

Critical Access Hospital Quality Leadership Summit

Research in Quality and Change Management Arizona Experience

Howard J. Eng, MS, DrPH, RPh

Director

Southwest Border Rural Health Research Center

Rural Health Office, Mel and Enid Zuckerman College of Public Health

University of Arizona

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Critical Access Hospital Quality Leadership Summit

Arizona Quality Improvement Program Overview



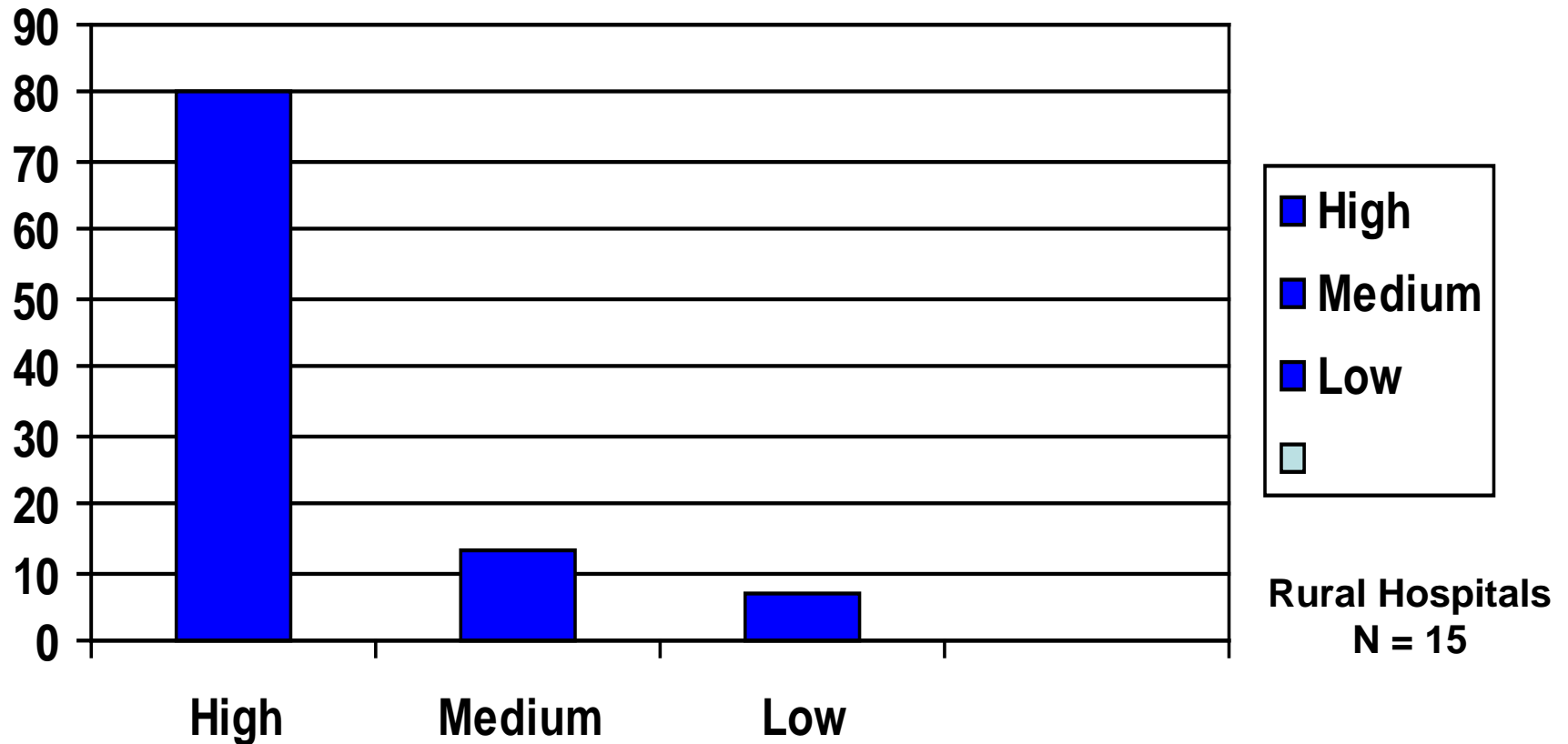
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Arizona Flex Quality Improvement Activities

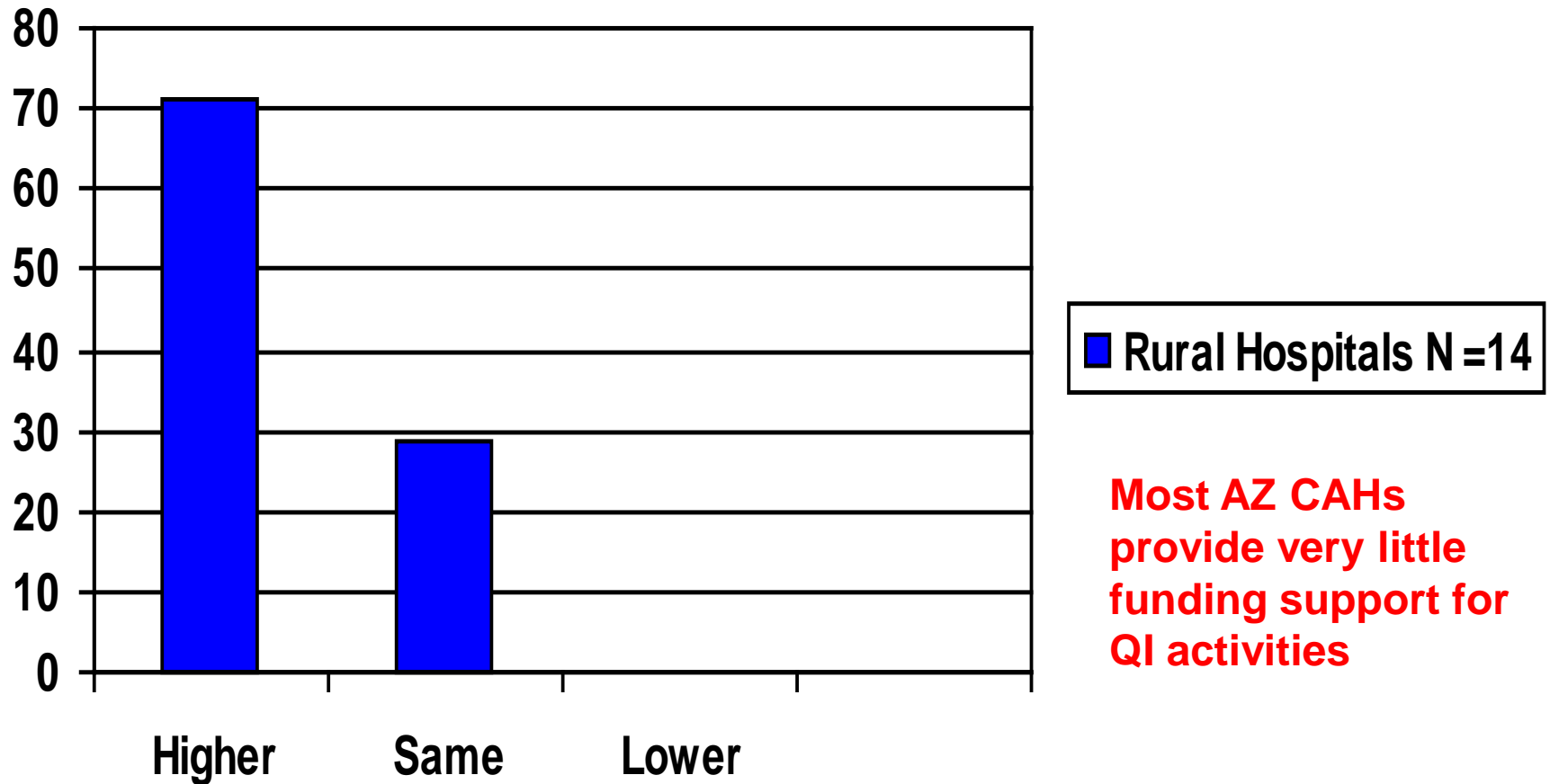
- 1. Rural Hospital Quality Improvement Trainings**
 - QI workshop/seminar and webinar trainings
- 2. Statewide Rural Quality Network Group**
- 3. Multi-State Performance Improvement Initiatives**
- 4. On-Site Quality Improvement Technical Assistance**
 - Stroudwater Visits / Bainbridge Visits / Blair Hospital Mock Surveys
- 5. EMS Performance Improvement Initiative**
 - HealthEMS / ScanHealth
- 6. Medication Reconciliation Demonstration Project**
- 7. Performance Improvement Summit**
- 8. Health Information Technology Initiative**
- 9. CMS Hospital Compare Performance Summaries**

Arizona Small Rural Hospital Quality Improvement Priority Level: 2009



Source: Arizona CAH Quality Improvement Survey: 2009

Arizona Small Rural Hospital Quality Improvement Priority Level Compared to a Year Ago (2008)



Source: Arizona CAH Quality Improvement Survey: 2009

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Sustainable Rural Hospital Quality Factors



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Relationship between CAH Leadership and Sustainable Quality Excellence

- **Quality Improvement High Priority of Hospital**
 - CEO / CAH Board / Medical and Nursing Directors
- **Hospital Administration**
 - CEO provides the QI leadership
 - CEO provide needed QI resources (e.g., staffing, training, etc ...)
- **Quality Improvement Team**
 - Dedicated and active QI Coordinator (strong leadership)
 - QI team representing key departments (medicine, nursing, etc..)
 - Many QI champions
- **Positive Hospital Quality Improvement Cultural**
 - CEO / Medical Director / Nursing Director / Affected Departments
 - Quality improvement focus on system errors, not people error
- **Low Turn Over Rate of Key QI Personnel (e.g., CEO, QI team)**
 - QI Leadership (e.g., CEO, QI coordinator, medical / nursing / pharmacy directors, and affected department heads)
 - QI Leadership support staff (e.g., data entry)

Education and Business Tools to Support CAH Quality Outcomes

Phoenix, Arizona
15 Hospitals
7 CAHs / 8 non-CAHs
PDSA Model

Phoenix and Tucson
20 Hospitals
8 CAHs / 7 IHS/Tribal / 5 Other
Chronic Care Model

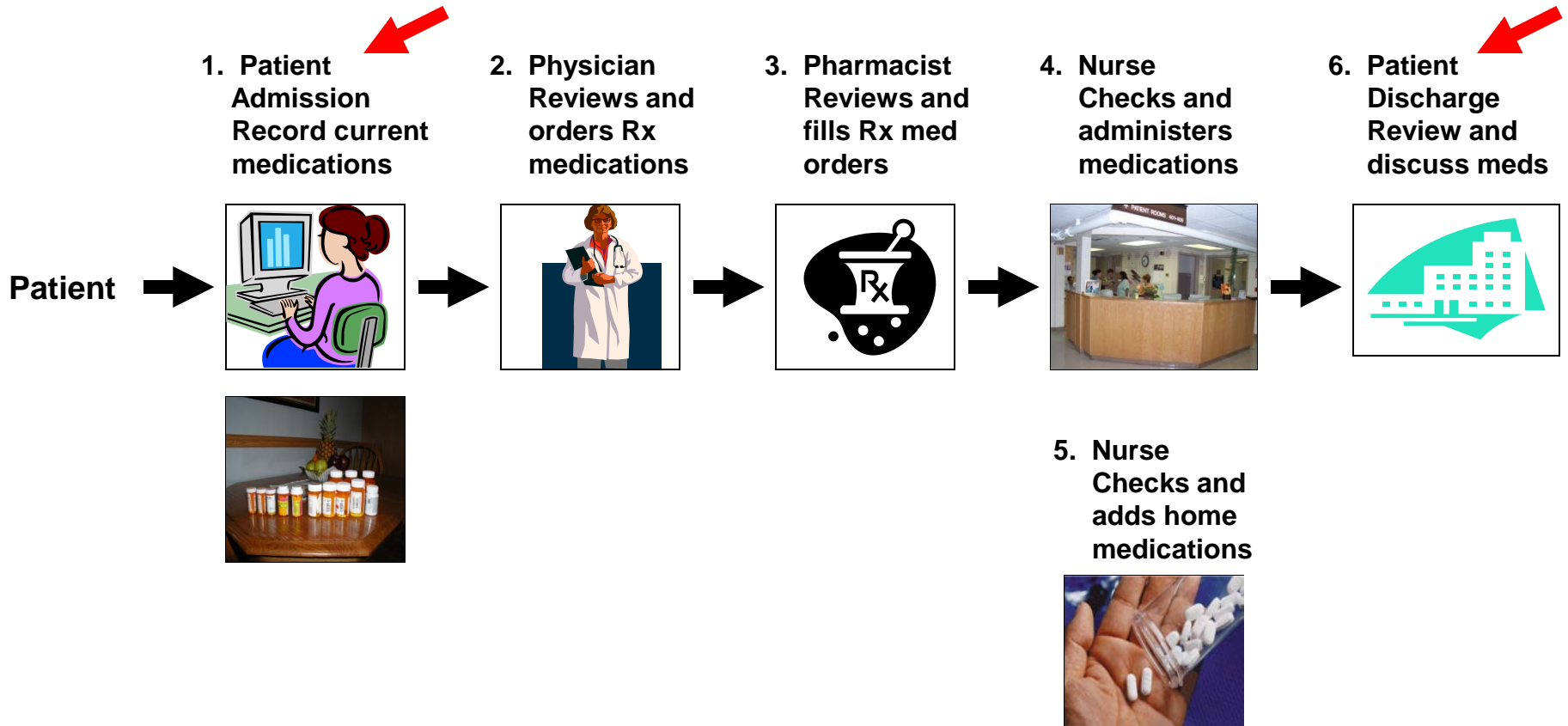
Phoenix, Tucson, Springerville
19 Hospitals
7 CAHS / 12 non-CAHS
Collaborative Models for Health Care Quality Improvement

Phoenix and Webinars
10 CAHs
Five Sessions
PDSA Model

Quality Calendars

Create Hospital Culture that Produces Quality / Patient Safety Outcomes

Medication Reconciliation Demonstration Project



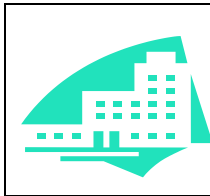
Create Hospital Culture that Produces Quality / Patient Safety Outcomes

Medication Reconciliation Demonstration Project Using A Six Step Systematic Approach

1. Med. Recon.
Risk Assess
Survey



2. On-Site Visits
to Assess Med.
Recon. Process



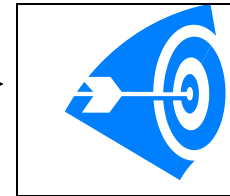
3. Med. Safety
Assessment
Survey



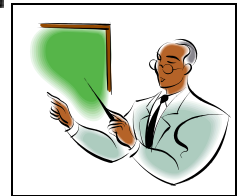
4. Med. Recon.
Procedure
Selection



5. Med. Recon.
Procedure(s)
Changed



6. Med. Recon.
Procedure(s)
Evaluation

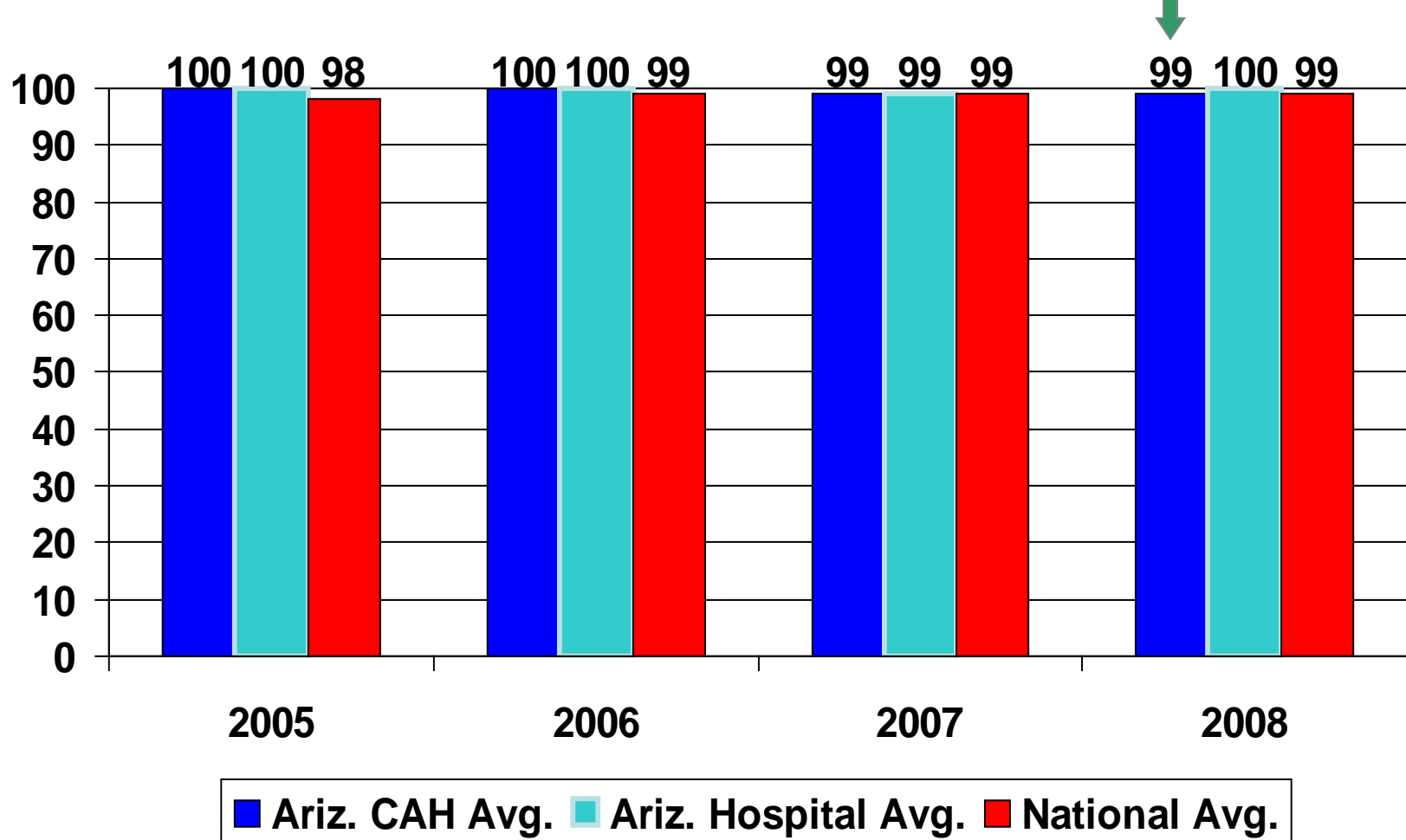


- Hospital Leader
- Medication Reconciliation Improvement Team
- Including Many Departments
- Meet Needs of Hospital
- Sustainable Changes

CAH Quality Reporting and Research

CMS Hospital Compare Performance Summaries

Four Year Pneumonia Trend for 2005-08: Oxygenation Assessment Percentages



Source: Center for Medicare and Medicaid Services: Hospital Compare Performance Measures

CAH Quality Reporting and Research

- **Quality data collection is not high priority**
- **Limited staffing available to collect quality data**
- **Small number of occurrence**
(e.g., CMS Hospital Compare Performance Measures)
- **Usefulness of data collected**
(Appropriate quality measures for CAHs)
- **Data timeliness (time lag – availability of data)**
- **Multiple data entry for different system requirements**
- **Not collecting the right quality data**
- **No financial benefit in quality reporting**

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Thank You!!
Questions?



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Contact Information

Howard J. Eng, MS, DrPH, RPh

Director

Southwest Border Rural Health Research Center

Rural Health Office

Mel and Enid Zuckerman College of Public Health

P.O. Box 245177

1295 N. Martin Ave.

Tucson, Arizona 85724

hjeng@email.arizona.edu

(520) 626-5840



Mel and Enid Zuckerman
College of Public Health

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