Healthy Competition Boosts Critical Access Hospital Quality Improvement Scores in Georgia

The Georgia Department of Community Health, State Office of Rural Health is proud of the accomplishments of Georgia’s Flex Quality Improvement Program. Since the inception of the Flex Grant, Georgia has supported a state-wide Critical Access Hospital (CAH) quality improvement (QI) program; Georgia’s CAH QI Program places significant emphasis on advancing patient outcomes that has resulted in major advancements in Georgia CAHs. In 2005 the Core Measure Composite Scores for Georgia’s 34 CAHs was 67 percent; under the leadership of the Georgia Flex QI Program, Georgia’s CAHs increased the Composite Score to 90 percent in 2010 (Closing the Gap). Data also confirms that CAHs in Georgia are gaining and in some areas exceeding the national QI scores (GA CAHs Gaining on National CAHs).

The Georgia Flex Quality Improvement Program is accomplished in conjunction with the Georgia Hospital Association’s (GHA) quality and safety program Partnership for Health and Accountability (PHA) and their Center for Rural Health. The GHA Quality and Safety Improvement Program began in 2000; however, it was not until 2005 that a QI emphasis was placed upon CAHs through the Flex Grant Program; in prior years the Georgia program focused on CAH accreditation readiness. At the time, there was a significant disparity between the patient care outcomes in critical access and other Georgia hospitals (What Keeps Me Up at Night). Our uniform data collection and analysis tools revealed that Georgia’s CAHs were far from our Flex goal of meeting or exceeding the performance of other hospitals in Georgia. Because there were few external incentives or requirements it has been difficult to acquire the same level of participation/performance as achieved by non-CAHs. With CAH staffs assigned a myriad of responsibilities assuming one more job was considered more of a burden without an obvious payoff. Turnover in QI staffs was also a tremendous barrier to sustained progression in the program. Because of these challenges, the program had to imagine other innovations to obtain true engagement.

The GHA learned the value of positive public recognition through the early years of the PHA. When hospital CEOs noticed other hospitals receiving media attention for being quality award recipients, they would inform their staffs that they expected to be award winners the next year. At one of the early Flex CAH meetings public recognition was used to stir CEO engagement by identifying those hospitals that were performing well by placing special colored icons on their name badges. As CEOs saw and inquired the difference in the badges with and without the icons, the same phenomenon occurred.

When it was recognized that CEO engagement was increasing from the competition the icons generated, they were extended to all name badges used at any GHA function. Palpable yet positive competition became evident among all participants; whether at a CEO gathering or a materials manager meeting, the many participants were anxious to see if they too had attained that special performance recognition. It was an excellent way to promote awareness of the QI program in all CAHs. Hospital Trustees also quickly became sensitive to the presence or absence of the icons. While many CAH CEOs were regularly sharing quarterly quality reports with their boards; in hospitals where this was not occurring, the inquiries from trustees resulted in increasing the number CEOs reporting QI outcomes. This innovative technique of friendly competition was a key prompt in building a culture of continuous quality and safety improvement throughout the CAH community.

From the success of the icons, grew the QI honor roll that recognized hospitals who meet certain thresholds for the core measures. Initially, the honor roll was displayed only at GHA
meetings, but at the request of a small rural hospital, the GHA Board endorsed publication of the results. During a recent telephone survey of CAH CEOs, many of them said for the first time “quality is the thing of the future; I cannot let my competition beat me on the honor roll”. Hospital boards are also asking “why isn’t our hospital on the honor roll”? Because of this, many hospitals have dramatically increased their efforts in an attempt to reach the honor roll threshold for core measures (Top Ten Honor Roll - CAHs). This healthy competition has assisted in producing improved quality outcomes for patients in Georgia’s CAHs.

In addition to the mature inpatient QI program that is having an obvious impact on improving quality of care for CAH inpatients, in 2008 Georgia developed an outpatient quality improvement program that took into account CAHs predominant outpatient services. In proactively preparing for the CMS outpatient prospective payment system (OPPS) measures Georgia committed Flex funding to the development of online tools and resources to assist hospitals with the implementation of these measures. The development of the program ensured CAHs would have the tools available to them to assist in data analysis as well as provide valuable feedback when the Centers for Medicare and Medicaid Services (CMS) included CAH OPPS data in their QI program (Link to PHA Resources). Although CAHs are not required to report these measures for annual payment updates CMS is encouraging hospitals to submit data to the Hospital Compare website, this project allows them to do so. To date, 100 percent of CAHs in Georgia have been trained on the outpatient QI program with 14 actively participating and submitting data.

The Flex Grant Program has been the driving force in securing a culture of improved patient care and safety in Georgia CAHs that has resulted in significantly improved quality of care outcomes for Georgia’s two million rural health care consumers. As we move forward, the Georgia State Office of Rural Health, GHA, and its partners’ commitment to improving quality of care outcomes for all Georgians will continue through innovative programs and approaches that provide CAHs with the tools necessary to sustain an effective and ever evolving QI program.