

Rural Hospital Performance Improvement (RHPI) Technical Assistance Process

Rural hospitals in the Mississippi Delta, like those across the United States, have small facilities, small staffs, and small budgets in comparison to their urban counterparts. Because there are a limited number of employees to address an ever more complicated technological and regulatory health care environment, the staff of rural hospitals almost always assume multiple responsibilities. It is not uncommon for the person who cleans the floors to double as the computer troubleshooter. Mid-level managers in these facilities have usually worked their way to the top of their respective departments, but often lack training in management, budgeting and other crucial leadership skills.

As health care complexity grows, the gap between the resources *needed* by rural hospitals and the resources *actually available* continues to grow. Reliance on outside expert consultants is one option to narrow the gap, but this approach is often prohibitively expensive and frequently produces disappointing results. Often times after a consultant leaves a hospital will make short-term progress, but often the momentum dies and the hospital regresses. Over time, these failures can create a cycle of dependence on “experts” to solve problems as well as cynicism and skepticism among staff.

The challenge for rural hospital leaders, advocates, and policy makers is to develop methods to bridge the rural hospital “resource gap” in an affordable way, and to use expertise not only to help solve problems, but to create internal problem-solving capabilities that sustain the improvements over time. This approach of “process consultation” has been perfected by the Rural Hospital Performance Improvement (RHPI) program in the Mississippi Delta. The RHPI “process” has developed over the course of over 10 years in order to meet the challenges described above. It is a systematic, multi-faceted formula, designed to drive both short- and long-term hospital improvements. The goal is to provide immediate help to participating hospitals and at the same time to build capacity and help establish an organizational culture of continuous improvement and excellence.

Inherent in the RHPI Process is a focus on: (1) **leadership** development, (2) meaningful **strategic planning**, (3) **community and patients**; (4) hospital **staff and culture**; (5) business, clinical and operational process improvements, (6) knowledge creation and **evaluation**; and (7) producing and communicating **measurable outcomes**. These foci are an integral part of the RHPI formula for sustainable organizational excellence. No hospital-specific project directly touches on all of these areas of focus, but the RHPI Process encourages hospital attention on all seven.

RHPI methods include:

- 1) Purposeful communication and information gathering prior to any on-site consultation. Each hospital engages in a thorough **application process** including identification (and often clarification) of hospital needs, careful “matching” of hospitals with consultants from an approved RHPI consultant data base, detailed negotiation among hospital leadership, technical experts, and RHPI program staff, and evaluation and follow-up, all of which foster better long-term outcomes.

- 2) **On-site consultation** focused not on discovery (which often unnecessarily uses considerable consultant resources), but on addressing real hospital issues (this is made possible by the extensive upfront application process). Consultants work in concert with key hospital personnel to forge solutions to problems they have helped to identify. This is the essence of process consulting. Being involved in the identification of the problem and helping to design the solution instills ownership and commitment on the part of the staff. Team members all become more expert in problem-solving and process redesign, and are better able to handle problems and develop creative solutions in the future.
- 3) **Education** for hospital personnel to build internal skills and enhance awareness of rural hospital trends and issues. These methods include: (1) the “HELP” series of web-assisted education/learning sessions that are offered both “live” and asynchronously through archived recordings available anytime for hospital staff unable to participate; (2) the Performance Management Group (PMG) peer-to-peer learning sessions where hospital leaders (most often senior leadership and board members) learn from and teach each other in a moderated discussion group setting, (3) support and faculty for state rural hospital educational events when requested, and (4) : a variety of more traditional educational workshops and conferences that focus on a wide variety of key quality/performance improvement topics. RHPI education is closely coordinated with state hospital associations, state offices of rural health, and quality improvement organizations to avoid duplication and maximize effectiveness. RHPI topics are chosen to correspond to issues and needs identified through hospital consultations, as well as through direct input from hospital leaders, state and federal officials, and RHPI project staff. Providing education that expands awareness, builds critical thinking, highlights successful approaches, and offers peer support, is a necessary complement to the consulting activities taking place in the hospitals. It facilitates efficient transfer of knowledge among hospitals and builds hospital capacity using to maintain improvements long after consultants have left.
- 4) An intense focus on knowledge capture, knowledge transfer, and **evaluation and feedback**. The outcomes of each project are extensively documented, with a particular focus on assessing the adoption of expert recommendations. A varied and formalized evaluation structure and subsequent action planning results in continuous improvement initiatives. Customer surveys of both hospital and key state health care organizations are also conducted regularly to ensure the project remains relevant and responsive to key stakeholders.

For over 10 years the RHPI process has been perfected in the Mississippi Delta to support the region’s small rural hospitals. The approach has enhanced the operational and financial performance of hundreds of hospitals, and even saved some from closure. The RHPI Process has proven to be a comprehensive, systems-based approach to leadership support, technical assistance, education, and evaluation. Given its design to both provide immediate help to rural hospitals in need and to build internal capacity, the RHPI model could be readily adopted by many entities offering technical assistance to hospitals around the country. In an era of increasing emphasis on health care system performance and accountability, the RHPI approach is capable of fostering both *capability* and a *culture* of change in organizations for which this capacity will be critical in order to capitalize on opportunities in a rapidly-changing environment.

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