

Nebraska Flex Program

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

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Program Area 1: CAH Quality Improvement

The Nebraska Flex Program has continually maintained a strong quality improvement response among our critical access hospitals. This has been acknowledged each year at the Reverse Site Visit by being recognized as a top 10 state for quality reporting and improvement. The Nebraska Flex Program continues to encourage and support critical access hospitals (CAHs) in the state with their quality improvement activities by providing educational opportunities in best practices. One of their success stories has been the Nebraska Flex Program's Capture Falls Program.

Through a sub-award with the Nebraska Flex Program, the Capture Falls Program was developed by the University of Nebraska Medical Center as a comprehensive program to reduce falls in the critical access hospital setting. Training is provided to CAH staff on developing a team approach to fall prevention through Fall Huddles. A website was developed and is maintained for online reporting of falls, including injurious and non-injurious falls. Tools have been developed and provided to all participating CAHs for education on prevention measures and for reporting. Ongoing support is also provided with quarterly Capture Falls Zoom calls. During these Zoom calls, participants learn about best practices and updated tools. They are also able to share their experiences and have their questions/concerns addressed by Capture Falls staff. Participating CAHs are able to track their progress on the Capture Falls Website, allowing them to have real-time feedback on their prevention efforts.

Capture Falls is a team-based approach to fall reduction. The Capture Falls Team is currently revamping the website and toolkit for ease of use by participants. The team is also looking at how this approach to fall reduction could be utilized in other settings, such as clinics and long-term care facilities.

Lessons learned during this project include:

Having a team approach to fall prevention has proven successful in Nebraska. The responsibility for fall prevention is a shared responsibility. Education and training are provided to all members of the team with ongoing support by the Capture Falls staff. Having a dedicated website provides real-time measures so that hospitals can track their progress.

The Capture Falls Program is recommended for other states interested in reducing their fall rates. It is a user-friendly, comprehensive program with a team approach that is popular with hospital staff. It can be implemented at any hospital, both small and larger.

Program Area 2: CAH Operational and Financial Improvement

In 2011, the Nebraska Flex Program began a partnership with Bill Luke to provide in-depth operational and financial assessments to low-margin CAHs in the state. Mr. Luke has a strong background in critical access hospital leadership in the state. He has served as interim CEO at numerous critical access hospitals during transitional periods. He is well known and respected by CAH leadership, which is imperative for honest and accurate assessments.

As part of these assessments, Mr. Luke reviews key documents (i.e., the budget and the strategic plan), conducts onsite interviews with the CEO, senior staff, members of the board, the medical staff, and community leaders. An extensive written report is prepared that identifies the strengths and weaknesses of the CAH and recommends strategies for change/improvement. Mr. Luke reviews the report with CAH leadership, including the board. He utilizes these recommendations to assist the CAH in setting financial and operational target goals.

Lessons learned during this project include:

Since the beginning of this partnership with Bill Luke, 29 critical access hospitals in Nebraska have participated in the financial and operational assessments. These CAHs have utilized the recommendations provided to explore opportunities for growth, such as providing new services in their facilities.

Providing in-depth financial and operational feedback to CAHs is important, especially with low-margin hospitals. In addition to having vast experience in the field, the provider must be someone who is well-known and trusted in the critical access hospital community. Participation requires the hospital to be open to honest feedback, which is not always positive. The provider must be able to provide this feedback in a way that is non-threatening, practical, and useful. This activity is recommended. However, it is very important to find the right provider for it to be successful.

Program Area 3: CAH Population Health Improvement

The population health improvement activities planned for statewide implementation included a series of workshops hosted by Stroudwater. Nebraska hopes to conduct them during the 2020-2021 grant year.

Several population health activities were conducted on a regional level by the Flex Networks. Below is information on an initiative headed up by the Heartland Health Alliance, one of the five Flex networks in Nebraska.

Ten facilities are participating in the Heartland Health Alliance Opioid Collaborative, which started in June 2020. The goal is to ensure a solid foundation is in place to support the facility's opioid stewardship programs. Teams from each participating facility are working on developing foundations for their Opioid Stewardship Programs. They are forming leadership support, putting together multidisciplinary teams, and developing and communicating their vision.

Lessons learned during this project include:

The impact of this project is difficult to measure at this point. Process statistics show that ten facilities are participating in the program. A knowledge self-assessment was completed by 150 clinicians. Continuing medical education credits were provided to 25 clinicians through educational sessions on safe opioid practices, risk mitigation, and community education.

Again, it is still too early to know for sure what the lessons learned, and best practices will be. To date, the formation of multidisciplinary facility teams has proven to be an effective way to approach this issue. This team approach has resulted in "buy-in" from all areas of the hospitals. Enthusiasm is high to continue collaborative learning.