Colorado Flex Program

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

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The Colorado Rural Health Center (CRHC) has worked diligently over FY2019 to achieve the Flex grant goals and meet the needs of Colorado's critical access hospitals (CAHs). CRHC's objectives have centered on the Flex core areas: Quality Improvement, Operational and Financial Improvement, Population Health Improvement, and Conversion of CAHs.

Program Area 1: CAH Quality Improvement

Supporting the Medicare Beneficiary Quality Improvement Project (MBQIP) has been a critical activity throughout CRHC's participation in Flex, as it is the Flex program's prime objective. All 32 Colorado CAHs have signed the MBQIP participation agreement and are actively working on submitting data. However, because not all CAHs are reporting all measures, support for this continues to be a high priority. Throughout the cooperative agreement, CRHC helps CAHs build capacity to report on all four MBQIP domains consistently.

CRHC Flex staff implemented a Capacity Building MBQIP Rapid Cycle Improvement Project. CAHs are in two groups based on the timeliness of their reporting. Each Rapid Cycle Improvement Project lasted 90 working days, and they were able to complete two cycles during Fiscal Year (FY) 2019.

The hospitals document their process in an A3 tool and submit that document to CRHC quarterly. The time lag between data submission and available measure reports remains a challenge to CAHs and CRHC to evaluate if the hospital successfully reports data. CRHC requested CAHs submit a tally sheet. The tally sheet helps CRHC staff validate their reported data. CRHC can then troubleshoot with the hospital their export and

submission process or follow up with FORHP to discuss any discrepancies reported in QualityNet.

CRHC hosted a combined monthly webinar with both groups that provided education on quality improvement practices. CRHC then hosted specific Group webinars to create a standard process for reporting or view the data to see if they need to make improvements on a particular measure.

As a result of this activity, CAHs were able to identify areas that needed a standardized process for reporting and document that process. A few CAHs who had thought another person submitted data at the hospital or vendor found they didn't report the data. There were four CAHs with new quality staff that they needed to spend extra time with.

Lessons learned during this project include:

CRHC has learned that CAHs that have implemented a process for reporting MBQIP data more often submit data before the official due date. CAHs have combined the Emergency Department Transfer Communication (EDTC) measure with Emergency Medical Treatment and Labor Act (EMTALA) reviews (and part of the compliance program). They have to establish a written process so someone can complete reporting tasks during turnover or absences. CAHs have created workflows for all MBQIP core measures to meet deadlines. CRHC Flex staff have helped CAHs determine what they can stop reporting – some were reporting unessential data.

Program Area 2: CAH Operational and Financial Improvement

CRHC's CAH Financial Workgroup is a network assembled based on input from CAH chief executive officers (CEOs) and chief financial officers (CFOs), yet participation was low in previous years. Evaluation results indicated 100% of participants found that the webinars provide valuable information. Therefore, CRHC strategized alternative outreach methods for this activity. Over FY 2019, CRHC invited the business office and quality improvement staff to the CAH Financial Workgroup to generate interest and implement quality improvement methodologies.

The group meets quarterly via webinar to hear presentations on improvement methodologies and management tools such as Lean, Plan-Do-Study-Act (PDSA), or a Performance Excellence Framework and share best practices and concerns. With information from the annual financial assessment, CRHC utilized this network to offer a deeper dive into identified trends and discuss strategies for improvement.

Through the above efforts in expanding the audience, their participation increased from 24% to 84%. The evaluations have remained positive, and staff value the opportunity to attend these workgroup webinars. However, due to Covid-19, situations sometimes pulled CEOs, CFOs, and staff away to participate in other webinars.

Lessons learned during this project include:

One of the lessons learned was the success of including quality improvement staff on the workgroup webinars. Since iVantage Hospital Strength INDEX reports have a quality measure component, the quality improvement staff could see how reporting MQBIP ties in with other programs. They were also able to address questions their CEOs and CFOs had specific to their reports.

Program Area 3: CAH Population Health Improvement

As part of CRHC's Colorado Rural Sustainability (CORS) Network Chronic Care Management (CCM) Program, all sites participated in a virtual process mapping activity in August of 2020. This activity's goal was for each facility's CCM team to map out their CCM clinical workflows and "walk the map" to identify their current CCM state versus their ideal workflow state and identify any redundancies waste. This activity allowed each participating facility to visually reference their documented process to help ensure consistency and aid in position and staffing transitions.

CRHC scheduled a one-hour session with each CCM team, and CRHC's Quality Improvement Specialist created the flow chart as the facility's CCM team dictated/talked through their CCM processes. When completed, participants reviewed the flow chart.

This activity resulted in each participating facility having a documented CCM workflow with identified areas for improvement. The sites are currently working on the goals identified from their process mapping activities. This quality improvement activity helps their participating communities understand how their process works and incorporate it into other project areas that they are working on through Flex.

Lessons learned during this project include:

One takeaway from this activity is the ability to do process mapping virtually. Having never conducted a process mapping activity remotely, they were initally apprehensive. However, this activity leaned itself to a virtual platform quite seamlessly. The map allowed the team to talk through the process together and engage with one another in-depth. It is imperative to

have everyone involved in the CCM workflow process present for this type of activity. It is impossible to have a complete workflow map if staff members from different parts of the process are unavailable. The team has to surmise those workflow steps, and the person responsible can't speak to the actual procedure.