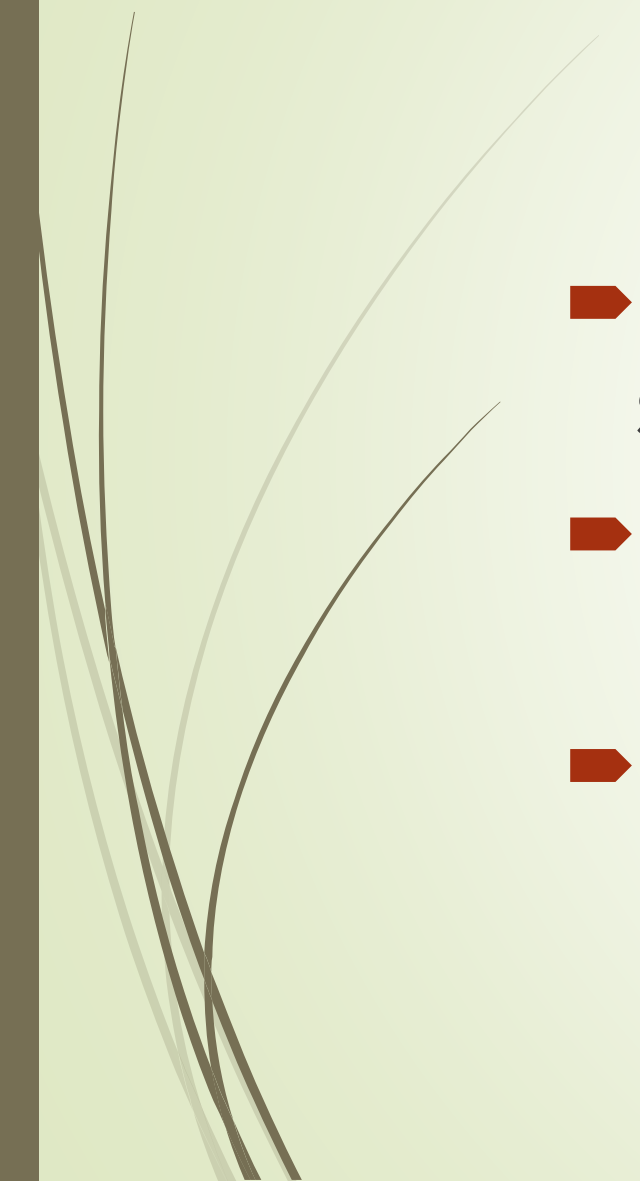


Governance Institute

- Annual Governance Institute Presentation open to CEOs and Board Members
 - Members have access to all online tools and resources with the Governance Institute
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LRHC Involvement in Governance Institute

- Board education based on regional survey findings
 - Opportunities for networking among board members
 - Affordable and relevant
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Balanced Scorecards

- Provide support for hospitals that are interested in developing a Balanced Scorecard.
 - FLEX funds have been used to support the development of Balanced Scorecards (BSCs) in 35 CAHs since 2003.
 - Limited technical assistance to hospitals that are already using a BSC.
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LRHC Balanced Scorecard

- ▶ Education and assistance in creation of scorecard
 - ▶ Snapshot of performance associated with strategic pillars
 - ▶ Finance
 - ▶ People
 - ▶ Quality
 - ▶ Service
 - ▶ Growth
 - ▶ Used in discussions with board, leaders and staff
 - ▶ Thresholds/goals identified
 - ▶ Stoplight view of scorecard
 - ▶ Goals and progress towards goals visible and clearly identified
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LRHC BALANCED SCORECARD, FY16CY15

/: **R** = not meeting target (Red); **G** = meeting target (green)

| SERVICE | Baseline (Yr. Dec 30, 2014) | Threshold | Target | Stretch | Jan. 2015 | Febr. 2015 | Mar. 2015 | Apr. 2015 | May. 2015 | Jun. 2015 | July. 2015 | Aug. 2015 | Sept. 2015 | Oct. 2015 | Nov. 2015 | Dec. 2015 | Aver OR - YTD 2015 |
|---|------------------------------------|-------------------|---------------------|---------|---------------|---------------|---------------|--------------|--------------|--------------|---------------|---------------|---------------|--------------|--------------|---------------|--------------------------|
| Pt Satisfaction, "Overall Rating", Hstm Percentile Rank | 79 | | 90 | | | | | | | | | | | | | | |
| Pt Satisfaction, Doctor Commun, Hstm Percentile Rank | 62 | | 75 | | | | | | | | | | | | | | |
| Pt Satisfaction, Nurse Commun, Hstm Percentile Rank | 63 | | 90 | | | | | | | | | | | | | | |
| Pt Satis, Responsiveness of Staff, Hstm Percentil Rank | 67 | | 90 | | | | | | | | | | | | | | |
| Pt Satis, Discharge Information, Hstm Percentile Rank | 69 | | 75 | | | | | | | | | | | | | | |
| Pt Satisfaction, ED, Hstm Percentile Rank | 90 | | 85 | | | | | | | | | | | | | | |
| Pt Satis, FMS Provider Overall, Hstm Percentile Rank | N/A | | 85 | | | | | | | | | | | | | | |
| Pt Satisfaction, UCC, Hstm Percentile Rank | 80 | | 90 | | | | | | | | | | | | | | |
| QUALITY | | | | | | | | | | | | | | | | | |
| | Baseline (Yr Dec 30, 2014) | Threshold | Target | Stretch | Jan. 2015 | Feb. 2015 | Mar. 2015 | Apr. 2015 | May. 2015 | Jun. 2015 | July. 2015 | Aug. 2015 | Sept. 2015 | Oct. 2015 | Nov. 2015 | Dec. 2015 | Aver OR - YTD 2015 |
| Falls per 1000 Patient Days (Fall Rate) | 3.40 | | 5.0 | | | | | | | | | | | | | | |
| Falls with Mod or Severe Injury (%) | 9.10 | | 0.0 | | | | | | | | | | | | | | |
| Medication Error Rate per Month (%) | 0.05 | | <1% | | | | | | | | | | | | | | |
| Medical Errors per patient visit *** | 0.05 | | <0.1 | | | | | | | | | | | | | | |
| 30-Day Re-admission rate | 4.30 | | 7.8 | | | | | | | | | | | | | | |
| Healthcare-Assoc Infection Rate | 1.90 | | ^ 5 | | | | | | | | | | | | | | |
| CORE Measures - Pneumonia | 93.00 | | 95.0 | | | | | | | | | | | | | | |
| CORE Measures - OP Acute Myocardial Infarct | 100.00 | | 95.0 | | | | | | | | | | | | | | |
| CORE Measures - Congestive Heart Failure | 100.00 | | 95.0 | | | | | | | | | | | | | | |
| CORE Measures - Surgical Care Improvement | 100.00 | | 95.0 | | | | | | | | | | | | | | |
| QM Indicators (separate dashboard) | | | | | | | | | | | | | | | | | |
| FINANCE | | | | | | | | | | | | | | | | | |
| | Baseline (Yr. June 30, 2015) | Threshold | Target | Stretch | Jul. 2015 | Aug. 2015 | Sept. 2015 | Oct. 2015 | Nov. 2015 | Dec. 2015 | Jan. 2016 | Febr. 2016 | Mar. 2016 | Apr. 2016 | May. 2016 | June. 2016 | Aver OR - YTD 2016 |
| Operating Margin | -3.0 | | 3.4 | | | | | | | | | | | | | | |
| Days in A/R | | | 60 | | | | | | | | | | | | | | |
| Charitable donations received (\$) | 562378 | | 46864 | | | | | | | | | | | | | | |
| Charity Care provided (\$) | 179597 | | 14966 | | | | | | | | | | | | | | |
| GROWTH | | | | | | | | | | | | | | | | | |
| | Baseline (Yr. June 30, 2015) | Budgeted (Mon) | Target (Monthly) | Stretch | July. 2015 | Aug. 2015 | Sept. 2015 | Oct. 2015 | Nov. 2015 | Dec. 2015 | Jan. 2016 | Febr. 2016 | Mar. 2016 | Apr. 2016 | May. 2016 | June. 2016 | YTD 2016 |
| Adult and Pediatric Patient Days per month | 1,298 | 183 | 108 | | | | | | | | | | | | | | |
| Swingbed Patient Days per month | 1,004 | 152 | 83 | | | | | | | | | | | | | | |
| Outpt Observation visits per month | 1,794 | | 149 | | | | | | | | | | | | | | |
| Ancillary Visits per month | 25,021 | | 2085 | | | | | | | | | | | | | | |
| ED Visits per month | 2,815 | | >200 | | | | | | | | | | | | | | |
| Urgent Care visits per month | 12,108 | | 1009 | | | | | | | | | | | | | | |
| OR Patients per month | 818 | | 68 | | | | | | | | | | | | | | |
| Births per month | 143 | 25 | 11 | | | | | | | | | | | | | | |
| PEOPLE | | | | | | | | | | | | | | | | | |
| | Baseline | Threshold | Target | Stretch | Jan. 2015 | Feb. 2015 | Mar. 2015 | Apr. 2015 | May. 2015 | Jun. 2015 | July. 2015 | Aug. 2015 | Sept. 2015 | Oct. 2015 | Nov. 2015 | Dec. 2015 | YTD 2015 |
| Employee Turnover Rate (%) | 15 | | 15 | | | | | | | | | | | | | | |
| Employee Satisfaction (annual survey) | | | | | | | | | | | | | | | | | |
| Hrs of community service per month | | | | | | | | | | | | | | | | | |

Questions?

Contact Information:

Margaret Brockman, Administrator, Nebraska Office of Rural Health

402-471-6057

Margaret.Brockman@Nebraska.gov

Leslie Marsh, Chief Executive Officer, Lexington Regional Health Center

308-324-8303

lmash@lexrhc.org