

Kansas Flex Program

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

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Program Area 1: CAH Quality Improvement:

In FY19, the Kansas Flex Program continued work started the previous year on assisting their hospitals with swing bed quality improvement. In FY18, they convened a focus group of swing bed coordinators and asked them, "How do we demonstrate quality in swing beds?" They had some robust discussions and settled ultimately on three main focus areas: patient experience, quality of care measures, and financial/operation value.

The Kansas Flex Program looked at several options for collecting patient experience data and selected a process offered by SurveySolutions, an affiliate of the Illinois Critical Access Hospital Network (ICAHN). In September of 2019, a pilot group of 11 hospitals started asking each swing bed patient to complete a short survey at dismissal. Each month, the Kansas Flex Program's pilot group had a huddle call to share experiences and comparative data among our hospitals. All participating hospitals found the surveys to be helpful to their programs. Each pilot hospital looked at the costs for annual participation and felt that it would be worth the investment to continue. As they stepped back and looked at the environment, Kansas did not think that they would be successful in kicking off a new effort in the middle of a pandemic, so they decided to continue the pilot group and look at a statewide rollout after the first of the year. The Kansas Flex Program started a separate pilot test of the quality of care measures in September 2020.

Lessons learned during this project include:

The monthly calls helped keep everyone motivated to continue work on the project. They also were a great way to share best practices and troubleshoot problems that arose. For example, they underestimated the issues some elderly patients would have using technology (i.e., a tablet). Technology also helped in being able to provide nearly “real-time” feedback to staff. It made it easy to test improvement activities and see if they worked. It is a relatively low-cost, low-effort project for Flex coordinators. The insight gained by participating hospitals resulted in immediate improvements to their programs and improved patient care.

Program Area 2: Operational and Financial Improvement

In FY19, the Kansas Flex Program engaged Ralph Llewellyn of Eide Bailly to use data directly from Kansas CAHs for the year 2018. They compiled previous data to provide for comparisons between providers and for identification of trends. Reports were provided to each hospital. The updated financial indicator information was used to develop a two-part webinar series on the top economic indicators. These sessions provided background on the financial indicators, statewide comparisons and trends, and strategies for improving performance against the indicators.

Based on the identified trends and opportunities identified in the initial analysis of the financial indicators, a one-day, live educational session on strategies for improving performance against the economic indicators was developed and delivered.

Lessons learned during this project include:

The sharing of best practice information was helpful and provided some new networking opportunities. Many of the strategies are directly tied to the Lean project they do annually around financial efficiencies. It is a relatively low-cost, low-effort project for Flex coordinators. The insight gained by participating hospitals resulted in networking and sharing of best practices and hopefully implementing some new ideas.

Program Area 3: CAH Population Health Improvement

In FY19, the Kansas Flex Program contracted with Wichita State University Community Engagement Institute to convene conversations with the community and statewide partners to address transportation needs in communities across the state. This activity engaged CAHs to identify challenges, barriers, current strategies, and future needs related to transportation issues faced by community members and patients. This activity builds on population health key informant interviews with CAH leaders during 2018 and subsequent issue briefs developed by the Kansas Hospital Association and the Kansas Health Institute. In addition, two separate thought exchanges were held, one addressing challenges to transportation and the other addressing possible or current solutions. The thought exchange data was intended, in part, to inform more detailed questions that could be asked of a focus group of stakeholders with experience in the transportation issues experienced by communities served by CAHs. For example, the ideas shared in response to the question about challenges for CAHs concerning transportation fell into one of five themes: distance barriers, elder care, limited services available, financial/resource challenges, and use of emergency medical services (EMS).

The word "cost" appeared most often in the thoughts submitted, both in those thoughts that were highly rated and in most of the thoughts presented regardless of rating. This information will guide the Kansas office, with region and topic-specific, for future efforts to assist communities with transportation issues.

Lessons learned during this project include:

The thoughts shared with the Kansas Flex Program following the thought exchanges and focus group give them a firm idea on areas to focus training and resources in the future. They would recommend using thought exchange to get diverse data from hospitals and using an outside partner to facilitate. The activity did not require an abundance of time from their office or the hospitals but provided relatable and usable data.

Program Area 4: Rural Emergency Medical Services (EMS) Improvement

With assistance from the Kansas EMS Association (KEMSA), their office provided rural EMS medical and service directors to strengthen local quality improvement competencies and increase capacity to collect and use data for decision-making and performance improvement. A webinar was hosted by KEMSA for Kansas medical directors and service directors regarding COVID-19 and had 97 attendees. The webinar included changes to possible protocols and procedures, personal protective equipment (PPE) conservation strategies, dispatching changes, nursing home issues and communications, working with health departments and hospitals, and other items of importance.

Lessons learned during this project include:

The collaboration the Kansas Flex Program had already created with KEMSA allowed them to present a webinar on a timely subject. The open communication between organizations allowed for pivoting topics while keeping those plans for the future. They recommend all states reach out to their EMS organizations for a more profound and more vital buy-in from local EMS to attend and participate. It is a relatively low-cost, low-effort project for Flex coordinators. The insight gained by participating in EMS resulted in networking and sharing of best practices and hopefully implementing some new ideas.