

# Georgia Flex Program

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

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### **Program Area 1: CAH Quality Improvement**

Georgia initiated a collaborative learning framework focused on the adoption of the Center for Disease Control's (CDC) "Core Elements of Hospital Antibiotic Stewardship Program" (ASP). The program included ongoing education provided by subject matter experts. The expected outcome was that 100% of Georgia CAHs participate, improving knowledge and building capacity to optimize antibiotic use, which is critical to effectively treat infections, protect patients from harm caused by unnecessary antibiotic use, and combat antibiotic resistance. The ASP helps clinicians improve clinical outcomes and minimize damage by improving antibiotic prescribing.

By capitalizing on their relationships with other state partners, Georgia facilitated new hospital infection preventionists (IPs) with a member mentoring liaison for the Georgia Infection Prevention Network (GIPN). Following the GIPN model, Georgia's new CAH IPs partner with a mentor in their geographic region with the same Electronic Medical Record (EMR). Through this mentoring program, infection prevention education and best practices pass throughout their Flex hospitals.

They had a virtual ASP workshop for their CAHs, which included free access to the Centers for Medicare and Medicaid Services (CMS) Infection Control Worksheet and ASP webinar.

Staff turnover continues to be a factor in quality improvement and quality reporting as multiple new IPs begin employment within Georgia CAHs. They built on the GIPN model and developed a robust new Quality Professional Orientation (QPO) curriculum. The QPO consists of eight weeks of one-hour Zoom teleconferences that include the following topics: CORE measures,

quality assurance (QA) vs. quality improvement (QI), antibiotic stewardship, QI improvement, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Quality Net/HARP, professional networking, and electronic clinical quality measures (eCQMs).

All 31 Georgia CAHs were able to take advantage of this educational Antibiotic Stewardship Program, including many quality and infection prevention committee team members. Quality professionals were matched with seasoned mentors to share best practices and lessons learned.

### **Lessons learned during this project include:**

They completed thirty site visits by pivoting from the traditional to a virtual platform. Flex monthly webinars were held as 30-minute "Lunch and Learn" calls. These calls assist hospitals in achieving optimal patient care, education of best practices, and reminders of important upcoming deadlines while allowing staff to maintain focus on COVID-19 patients. The Quality Professional Orientation Program has proven to be very beneficial for new quality professionals, many of whom have not previously been responsible for quality reporting duties.

### **Program Area 2: CAH Operational and Financial Improvement**

Georgia partnered with experts at the Georgia Southern University Research and Service Foundation (GSURSF) to complete three-year organizational strategic plans. Initially, four CAHs self-enrolled for year one (FY 2019) to participate in developing the strategic planning sessions. Three of the four CAHs completed the strategic plans, and two CAHs began implementation. The program is led by the National Institute of Standards and Technology, Baldrige Excellence Framework for Healthcare. The Baldrige framework guides organizational improvement through a systematic and comprehensive approach that focuses on improving and achieving excellence in several areas.

By enrolling in the program, the four participating hospitals committed to an introductory meeting with the GSURSF team to discuss strategic planning, past efforts, and future goals. They also commit to three strategic planning sessions with hospital leadership representatives, staff, and board members among executing the plans they would go on to create. In general, participating hospitals achieved the goals over four to five sessions.

All strategic planning efforts for year one were to be completed by May 2020. The lag between the second and third sessions resulted in a loss of momentum as hospitals shifted focus from strategic planning to pandemic

readiness and response. Understandably, interaction and engagement during the virtual sessions were not the same as an in-person session. However, the hospitals' flexibility and commitment resulted in success. Given the preference for onsite strategic planning, they will shift the remaining sessions to years three and four.

### **Program Area 3: CAH Population Health Improvement**

Georgia partnered with HomeTown Health, LLC (HTH) to provide the Population Health Improvement Program – a Vision and Education for Rural Behavioral Health (VERB). Its purpose is to build the capacity of critical access hospitals (CAHs) to achieve measurable improvements in their communities' health outcomes. Specifically, the programming helps CAHs engage with their community stakeholders to address their local population's specific behavioral and mental health needs. The VERB program focuses on enabling hospitals to take action in the following areas: abandoning stigmas, care management, training providers, identification, organizing resources, and navigating payments. Five CAHs addressed their target populations' behavioral health needs by developing a framework of community care coordination initiatives.

Utilizing the Rural Health Innovations, LLC (RHI) Care Coordination Canvas Guide, Canvas Tool, and worksheet, the hospitals conducted individual assessments of their current care coordination efforts. The cohort hospitals first completed the Integrative Behavioral Health Readiness Assessment tool designed by RHI to assess the operational structure and current treatment strategies of various mental and behavioral health issues. The assessment reviewed subjects, including the use of depression, anxiety, and substance abuse screenings, staff education on behavioral health issues, collaboration with community providers and resources, telehealth for this population, and the collection of relevant clinical measures. Hospitals used items in this focus area to determine strengths and needs.

Collaborative strategic planning session workshops were scheduled and facilitated by subject matter experts and allowed the hospital teams and the statewide community service board stakeholders to develop hospital-specific needs identification and action steps.

### **Lessons learned during this project include:**

The RHI Care Coordination Canvas Guide, Canvas Tool, and worksheet were valuable resources and tools in determining the hospitals' plans of action. In a short timeframe, the hospitals identified their behavioral health priority

need and the resources required to begin focusing on their vision "to make mental and behavioral health treatment accessible to everyone."