

# Nevada Flex Program

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

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### **Program Area 1: Critical Access Hospital (CAH) Quality Improvement**

The Nevada Flex Program is supporting the participation of Nevada critical access hospitals' (CAHs) infection preventionists in the quarterly Infection Control Work Group (ICWG) meetings. ICWG meetings are in person and are led by a contracted infection prevention expert. The meeting activities include technical assistance, education, training, troubleshooting, and sharing best practices between Nevada CAHs' Infection Preventionists. Once a year, the ICWG meets with the Risk Manager Work Group (RMWG) and the Quality Improvement (QI) Network so the infection preventionists, risk managers, and quality directors can work together on common issues.

To improve the appropriate use of antibiotics and to extend specialty care to patients with chronic, costly, and complex medical illnesses, the Nevada Flex Program facilitates Nevada CAHs' medical staff participation in Project ECHO (Expansion for Community Healthcare Outcomes) Nevada clinics. Project ECHO Nevada provides numerous clinics on various topics where university-based faculty specialists connect with primary care providers in rural and under-served areas of Nevada via videoconference meetings. Monthly antibiotic stewardship and infectious disease clinics have been a great resource for rural Nevada hospitals. Project ECHO Nevada has been responsive to the rural hospital needs for COVID-19 pandemic education and training. Since March 2020, Project ECHO Nevada has been providing necessary weekly COVID-19 clinics.

The Nevada Flex Program is also supporting CAHs' onsite (virtually during the pandemic) expert assistance in the areas of compliance readiness, quality assurance and performance improvement (QAPI), and risk reduction and assessment to improve patient safety. The onsite visit participants include the CAH's infection preventionist, risk manager, quality director, and administrator. The contracted quality improvement/risk management (QIRM) expert provides each CAH with an individualized assessment report. Based on the results of the individualized assessment, facilities were provided with assistance on a range of topics that each hospital indicates as applicable, which may include topics such as root cause analysis, care coordination, and population health initiatives.

The three activities bring together multiple disciplines that jointly work within a CAH. The ICWG, Project ECHO Nevada, and expert onsite visits work together to improve reporting of and performance on core Patient Safety/Inpatient measures.

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

To make the ICWG meetings valuable to CAHs' Infection Preventionists, there is much work put into the organization of the meetings. Education and training materials must be up to date and relevant, and the contracted infection control expert must have a well-prepared agenda. It is also important to create a safe and friendly environment where participants feel comfortable sharing their successes and failures. A big part of the ICWG is allowing members to network with their peers and learn from one another.

Having a resource like Project ECHO Nevada benefits the state's rural hospitals. Project ECHO Nevada is able to rapidly adjust to local health education and training needs. At the very beginning of the COVID-19 pandemic, to support rural medical providers, the project organized and provided COVID-19 clinics on a weekly basis. Many states have their own Project ECHO program, and a collaborative relationship is highly recommended.

QIRM expert onsite visits are a new activity, and the Nevada Flex Program is still learning about the outcomes; however, it is clear that this program requires an agenda that includes topics common to all CAHs, as well as topics specific to individual CAHs as each facility's needs become known. Ensuring consistency while also maintaining an ability to react to identifiable concerns on an individual level allows for a more reliable program. It has also been found that an issue at one CAH likely exists at another, and for this reason, findings from the onsite visits are often used to train and educate the entire group.

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

The Nevada Flex Program has worked diligently to provide education and training opportunities for Nevada's CAHs on the Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Funds, the Paycheck Protection Program, the Families First Coronavirus Response Act, the Coronavirus Relief Funds, Medicare Accelerated and Advanced Payments, billing and coding guidance, the COVID-19 emergency waivers, and emergency declarations, and more. Not only have all thirteen CAHs in Nevada taken advantage of these training and education opportunities, but the collaboration to share and implement best practices has been a major success of the program during the pandemic. This manifested itself into monthly meetings and near-daily calls with CAH chief financial officers (CFOs) and other Flex Performance Improvement Network members; all focused on financial improvement during the pandemic. During which, member hospitals have been provided with tools to track their provider relief funds, ideas and best practices for utilization of the funds, guidance on compliance with the terms and conditions of the funding, and education on reporting requirements and portals.

With incredibly strained supply channels, the demand for personal protective equipment (PPE) outpaced the available supply, as did that of ventilators, respirators, and cleaning and disinfectant products. The Nevada Flex Program

worked strategically to vet available products and to consolidate orders between CAHs to meet manufacturer minimum order quantities. Likewise, the necessary lab equipment and related supplies needed for COVID-19 testing were in short supply, and as new products became available, it was difficult for CAHs to ascertain the equipment that fit the needs of the hospitals. Accordingly, the Nevada Flex Program created a cross-departmental product review committee comprised of vested stakeholders to meet this challenge.

**Lessons learned during this project include:**

A lesson that the Nevada Flex Program were fortunate to learn early on is that so many of these directives and relief dollars were placed into effect with little to no warnings to hospitals and then subsequently changed or amended many times thereafter.

As a result of these activities, they view this process as a best practice to combat the many fraudulent schemes and offers for supplies and equipment that have plagued hospitals throughout this pandemic.

**Program Area 3: Nevada Critical Access Hospitals Population Health Improvement**

The Nevada Office of Rural Health (NORH) is improving public health capacity and preparedness in rural areas by supporting local health officers in rural counties, working with county commissions to convene boards of health, assessing the feasibility of developing rural health departments and districts, and exploring cross-jurisdictional sharing in public health among rural and frontier communities.

NORH and Urban Health Departments facilitated four quarterly meetings with the Nevada Association of Local Health Officers. The purpose of these meetings was to work with each county to determine rural public health resources that could be used in the expansion and development of rural public health. At this time, the primary focus has been on the COVID-19 response and expanding the ability of rural counties to address public health threats.

Prior to March 2020, only a few rural and frontier counties in Nevada had a functioning rural health board. NORH presented the benefits of local boards of health in Nye, Douglas, Lyon, and Humboldt counties. Currently, NORH is assisting Elko, Lander, White Pine, and Churchill Counties to establish and support rural local health officers and boards of health.

**Lessons learned during this project include:**

The COVID-19 pandemic brought to the surface the shortcomings of not having well-coordinated rural health boards. Some small counties don't have the infrastructure to establish boards of health; these counties work with larger counties to become integrated into their board of health.

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

During FY 2019, the Nevada Flex Program conducted a statewide rural EMS needs assessment to determine: the specific needs of rural EMS personnel and agency concerns in the areas of EMS education, billing/reimbursement, recruitment, and retention. The survey was administered in two phases. The first phase, the Rural EMS Personnel Survey, focused on recruitment and retention. The survey was administered during the Annual Nevada Rural EMS Conference in September 2019 in Elko, Nevada. The survey received 82 responses, and it consisted of 20 questions. The second phase, the Rural EMS Agency Survey, was administered online in February 2020. This more extensive survey had 55 questions and was completed by 25 of 34 (74% response rate) rural Nevada EMS agencies.

Preliminary results of the Rural EMS Personnel Survey showed a need in support of acquiring continuing education credits locally, so the Nevada EMS State Office agreed to approve continuing education credits for EMS personnel attending the Rural Trauma Team Development Course (RTTDC). The Nevada Flex Program supports RTTDC course delivery in CAHs. The goal of this course is to improve patient outcomes by facilitating interactive learning between rural hospital trauma teams, local EMS agencies, and local law enforcement about effective communication and appropriate patient care.

Most rural EMS personnel in Nevada are volunteers and hold other full-time jobs. It isn't easy to maintain the requirements for continuing education credits, as many are offered in urban areas, which are a great distance from home and require taking time off work. The ability to earn continuing education credits through this RTTDC course is significant in retaining EMS personnel. The course is provided in CAHs, and it is free of charge to participants. It saves EMS personnel the time and expense of traveling to an urban area to receive continuing education credits. During the current grant year, the course was provided in three CAHs in Nevada. Two more courses were scheduled for spring of 2020 but were canceled due to the COVID-19 pandemic.

The Statewide Rural EMS Needs Assessment Report with information from the EMS personnel and agency surveys will be produced in February 2021. The report will be distributed to the Nevada EMS State Office, local rural EMS agencies, and other stakeholders to help guide future policy-making.

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

Due to limited staff, Nevada has not performed a statewide EMS needs assessment in many years. Lack of reliable information makes it difficult to plan sustainability and improvement projects. The first attempt of the EMS needs assessment provided valuable information that already leads to an impactful change. The secondary benefit of the needs assessment was a comprehensive list of rural EMS agencies and contact information. For the future rural EMS needs assessments, the Nevada Flex Program team should work on having a better response rate to show a more accurate picture of the rural EMS situation in Nevada.