



Department  
of Health



# New York State Critical Access Hospital Performance Improvement Network

July 14, 2017

# Outline

- New York State Flex Program Background
- Flex Program Current Activities
  - Data Reporting
- LAN Concept Overview
  - Performance Improvement initiative examples
- Lessons Learned

# New York State CAH PI Network History

# Background

## EACH/RPCH State

- Four Rural Primary Care Hospitals
- Network Development

## 1997 Rural Hospital Flexibility Program

- RPCH's became Critical Access Hospitals
- Awarded exploratory, designation and implementation grant
- Focused on additional hospital conversions, network development, EMS integration and quality assurance

# Background

2007

- 13 Critical Access Hospitals
- Changed focus from specific hospital conversion and network development and integration activities
- Began developing the Performance Improvement Network
- Quality Directors had a history of monthly meetings with the Health Care Association of New York State
- CEO's and CFO's began attending meetings

# Current

## New York State

- 2.4 million people in rural communities, 19.7 million total
- 224 acute care hospitals
- 37 rural/non-metro
  - 18 Critical Access Hospitals
  - 16 Sole Community Hospitals

## Flex Program

- Focus is on the New York State Critical Access Hospital Performance Improvement Network

# New York State CAH PI Network

## Two Workgroups

- Finance and Operations
- Quality

Consistent collection and analysis of quality measures and financial indicators by hospitals

## Quarterly Meetings

- Review of market updates
- State and federal issues
- Department Productivity
- Break into workgroups

# Financial and Operational Performance Improvement

All 18 hospitals are participating and are supportive of each other!

Data is unblinded

Discussion of successful strategies at PI Network meetings

- Emergency Department throughput
- Revenue enhancements
- Maximizing staffing
- Departmental productivity
- Payer contracts
- FQHC Collaboration



# Performance Benchmarking: Percent Operating Margin

Select Finance Metric  
 % Operating Margin

Select Benchmark  
 Regional CAH Benchmark  
 State Rural Benchmark  
 Target Benchmark

Regional CAH Benchmark	State Rural Benchmark	Target Benchmark
0.5%	-0.4%	2.0%

## % Operating Margin

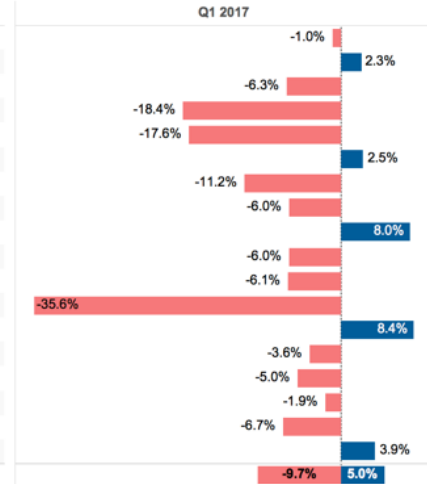
## Variance from Target Benchmark

Hospital Name

Hospital A

- 
- 
- 
- 
- 
- 
- 
- 

YTD 2014	YTD 2015	YTD 2016	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q1 2017
-29.2%	-11.8%	-3.8%	3.1%	-0.9%	-2.3%	-3.8%	1.0%	-1.0%
-0.2%	4.4%	4.3%	5.4%	4.3%	4.3%	4.3%	4.3%	2.3%
-6.6%	-7.1%	4.2%	-12.0%	-21.9%	-8.1%	4.2%	-4.3%	-6.3%
-6.4%	0.9%	-10.4%	0.6%	-6.2%	-6.3%	-10.4%	-16.4%	-18.4%
-27.4%	-12.8%	-15.6%	-7.8%	-9.7%	-15.6%	-15.6%	-15.6%	-17.6%
4.2%	5.8%	8.1%	5.0%	7.0%	9.8%	8.1%	4.5%	2.5%
1.7%	7.5%	-3.1%	-7.1%	-8.5%	-3.4%	-3.1%	-9.2%	-11.2%
-16.4%	-5.6%	-4.0%	-6.1%	-3.5%	-4.0%	-4.0%	-4.0%	-6.0%
-8.3%	-6.7%	-8.1%	-15.0%	-11.3%	-11.1%	-8.1%	10.0%	8.0%
-0.1%	-3.8%	-3.8%	-3.2%	-2.5%	-3.2%	-3.8%	-4.0%	-6.0%
-10.1%	-20.2%	-1.2%	6.9%	1.6%	-1.4%	-1.2%	-4.1%	-6.1%
-10.0%	-25.0%	-40.5%	-13.9%	-23.6%	-29.8%	-40.5%	-33.6%	-35.6%
-17.2%	-20.7%	25.5%	100.0%	52.3%	37.3%	25.5%	10.4%	8.4%
1.9%	6.9%	5.2%	9.8%	5.0%	5.2%	5.2%	-1.6%	-3.6%
-21.3%	-6.1%	-13.0%	-24.8%	-18.6%	-16.1%	-13.0%	-3.0%	-5.0%
-1.2%	-11.2%	2.6%	-8.5%	4.4%	3.0%	2.6%	0.1%	-1.9%
-3.2%	-4.9%	-4.7%	-9.1%	-7.5%	-4.7%	-4.7%	-4.7%	-6.7%
-0.4%	4.4%	6.3%	8.6%	6.8%	6.2%	6.3%	5.9%	3.9%
-8.3%	-5.9%	-2.9%	1.8%	-1.8%	-2.2%	-2.9%	-3.6%	-5.6%



# Performance Benchmarking: Department Efficiency- Inpatient Nursing

Select Productivity Metric

Paid IP Nursing Hours per Day

**Target Benchmark**  
**12.00**

**Paid IP Nursing Hours per Day**

**3 Month Avg & Variance From Target Benchmark**

Hospital A

2016												2017			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
19.94	15.59	16.11	18.49	20.20	18.92	26.89	28.60	27.23	24.13	27.30	27.26	25.43	22.24	19.82	
19.16	29.09	45.96	25.39	75.09	24.91	25.39	75.09	24.91	25.39	75.09	24.91	25.39	75.09	24.91	
10.11	9.46	9.08	9.83	9.44	15.05	9.32	10.17	11.25	10.24	9.84	11.76	8.55	11.43	9.69	
15.19	15.56	14.39	21.72	21.95	16.66	18.56	16.93	14.72	23.46	16.71	20.59	13.68	14.76	16.88	
19.61	25.77	26.96	12.46	13.71	14.61	14.26	17.19	23.02	14.26	17.19	23.02	14.26	17.19	23.02	
19.38	20.61	22.11	20.72	20.99	28.96	17.99	19.96	26.17	17.99	19.96	26.17	16.16	12.58	19.49	
8.22	7.42	9.82	10.04	13.04	12.37	10.93	8.53	9.90	8.91	7.85	11.21	11.55	9.33	9.17	
11.76	13.19	16.99	13.60	9.89	16.04	13.24	10.96	10.04	13.24	10.96	10.04	13.24	10.96	10.04	
24.60	13.13	13.22	13.98	13.43	14.97	24.85	17.13	14.57	13.41	16.91	14.95	20.52	17.85	14.49	
19.75	15.90	16.67	21.51	24.71	19.98	23.30	17.66	20.64	23.30	17.66	20.64	21.32	20.24	25.72	
8.61	13.25	10.36	12.36	15.23	12.22	13.57	12.35	15.32	15.82	17.87	16.11	11.34	18.28	16.36	
24.50	25.98	17.21	30.10	18.35	46.89	39.62	19.03	16.51	39.62	19.03	16.51	17.63	19.75	15.49	
8.73	9.75	9.31	9.50	11.43	16.88	11.36	10.74	12.27	15.70	16.34	16.89	13.44	9.52	8.31	
10.19	12.67	16.88	10.96	10.22	12.28	13.83	17.48	15.79	11.93	14.70	17.86	16.82	14.23	15.91	
18.63	21.34	12.29	16.16	12.80	16.91	17.96	13.53	13.34	17.96	13.53	13.34	17.96	13.53	13.34	
UHS Delaware Valley Hospital	16.98	16.21	18.87	28.66	28.43	23.01	21.16	24.28	22.33	21.16	24.28	22.33	15.94	17.70	19.58

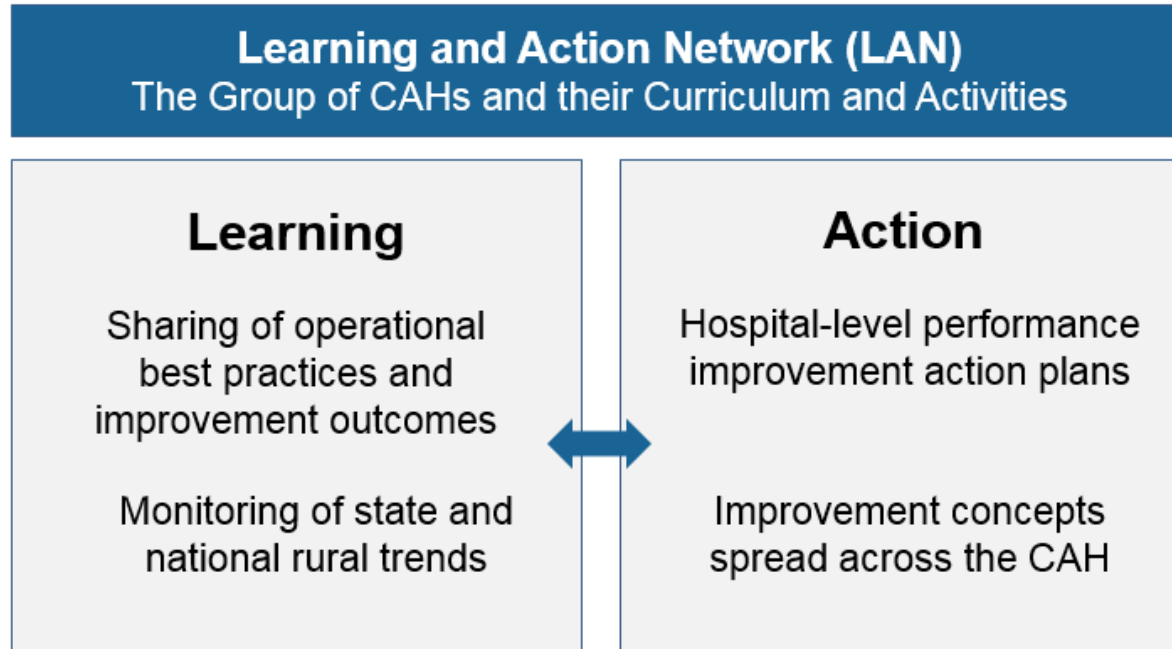
3 Month Avg	3 Month Variance
22.50	10.50
41.79	29.79
9.89	-2.11
15.11	3.11
18.16	6.16
16.08	-4.08
10.02	-1.98
11.41	-0.59
17.62	5.62
22.42	10.42
15.33	3.33
17.63	5.63
10.43	-1.57
15.65	3.65
14.94	2.94
17.74	5.74



# Learning Action Network (LAN)

- Team-Based Performance Improvement
- 15 Priority Areas chosen for discussion
- Consensus exercise to choose 3 priority areas...actually 4
- PI Network members worked in 3 small groups to develop assessment and action plans
- Meeting via conference call and during the PI Network quarterly meetings

# LAN Concept



The purpose of the LAN is to **demonstrate** performance improvement

# LAN Initiatives Overview

## Definition

A Critical Access Hospital Learning and Action (LAN) **Initiative** is a highly-structured, rapid-cycle project that *demonstrates improvement* in a defined performance area.

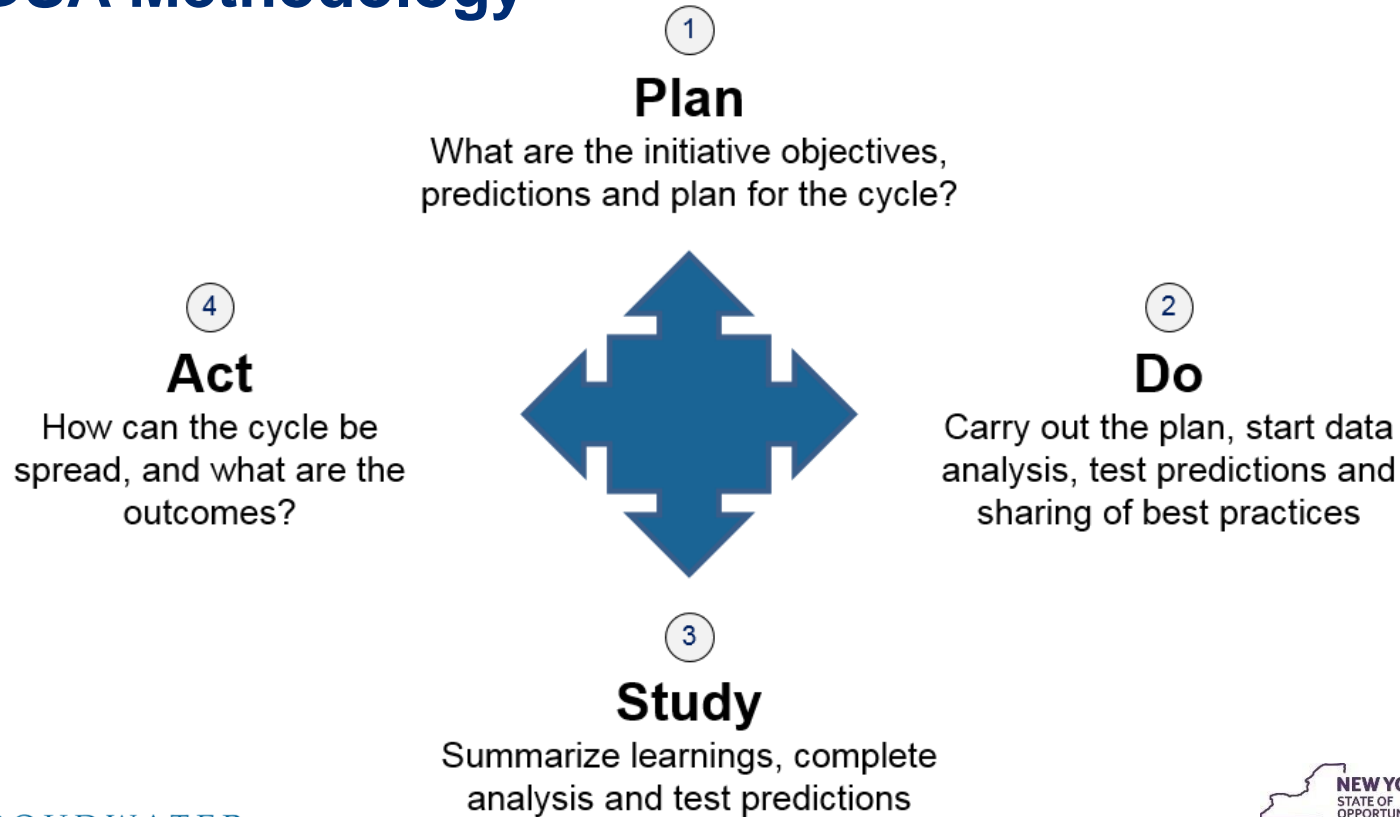
## Design Specifications

- An Initiative does not exceed 9 months
- Initiative activities use the Plan-Do-Study-Act (PDSA) methodology
- Every LAN Initiative has one to two lead “champion” CAHs
- LAN Initiatives incorporate PROCESS and OUTCOME metrics
- Outcome metrics can be monitored over multi-year periods

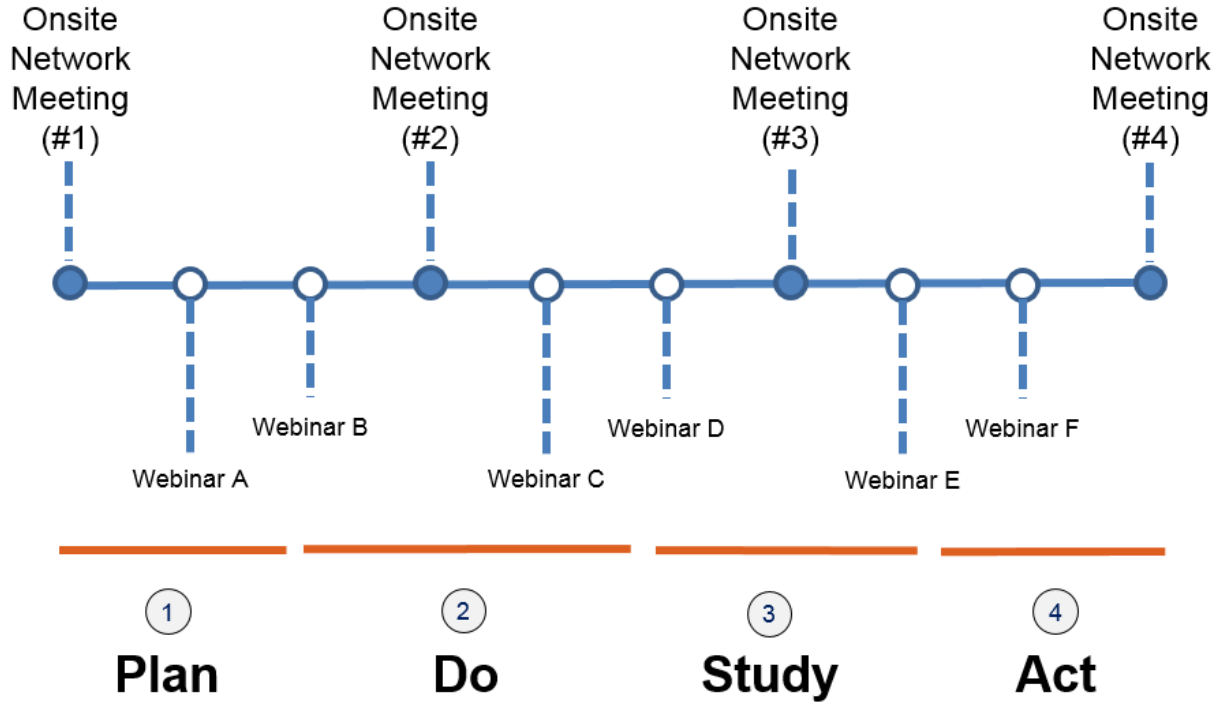
# Accountability Matrix

	Learning	Action
<b>CAHs</b>	<ul style="list-style-type: none"> <li>• Sharing of best practices</li> <li>• Initiative presentations</li> </ul>	<ul style="list-style-type: none"> <li>• Participation in Initiative(s)</li> <li>• Initiative measurement</li> </ul>
<b>Stroudwater</b>	<ul style="list-style-type: none"> <li>• Didactic presentations</li> <li>• Sharing of best practices</li> <li>• Benchmarking</li> </ul>	<ul style="list-style-type: none"> <li>• Expert technical assistance</li> <li>• LAN Initiative facilitation</li> </ul>
<b>State Partner</b>	<ul style="list-style-type: none"> <li>• Onsite meeting logistics</li> <li>• Onsite meeting facilitation</li> </ul>	<ul style="list-style-type: none"> <li>• LAN Initiative monitoring</li> <li>• Measurement development</li> </ul>

# PDSA Methodology



# PDSA Sample Timeline (6 - 9 months)





# Learning Action Network Chosen Priority Areas

## 2016

- 340B
- Swing Bed Growth
- Affiliation Strategies
- Physician Alignment

## 2017

- Revenue Cycle Optimization
- Service Line Growth Strategies
- Swing Bed Outcomes

# LAN 340B/Swing Bed Task Force Charter

## Purpose

- Provide guidance, expert opinion, voice of customer and perspective to the programs and services we develop for our customers.
- Maximize reimbursements related to 340B and optimize swing bed program management.

# LAN 340B/Swing Bed Task Force Charter

## Deliverables

- 340B
  - How to assess and evaluate effectiveness of the program?
  - Identify 340B program key speakers and subject matter experts.
- Swing Bed Program
  - Identify and bring forward education material and best practices.
  - Understand how to best manage the swing bed patient population
  - Identify best practices for marketing the program.

# LAN Physician Alignment Task Force Charter

## Purpose

- Provide guidance on benefits/disadvantages of different physician alignment models (independent vs. employed).

# LAN Physician Alignment Task Force Charter

## Deliverables

- Comparative matrix documenting pros/cons of alternate alignment models.
- Documented best practices of CAHs participating in ACO and alternate payment models.
- Evaluation of how various alignment models fit within the Delivery System Reform Incentive Payment initiative.

# Swing Bed Performance Improvement Goals

- To improve the *functional outcomes* of our swing bed patients.
- To maximize our monthly percentage of swing bed patients that *return home* or to their prior level of residence.
- To *improve our communication* among the rehabilitation team and *increase our efficiency* in working together.
- To be able to educate the patient's family and caregivers to *ensure a safe discharge* was established.

# Swing Bed Performance Improvement Background

- Barthel Index
  - a tool to assess self care and mobility activities of daily living
  - used to predict length of stay and to indicate the amount of nursing care needed
  - widely used in geriatric assessment settings
  - measure of what patient *can* do – not what they *could* do
- Process
  - initial score is assessed at the beginning of patient care
  - patient is observed for improvement in scoring
  - end score is assessed prior to patient's discharge
- Goals
  - to establish a degree of independence
  - to improve functional outcomes → strive for *end score* to be **higher** than *initial score*.  
The higher the score the more likely the patient is discharged to home or prior level of residence.

# Barthel Index Classification System

## Levels of Care

- 0 - 14 points → Patient requires a Long Term Care facility
  - 15 - 60 points → Patient requires a Skilled Nursing facility
  - 61- 80 points → Patient may return home, but will require at least 4 hours of assistance within the home daily
  - 81-100 points → Patient will require fewer than 2 hours of care within the home
- \*For a score less than 60, recommend patient to be in a Long Term Care setting or will require 24 hour care within the home

## Levels of Dependence

- 80 - 95 → mildly dependent
- 60 - 79 → moderately dependent
- 40 - 59 → markedly dependent
- 20 - 39 → severely dependent
- 0 - 19 → total dependence

The total score is **100 points**



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# Performance Benchmarking: Swing Bed Average Stay and Expense per Stay

Category: Deconditioned / Disposition: Home

Top #: Score  
Bottom #: # of Cases

Average Change in Score by Quarter

Hospital	Deconditioned			
	Q2	2016 Q3	Q4	2017 Q1
	10.00 1	30.77 13	28.75 12	34.92 14
		1	2	
	33.33 3	19.44 9	16.25 4	27.73 11
	20.00 1	37.50 4		35.20 25
	28.33 3	30.00 8		12.65 17
	33.89 9	37.92 24	25.00 6	
	45.00 3	38.13 8	40.00 9	38.46 13
		7.14 7	21.33 6	
	-15.00 2	36.00 5	33.57 7	32.14 7
			21.67 10	-13.00 5

Difference from Target Score of 15

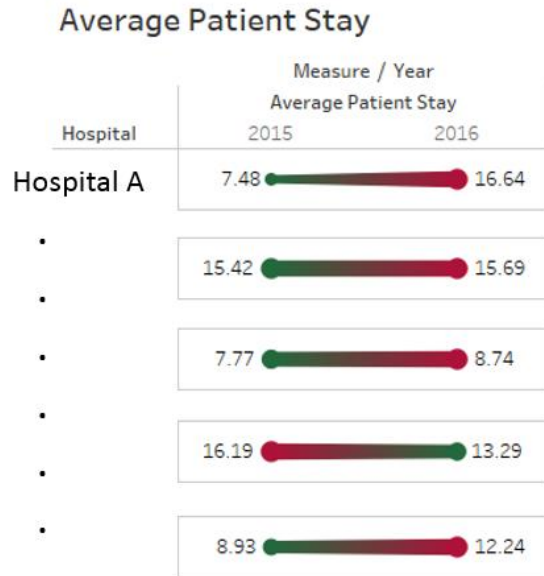
Hospital	Deconditioned			
	Q2	2016 Q3	Q4	2017 Q1
	-5.00	15.77	13.75	19.92
	18.33	4.44	1.25	12.73
	5.00	22.50		20.20
	13.33	15.00		-2.35
	18.89	22.92	10.00	
	30.00	23.13	25.00	23.46
		-7.86	6.33	
	-30.00	21.00	18.57	17.14
			6.67	-28.00

Difference between Change in Score & Target

Target Score = improvement of 15+ points



# Performance Benchmarking: Swing Bed Average Stay and Expense per Stay



# Lessons Learned

- Strive for data transparency and sharing to foster trust
- Encourage discussion of strategies that worked and didn't
- Establish an Advisory Council comprised of CAH executives to provide input into curriculum and network focus
- Develop task force initiative charters that are narrowly focused and well-defined
- Limit performance improvement initiatives to 6 to 9 months
- Harvest learnings through the use of data to identify outliers

# New York State CAH PI Network

“The New York State Critical Access Hospital (CAH) Network has been critical to Schuyler Hospital’s success over the past seven years. As a new CFO, and also new to CAHs, the quarterly meetings are extremely beneficial and I have tried not to miss many since I came to Schuyler in 2010. The sharing of ideas and information from other CAH CEOs and CFOs, guidance and resources from NYS, and Stroudwater’s rural healthcare expertise has been invaluable. The NYS CAH Network is well attended and very valuable to all NYS CAHs regardless of their financial and affiliation situations. Everyone leaves the meeting with at least one actionable item that will be positive to their organization.”

Amy Castle, Schuyler Hospital CFO

# New York State CAH PI Network

“The New York State Hospital Quarterly Flex meetings have resulted in substantially better financial performance for the CAHS in New York State. In 2014, the New York State CAHs had a negative net gain of -8.3%. In 2015, it was -5.9% and in 2016, -2.2%. There have also been substantial gains in quality and outcomes that are continuing – for example, the Swing Bed Outcome Improvement project has substantially improved outcomes at Ellenville Regional Hospital. In addition, the Flex meetings have provided a valuable forum for exchange of ideas and information among the 18 NYS CAHs.”

Steven Kelley, Ellenville Regional Hospital CEO

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