

## RURAL HOSPITAL PERFORMANCE IMPROVEMENT (RHPI) PROJECT

### Recommendation Adoption Progress (RAP) Report

#### Project Outcomes Summaries from 12 Hospitals

Bunkie General Hospital, Bunkie, LA  
Community Medical Center of Izard, Calico Rock, AR  
Jackson Medical Center, Jackson, AL  
LaSalle General Hospital, Jena, LA  
Magee General Hospital, Magee, MS  
Massac Memorial Hospital, Metropolis, IL  
Medical Center Barbour, Eufaula, AL  
Muhlenberg Community Hospital in Greenville, KY  
North Sunflower Medical Center, Ruleville, MS  
Ochsner-St. Anne General Hospital, Raceland, LA  
Sparta Community Hospital District, Sparta, IL  
Texas County Memorial Hospital, Houston, MO  
Washington County Memorial, Potosi, MO

**The Rural Hospital Performance Improvement (RHPI) Project** is a federally-funded initiative that supports performance and quality improvement projects in eligible rural hospitals in the Mississippi Delta. The RHPI Project is required to report outcomes for both hospital projects and training efforts to the Office of Rural Health Policy (HRSA/ DHHS). In Fiscal Year 2010 the RHPI project adopted a new process and report, called the **Recommendation Adoption Progress (RAP)** report. The **purpose of the RAP** is to gather information on the adoption of consultant recommendations, and ultimately project outcomes, by interviewing CEOs approximately one year after completion of an RHPI-sponsored onsite consultation. The **goal of RAP** is to demonstrate a hospital's progress over time by showing the extent to which a facility has implemented consultant recommendations.

The **RAP Score ranges from 1 to 5**. A score of one (1) represents none or few recommendations were adopted by the hospital. A score of 5 demonstrates that most to all recommendations were adopted by the hospital. The concept is that the higher the score, then the greater number of recommendations were implemented by the hospital to sustain the project, which should improve performance.

It is important to note that variability in RAP scores can be influenced by many variables. **The process has also shown that most hospitals require at least 2 years to fully implement recommendations.** There are many variables that may impact performance, but by clearly defining project objectives (and indicators to quantify progress), participating hospitals are well-positioned to explain those variables that could enhance/impede their adoption of recommendations, and thus, performance.

**The RAP Score:** 1 = none or few recommendations were adopted by the hospital.  
5 = most to all recommendations were adopted by the hospital.

Hospital	FY	PIA	RAP Score	Administrator Feedback
				Project Outcomes & Impact
Bunkie General Hospital  Bunkie, LA	08	Clinical Quality Improvement Project	5.0	<p><b>&lt;We&gt; developed Quality Calendars for 22 departments that incorporate all regulatory standards.</b></p> <p><b>Action Steps of Intervention</b></p> <ol style="list-style-type: none"> <li>1. Provided extensive Department Manager Education and Board Education and Medical staff education.</li> <li>2. New QI coordinator appointed with extensive training by consultant.</li> <li>3. Removed functional silo approach and quality to an integrated approach across the ten (10) aspects of quality (IC, UR, Risk Mgmt., Safety, Corp Comp., Peer Review, Professional competency, QA, QI, and PI).</li> <li>4. Restructured department meetings. One (1) meeting per month that incorporates quality, general, and safety/IC, and compliance, which is now a SUPER MEETING.</li> <li>5. Included Redesign Team in board meetings. <b>Board more bought in b/c they saw the information brought to them by the redesign team.</b></li> </ol> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• <b>“We Incorporated employee and patient satisfaction into QI activities.”</b></li> <li>• Because of savings &lt;from the quality improvement project&gt;, the hospital bought EKG machine, new beds, new televisions, and mowing machine. <b>“We spread &lt;the savings&gt; around...as “we saw the savings and bought things on their wish list”.</b></li> <li>• Satisfaction for patient and customers improved</li> <li>• Supply Redesign outcomes: <ul style="list-style-type: none"> <li>➢ <b>ER supply savings \$2,500 per month</b></li> <li>➢ <b>Nursing supply \$2,500 per month</b></li> <li>➢ <b>Projected annual total hospital wide \$160,000</b></li> </ul> </li> <li>• Admit Redesign Team project <b>annual saving of approximately \$69,641</b></li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• Improved community image</li> <li>• Received national recognition (IT project of the year, presenting at national level)</li> </ul>
Bunkie General Hospital  Bunkie, LA	10	Mid-level Management and Leadership Development through a Strategic Plan	5.0	<p><b>&lt;We&gt; redesigned the Strategic plan into performance improvement plan hospital wide, which was drilled down to departments.</b></p> <p><b>Action Steps of Intervention</b></p> <ul style="list-style-type: none"> <li>• Narrowed focus to three (3) Critical Outcomes with department goal in all 3 categories: <ol style="list-style-type: none"> <li>a. Clarify The Hospital Vision And Behavioral Expectations</li> </ol> </li> </ul>

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		Redesign		<ul style="list-style-type: none"> <li>b. Evaluate Achievement And Guide Improvements</li> <li>a. Recruit And Retain “Good” And “Star” Employees</li> <li>• Conducted Annual Performance Appraisals by 12/19/09 that constructively confronted employees on past performance, hold accountable for jobs and expectations, measured competency, educate on mission/vision and goals for 2010 (baseline assessment and built awareness of change)</li> <li>• Leadership focused on clinical outcomes, patient satisfaction, and financial soundness in every department.</li> <li>• developed hospital wide policy</li> <li>• Provided education to staff</li> <li>• The goal was 100% employee attendance. The actual achieved 95% employees attended</li> <li>• Provided extensive leadership training on all three sessions to 19 department managers.</li> <li>• Provided education session to Board of Commissioner in Feb 2010</li> <li>• <b>Staff evaluations were restructured for increased accountability.</b></li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• 96% of employees received evaluation on time compare to 76% in prior year.</li> <li>• Employee satisfaction survey conducted 3<sup>rd</sup> quarter of FY09 revealed that 53% of employee believed that the hospital supports a blame free error reporting system.</li> <li>• Managers utilized revised performance evaluation tools to               <ul style="list-style-type: none"> <li>a. Clarify the hospital vision and behavioral expectations</li> <li>b. Evaluate achievement and guide improvements</li> <li>c. Recruit and retain “good” and “star” employees</li> </ul> </li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• <b>“Leadership &lt;management&gt; understands strategic planning and more proactive rather reactive...their ideas to improve surpassed our imagination”</b></li> <li>• Allowed them to go from paper to paperless in 32 departments more easily</li> </ul>
Community Medical Center of Izard  Calico Rock, AR	08	Financial assessment & charge master review	4.0	<p>&lt;We have&gt; <b>“taken a furious stance with revenue cycle and have data to show progress”.</b></p> <p><b>Action Steps of Intervention</b></p> <ol style="list-style-type: none"> <li>1. Had a change in administration and hired staff well skilled in this area.</li> <li>2. Provide education to leadership, managers and department staff</li> </ol> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Regarding cost report, there is a better understanding, and &lt;we are&gt; making sure the information is communicated from administration to department leadership. <b>“In past, department leaders weren’t involved with budget, but now they are involved with the department level budget, charge ratio, and they have received extensive education of a variety of business issues such as volumes.”</b></li> </ul>

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				<ul style="list-style-type: none"> <li>• Leaders have more “business intelligence.” <b>Business information was “trapped at the top” but now everyone is well informed.</b></li> <li>• Their actions have outcomes. They are still working on internal processes and continuing to educate on business intelligence.</li> <li>• <b>CEO did not feel the need for onsite TA from consultant after this project because “it was so well documented and laid out.”</b> The hospital did follow up with consultant informally about 5 times as needed. They might have benefited from some educational resources to help leadership in business concepts.</li> <li>• <b>In 2008, days in accounts receivable was 200 and it’s now down to 71.</b> Their goal is low 50’s.</li> <li>• &lt;Improved&gt; timeliness in coding and claims are getting filed more quickly.</li> </ul> <p><b>Impact:</b>  <b>“Gains in financial performance...demonstrated progress in last 2 years”</b></p>
<p>Jackson Medical Center</p> <p>Jackson, AL</p>	10	Strategic Planning and Benchmarking Project	3.0	<p><b>“Consultant challenged to think outside the box and look at new ways of bringing in new revenue...”</b></p> <p><b>Action Steps of Intervention</b></p> <ol style="list-style-type: none"> <li>1. “Used recommendations &lt;to target&gt; employee satisfaction. Saw improvement in every area.”</li> <li>2. Focused on all areas of the hospital to include environmental services.</li> <li>3. Completed a culture assessment and employee loyalty survey.</li> <li>4. Kept in touch with Consultant for informal feedback and finalize strategy map.</li> </ol> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• &lt;We&gt; saw improvement in every area.</li> <li>• <b>Increased revenue by 11%</b></li> <li>• <b>“HCAHPS reached goal of 7 out of 10 to be in 90<sup>th</sup> percentile”</b></li> <li>• <b>CMS measures were in top 10 percentile in 18 out of 21 and currently in top 10 percentile for 20 out of 22 measures.</b></li> <li>• <b>Reduced turnover to 2.6%, which was below the target of 10%</b> in last fiscal year and completed culture and employee loyalty survey</li> <li>• Partnered to open wound care clinic.</li> <li>• Increased radiology numbers by working with local orthopedic MD. &lt;We&gt; decided not to be aggressive in competition with nearby competitor by placing their own MD in that area...felt it too risky politically.</li> </ul> <p><b>Impact:</b></p> <ol style="list-style-type: none"> <li>1. Increased in radiology services and created other new services</li> <li>2. Decreased in staff turnover</li> <li>3. Improved HCAHPS scores</li> <li>4. Engaged management team and got physicians more on board to participate</li> <li>5. Increased employee morale and engaged them in better patient care</li> </ol>

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LaSalle General Hospital Jena, LA	10	Development of a Case Management Program and, Emergency Department and Swing Bed Assessment and Process Improvement Project	5.0	<p><b>“Concerning the results of the case management program, &lt;we had&gt; a “big volume MD with LOS over 9 days that was allowed to do whatever he wanted because of his high volume. He left because the “hospital was costing him money”. All this &lt;was due to the&gt; development of the case management program...seems negative &lt;but was positive in long run&gt;. This physician’s drug utilization was higher and the patients &lt;medical necessity&gt; were questionable. &lt;We&gt; decided that we would be better off in the end without him. Long-term result is more efficiency and lower cost. &lt;For example, we have saved&gt; \$20,000 drug expense per month because of the differences in way the physicians practice &lt;now because of case management program&gt;.”</b></p> <p><b>Action Steps of Intervention</b></p> <ol style="list-style-type: none"> <li>1. Started &lt;case management and swing bed&gt; program “from scratch” &lt;because of project&gt;</li> <li>2. &lt;We are&gt; beefing up therapy staff to handle patients who come back from out of town.</li> </ol> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• <b>LOS from 7.1 to 4.1 YTD and most recent month is 3.7.</b></li> <li>• <b>Offering therapy services to the nursing home has kept \$500,000 within the organization.</b></li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• &lt;Case management&gt; team is in place and meets monthly and has formalized processes.</li> <li>• Increased routine monitoring and reporting.</li> <li>• Improved cooperation with hospital and nursing home admins</li> </ul>
Magee General Hospital Magee, MS	09	Leadership Development and Mid-level Management Training	4.0	<p><b>Managers come to the financial meetings now. Each manager looks at the scorecard for their areas, which improves their ability to budget &lt;and manage&gt;. &lt;They are doing a&gt; much better job of managing their business. &lt;The scoreboard&gt; really looks at the whole picture.</b></p> <p><b>Action Steps of Intervention</b></p> <p><b>“We do the rounding and focus on issues proactively as a group. Issues are talked about with staff at beginning of shift to be proactive.”</b></p> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• <b>Accountability level has been raised &lt;for managers&gt;.</b> People are much more eager to do things and come up with ideas</li> <li>• <b>Managers more proactive and holding staff accountable.</b></li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• MD’s are getting involved and providing feedback, which helps to decrease their frustration</li> <li>• <b>Better physician/hospital relationships and more willingness to refer</b></li> <li>• <b>“Level of accountability in financial world &lt;business office&gt; alone is amazing.”</b> CFO is teaching classes.</li> <li>• <b>“With knowledge have come new ideas.”</b> “A leader came up with doing hearing tests; that has</li> </ul>

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				caught on like wildfire.”
Massac Memorial Hospital Metropolis, IL	10	Revenue cycle process improvement and RAC preparedness project	4.0	<p>One of the things that went really well was surgery. <b>All procedures charged the same but now billed by procedure code...implemented that right away...now can see what procedures are being done.</b> Infusion going better...new charge sheet...audits show we are doing better job documenting...so <b>able to charge for it and get reimbursement.</b>”</p> <p><b>Action Steps of Intervention</b></p> <ol style="list-style-type: none"> <li>1. <b>“Really trying to put charge master in managers’ hands and get them to own it and make sure they know it’s their responsibility to update it.</b> They are doing a better job of getting it &lt;updated&gt; as well as &lt;better prepared for a&gt; RAC audit.”</li> <li>2. Reportedly would have benefited from follow up, onsite TA “to see if we really understood it and implement it appropriately.”</li> <li>3. Concerning any recommendations not implemented, “He (consultant) wanted to change some ER leveling and ER management didn’t agree with it.”</li> </ol> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• <b>More accurate charge capture has led to about a quarter million (\$250,000) last year</b></li> <li>• <b>Decreased denied claims. Capturing charges are now timelier and have fewer errors on billing end. Time saved because of less backend corrections. Audits have indicated improvement.</b></li> <li>• <b>More prepared for RAC audit.</b></li> </ul> <p><b>Impact:</b></p> <p>Managers more proactive about financial issues. Managers more involved in charges than ever before to capture charges and doing it timely. &lt;There is an&gt; increased excitement in hospital about this, which has made leaders want to know about it and &lt;how to&gt; do it better.</p>
Medical Center Barbour Eufaula, AL	10	Strategic Planning and Benchmarking	3.5	<p>“Established pillar statement and action items but there were so many to implement. Able to develop quality and customer service objectives and goals, established teams that meet monthly, lots of activity going on, presentations to the board and medical staff. Updated strategic plan in the retreat, celebrated successes. Each team presented at the retreat on their accomplishments and everyone got to “grade” each team and all got B+ to an A. Used retreat to re-energize and <b>accomplished 80% of their goals...new priorities. Made rapid personnel changes to get the right people in positions. Made this a living document.</b> It will take about 1 – 3 years to complete.”</p> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• <b>Expecting at least \$1 million better this fiscal year</b></li> <li>• Cardiology brought on as <b>new subspecialty which has driven increase</b> in stress test and nuclear medicine. <b>Grew clinic that pushes business</b> to them.</li> </ul>

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				<ul style="list-style-type: none"> <li>• <b>Turnover rates lower than expected</b> and hired new ED director</li> <li>• “Hospitalist program in full swing”</li> <li>• <b>“HCAHPS scores are up but not yet consistent. Huge” change in customer service and have rolled in to new employee orientation.</b></li> </ul> <p><b>Impact of project:</b></p> <ul style="list-style-type: none"> <li>• People are on board together; increased collaboration. Better understanding of each other’s priorities and better teamwork.</li> <li>• Reputation in community has improved. The community has a better understanding about the services that are offered.</li> <li>• Surgery stats are up. Patients are choosing Barbour rather than going elsewhere.</li> <li>• Better communication around the goals &lt;established in the strategic plan&gt;. Staff volunteered for team and people are doing whatever needs to be done.</li> <li>• <b>“This has been a very good opportunity for MCB and we took full advantage of it.”</b></li> </ul>
Muhlenberg Community Hospital in Greenville, KY	10	ED Operational Assessment and Process Improvement Project	3.0	<p>The goal of these assessments is to evaluate current ED functions, identify problem areas and issues impacting ED efficiency, and recommends processes and solutions to resolve these issues. The objective of a Performance Improvement project is to conduct rapid, focused analyses of the organization and its market that results in the identification of concrete opportunities for clinical service line, operational and financial performance improvement. Recommendations are focused to address short- and long-term issues with supporting action plans for implementation of immediate priorities.</p> <p><b>Action Steps of Intervention:</b></p> <ul style="list-style-type: none"> <li>• Concentrating on driving growth and penetrating the market;</li> <li>• <b>Increasing our focus on quality metrics that are required by the Centers for Medicare and Medicaid Services (CMS) which are now being discussed in our weekly meetings;</b></li> <li>• <b>Implementing a small construction project which will lead to better safety around medication preparation; and,</b></li> <li>• We gained momentum with the weekly "Serious About Service" performance improvement team meetings that continue to identify and drive performance improvement. We have been meeting now for over a year and wonder where we would be today if we had organized this group sooner, immediately following the completed assessment and developed action plan.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• A dashboard of measures was developed that gets reported up to board of trustees (including volumes, transfers, throughput times, co-payment collections and the successful completion of follow up phone calls).</li> <li>• The ED volumes have been stable even with the loss of a few physicians and we are currently up to 55-57 patients per day.</li> <li>• <b>The charge capture also increased on average \$200 - \$250 per visit.</b></li> </ul>

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				<ul style="list-style-type: none"> <li>• Use Press Ganey for patient satisfaction surveys and scores have improved greatly. We were literally in the single digits at the beginning of the project and it has gone as high as <b>93.8% in the category of 'willing to recommend'</b>. <b>We have had the greatest improvement in patient satisfaction of the 19 hospitals in the vendor group!</b></li> </ul> <p><b>Impact of Project:</b></p> <ul style="list-style-type: none"> <li>• There have been significant environmental changes that contribute to patient satisfaction and safety including an <b>ongoing plan to maintain cleanliness.</b></li> <li>• We have improved the charge capture in the ED. All of the recommendations have been put in place and now there is a significant change in appropriate revenue for ED patients.</li> <li>• <b>It was recommended that we do call-backs to ED patients. The original target was 65% for contact and we are exceeding that with the highest at 90%.</b></li> <li>• There is a low turnover and a high retention rate of employees.</li> <li>• Clinical quality measures are doing really well.</li> <li>• We spent a lot of time figuring out who our patients are, where they come from and where they are going to (out migration) for ED services. We have really 'upped the ante' and our ED is now the place to come to for the best treatment.</li> <li>• Improved perception and pride in the community of the hospital</li> <li>• <b>Increased collaboration, improved ownership of departments to do what they can do</b></li> <li>• <b>Project brought leadership together to focus on what they can do rather than focusing on the individual departments</b></li> <li>• Increased staff pride in the facility</li> <li>• Ability to do a lot with a little bit of money because everyone did what they could to make improvements</li> <li>• Improved staff satisfaction</li> </ul>

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North Sunflower Medical Center  Ruleville, MS	09	Customer Service Training	5.0	<p><b>“Staff has taken ownership of service and look for opportunities to create service.</b> We have better relationships between and among departments. <b>We learned that happy employees provide better service.</b> We celebrated a lot. For example, made shirts for customer satisfaction, awarding staff for customer satisfaction. The CEO hands that person a \$100, which is an “essential piece of the puzzle”. <b>“We were all shocked at the success...we thought we were good but we were shocked.”</b></p> <p><b>Action Steps of Intervention</b></p> <ol style="list-style-type: none"> <li>1. The hospital performed patient satisfaction surveys before consultant came, and then repeated it at 6 months to evaluation progress.</li> <li>2. Employee satisfaction results are well documented. Each department does their own surveys. They are still in touch with consultant informally.</li> <li>3. Service recovery program – we diagram complaints. Draw timeline of event on whiteboard, another color shows what happened, and another color indicates service recovery options...the whole staff participated.</li> </ol> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• <b>Increased revenue from \$11 to \$40 million and increased clinic visits from 750 to 2600 visit per month</b> because of increased customer satisfaction.</li> <li>• <b>Highest customer satisfaction surveys in the state</b></li> <li>• Each department does staff satisfaction surveys</li> <li>• <b>&lt;Increased market share and service lines&gt;</b> 50% patients bypass 105-bed hospital to come to North Sunflower &lt;because of patient satisfaction&gt;</li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• <b>Increased staff from 150 - 300 employees. This in a county that is one of the three poorest in the state of MS.</b></li> <li>• Opened a wellness clinic</li> <li>• Indirect impact on other rural hospitals who visit to find out “how did you do it?”</li> <li>• More people &lt;doctors and hospitals&gt; want to partner with us.</li> </ul>
Ochsner-St. Anne General Hospital  Raceland, LA	10	Emergency Department Process Improvement	4.0	<p><b>“(The project) raised awareness of staff that we can do better</b> because we received another view (consultant's) that we could do better, specifically, around turnaround time. We are part of a system. Our &lt;turnaround times&gt; are some of the best in the system and so benchmarking against the system was not helping us.” <b>&lt;We are now&gt; able to see which doctors or nurses are slowing down the efficiency of the Emergency Department throughput using real data.</b></p> <p><b>Action Steps of Intervention</b></p> <p>Continue to work on collections issues, setting goals of collectors as of 1/1/12.</p> <p><b>Outcomes:</b></p> <ol style="list-style-type: none"> <li>1. <b>Improved &lt;process&gt; transparency</b> because we are now meeting with staff 1:1 at <b>shift change</b></li> </ol>

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				<p>2. Patient Satisfaction scores &lt;fluctuate&gt; and have a very low rate of returns. Use Press Ganey. Right now at 79 percentile</p> <p>3. Patient wait time (from doctor writing order to admit) went up because of very high census nowhere to put patients. <b>Now it's 29.5 minutes and down from 70 minutes. Door to triage from greater than 5 minutes to 3.9 minutes. Door to doctor down to 16.7 minutes from 33 minutes.</b></p> <p>4. Improved ED documentation completion time to allow for prompt coding and billing – <i>"We did not get as far on this outcome. Started using a system and got some pushback from business office staff who were supposed to teach ED registration clerk and then had turnover in staff. Continue to hammer away at this."</i></p> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>Gave leaders an opportunity to work with outside expert</li> <li>Pushed them to be better than they are</li> </ul>
Sparta Community Hospital District  Sparta, IL	10	Strategic Planning and Balanced Scorecard Development Project	5.0	<p>"Consultant worked with us to gather information &lt;and process&gt; that fits us. <b>This was not a cookie cutter approach.</b> Recommendations were made to fit right for us." &lt;We have a &gt; <b>better identification of the right things to measure, which allows for quicker course correction when things are not going right.</b> There is now a direct link between strategic plan and actual action items"</p> <p><b>Outcomes:</b></p> <ol style="list-style-type: none"> <li>Improved cycle time for procedures.</li> <li>Satisfaction scores have been good. <b>The goal was 95%, but now will probable recommend 95%-100%</b></li> <li><b>Higher volumes:</b> <ol style="list-style-type: none"> <li><b>Caseload has increased from 90's to 169 per month</b> depending on surgeon availability in last 12 months. Average is 140. Over 50 month in orthopedics.</li> <li><b>ER visits increased from 8500 to 10,200 cases.</b></li> </ol> </li> </ol> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>Recently implemented hospitalist program. In past, ED doctors were doing both services and were concerned about patient satisfaction and 60 minute cycle time. As a result, we added hospitalist to the medical staff. We expected to see increased volumes and satisfaction scores.</li> <li>The board is better informed because we have a better alignment of goals from department up to board.</li> <li>We created a culture of constant improvement and now have consistently positive patient satisfaction. The culture is setting expectations for organization of what standards should be; more in unison throughout organization. This allows organization to speak with one voice.</li> </ul>

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				Project Outcomes & Impact
Texas County Memorial Hospital  Houston, MO	8	Customer Service Training	5.0	<p>“We give great quality care but hire from rural area and they don’t always come with good professional training. (We needed) just basic-eye contact, phone skills, etc. with frontline staff. There was a <b>lack of training on leadership</b> because we promoted from within. (We) can’t clean house without putting a target on my back. We had a lot of good employees that need leadership development. We wanted to set our hospital apart from others in rural area and wanted to upgrade our professional look &lt;which is dependent upon customer service and leadership development&gt;. <b>“We wouldn’t have had the resources to do this with RHPI Project. Everyone bought into it. This was the catalyst to make us better. I’d go to the capitol and tell them.”</b></p> <p><b>Action Steps of Intervention</b></p> <ol style="list-style-type: none"> <li>1. Identified areas for growth that mushroomed into other project, and leadership &lt;managers&gt; became hungry for more.</li> <li>2. Leaders began using what they have learned with their employees.</li> <li>3. We began using Press Ganey for customer satisfaction. We showed staff that what they were doing was not what patients did perceive. Staff were surprised by the low scores and agreed “there wasn’t any reason we shouldn’t be at 50th percentile.</li> </ol> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• <b>Customer satisfaction moved from 9th percentile to 90<sup>th</sup> and peaked at 98<sup>th</sup></b></li> <li>• Patient satisfaction has “become part of the culture. Increased staff morale, confidence and trust</li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• Recruitment of physicians has improved</li> <li>• Employees have become our “#1 Marketing Tool”. Leadership development has improved community outreach efforts and has changed how the hospital is viewed by the entire county. We were viewed as “Houston Hospital”, but now seen as “Texas County Memorial”</li> <li>• We hear positive comments on a daily basis and have a positive image in the community</li> <li>• Currently, planning an expansion of hospital as a result of support</li> </ul>
Washington County Memorial  Potosi, MO	8	Financial and Operational Assessment with focus on Revenue Cycle Process Improvement	4.8	<p>“Charge master review helped tremendously. Ours was so messed up. <b>Charges were below our costs. We hired someone to manage our managed care contracts. We have cash flow meetings on Mondays, established a revenue cycle team, and hired new CFO.</b> Documentation in place but would like to do RPM &lt;balanced scorecard&gt;. <b>Also stated that “it was nice to have the proof to confirm my gut about some issues.”</b></p> <p><b>Action Steps of Intervention</b></p> <ol style="list-style-type: none"> <li>1. Recommendations still working on include moving towards all RN staff.</li> </ol> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• <b>Increased gross revenue from \$24 – \$40 million</b></li> <li>• <b>Decreased AR from 90’s to 54</b></li> </ul>

Hospital	FY	PIA	RAP Score	Administrator Feedback
				Project Outcomes & Impact
				<ul style="list-style-type: none"> <li>• <b>Increased swing bed census from 1.2 to 5, which increased patient revenue.</b></li> <li>• Increased access to specialty care by developing new service lines that are supported through specialists, which fed service lines.</li> </ul> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• Moving towards use of Balanced Scorecard</li> <li>• <b>Increased available services and grew hospital jobs in local community from 192 – 300, which increases the economic impact of the health care section on the local economy</b></li> </ul>