Georgia Outpatient Quality Improvement Program ~ from challenges... to success!!

Presentation to: The National Conference of State FLEX Programs
Presented by: Patsy Whaley

Date: July 12, 2011
In proactively preparing for the CMS outpatient prospective payment system (OPPS) measures, in 2008, Georgia committed funding for the development of online tools and resources for the development and implementation of outpatient performance measures. The proactive development of the program ensured CAH’s would have the tools available to them to assist in data analysis as well as provide valuable feedback when CMS included CAH OPPS data in their QI program.
IMPLEMENTATION

Challenge: Lack of Funding
Solution: Carryover funds of $44,009

The Georgia Hospital Association served as the vendor to:

Provide a structured Outpatient (OP) Quality Reporting Program for Georgia’s 34 critical access and eligible small rural hospitals that provides a pathway to OP performance data for patient quality & safety improvement activities that will produce increased data submission to *Hospital Compare*
• Technical infrastructure developed and testing performed
• Program introduced to hospitals
• Education and training conducted via in-person and distance learning techniques
• Incorporated into the ongoing Flex QI Program
SO FAR

- 34 Critical Access Hospitals
- 8 Small rural hospitals provided education and training
- 17 hospitals have historically submitted data
  – 10 to the GHA website and 7 to Hospital Compare
Top 3 Principal Challenges:

1. Resistance to change
2. Lack of participation
3. QI Staff Turnover
MORE CHALLENGES

• Failed to recognize importance - no reason to do the outpatient program
• Lack of CEO support of the QI program
• Not enough time to devote to an effective program
• Medical staff engagement in the QI process
• CEO turnover in CAH’s (56% since 2008)
• Inconsistent data submission
INTERVENTION

- Orientation, Orientation, Orientation
- Education, Education, Education
- Training, Training, Training
- Take a deep breath, find your boot straps and provide more orientation, education and training
- Identify hospitals with the greatest opportunity for improvement
- Site visits made to medical staffs, executive leadership, boards of directors and QI Staff
• Development of Honor Roll for OP Measures
• Display Honor Roll list at all GHA functions
• Identify Honor Roll recipients by placing colored icons on ID badges at all GHA functions
• Create press releases from GHA to local community newspapers
• QI as a standing agenda item at GHA Board of Trustees and Center for Rural Health meetings
• Increasing CEO engagement
• Aggressive reorientation plan for new QI staff
• Increasing interest in OP Measures
• Recognition that a small hospital has more rural relevant OP QI data
FUTURE PLANS

- SORH CAH CEO Quarterly Webinar
- Expansion to additional small rural hospitals
- GHA & SORH CEO Rural Roundtable on QI
- Targeted attack on the “non-engaged hospitals”
Patsy Whaley, Director
Hospital Services
Georgia State Office of Rural Health
502 S. Seventh Street
Cordele, GA  31015
229-401-3092
pwhaley@dch.ga.gov

Lorna Martin, R.N.
Patient Safety & QI Specialist
Georgia Hospital Association
1675 Terrell Mill Road
Marietta, GA  30067
770-249-4546
lmartin@gha.org

Who Do I call if I have Questions?