

South Dakota Flex Program

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

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Program Area 1: CAH Quality Improvement

The majority of the activities in this area were directed to the critical access hospitals (CAHs) by the South Dakota Office of Rural Health (SDORH) as a whole versus individual hospital activities or contracts to support quality. To improve individual and the state's aggregate scores in the Medicare Beneficiary Quality Improvement Project (MBQIP) domains, the Flex coordinator worked to reestablish the MBQIP program and increase data reporting in all fields.

To improve data reporting during the FY19 budget period, the SDORH and South Dakota Association of Hospital Organizations (SDAHO) embarked on a statewide quality improvement (QI) quest. This work was not duplicative but instead complimented and enhanced the work and data reporting of the Flex MBQIP project. Their collaborative efforts led to increased training and attention to data reporting. When the SDAHO QI staff visited the hospital, they discussed both sets of data reporting to include reporting questions, issues and concerns, trends, and reporting date reminders—coupled with the Flex coordinator's seven on-site meetings, allowed every CAH in the state to be visited at least once during the Flex budget year. This collaboration also allowed for sharing of best practices across all the hospitals in the state.

By collaborating with the SDAHO QI team, the hospitals received additional individual attention for hospital issues and concerns by a quality improvement and clinical expert. Also, the SDAHO QI staff reinforced the importance of MBQIP data reporting to the hospitals.

Lessons learned during this project include:

Partnerships are crucial to running any project. Each partner brings key strengths to enhance the impact to those targeted entities. Partnering with the state hospital association on quality improvement provided a picture of unity between the state office and the association. Together, they were going to address quality. Hence, all hospitals have the tools available to help them provide quality care to the communities they serve.

Program Area 2: CAH Operational and Financial Improvement

There is a mix of activities directed to the CAHs as a group and as independent contracts and activities in this category for the SDORH. Of the ten hospitals identified to receive a needs assessment and subsequent action planning, five applied for funding during the budget period. The additional encumbered funds were distributed to the remaining hospitals through a performance application process. The state has three systems hospitals that incorporate 18 out of 38 CAHs, either owned or leased. A system hospital manages an additional ten hospitals.

Flex provided all 38 CAHs an analytic charge master report/outpatient charge analysis for benchmarking an individual facility's charges by Current Procedural Terminology (CPT) code. The report is provided in a Microsoft Excel file format which includes hospital-specific information with comparisons by payment type, district, and state for benchmarking. There are several ways that hospitals can utilize this report: 1) Hospitals can compare their average charge amounts to peer groups to determine similarities or systematic differences in charge practices, and 2) Hospitals interested in expanding their service offerings for specific procedures can use the average charge amounts of their peer groups as a reference when determining their new pricing structure.

SDAHO CAH members can review an analytic report that they can use to benchmark individual facility's outpatient charges by CPT procedure against payment type, district, and state averages. The data source for the report is the SDAHO outpatient discharge database; also, looking to adapt those charges that are posted-charge master.

Lessons learned during this project include:

Again, partnerships are vital to running any project and working with industry leaders and specialty groups to provide the hospital's data, tools, and resources needed for improvement at the local level.

Program Area 4: Rural EMS Improvement

One activity under Program Area 4 is to provide emergency medical service (EMS) assessments. A cohort of 16 CAHs were developed and provided contract support to conduct CAH EMS assessments. Standard tools and reviews are used to assess the capacity and performance of all parties across the continuum of care of the trauma patient. The evaluation takes place in the hospital with EMS personnel present and involved. These recommendations are considered and developed by CAHs through the end of the three-year assessment cycle.

Over the past five years, the EMS program has put extensive efforts into envisioning the future of EMS in South Dakota and is another activity funded in Program Area 4.

The EMS program developed with SafeTech Solutions LLC a statewide survey identifying EMS infrastructure, delayed and missed 911 calls, service staffing, funding, and the organizational framework. The EMS program conducted eight regional listening and learning sessions across South Dakota following the 2016 survey. In light of the 2016 survey findings and the regional "town-hall" style meetings, the EMS program found a need for increased communication with city and county officials. In 2018, the EMS program conducted a statewide survey targeted at city and county commissioners, hospital administrators, and local business leaders.

By involving representatives, the EMS Program was able to develop a deeper understanding of how city and county commissioners view EMS at a local level. The survey also allowed them to create an informational publication for commissioners—this document is distributed across South Dakota. The EMS program conducted eight regional community meetings to share the findings of the survey.

Much of the South Dakota EMS program's work focuses on building upon past successes. The EMS Program's next focus was to conduct a micro-assessment at a county level.

Findings from the assessment showed most county agencies are a combination of either non-for-profit or municipal-owned. None of the agencies have the 14 active roster members needed for adequate staffing. Studies suggest most ambulance services need approximately 650 calls annually to be fully funded and staffed with full-time personnel.

Another activity is to provide trauma performance improvement webinars. Quarterly webinars are conducted in four regions across the state, with 15 webinars per year. During each webinar, trauma surgeons, physicians,

registered nurses, and EMS personnel discuss five trauma cases based on trauma registry entries meeting defined criteria.

The quarterly performance improvement review webinars provide a confidential space for the learners to discuss and evaluate processes and outcomes of care for trauma patients. The quarterly performance improvement review webinars have three objectives which include:

1. Help the learners correlate patient presentation to the South Dakota Absolute Trauma Team Activation Guidelines and determine if activation occurred.
2. Determine if delivery of trauma care meets the American College of Surgeons Advanced Trauma Life Support and EAST (East Association of Surgical Trauma) guidelines and standards of care.
3. Discuss options and opportunities for improvement relative to system, disease, and or provider care delivery processes.

Lessons learned during this project include:

Initially, the South Dakota EMS program was going to do five to seven cases per review a few years ago. They have since learned to cut that back to around three to four to allow more time for an in-depth discussion of clinical and system issues. The addition of a "HOT TOPIC" has also been successful. These "HOT TOPICS" could include new evidence-based practices with CAH implementation strategies or CAH presenting on a performance improvement project that they completed within their facility.

The addition of providing education credits to EMS, nursing, and providers has been a best practice. The attendees must text their attendance to receive continuing education credits funded through the Flex grant. This has been widely successful, with most attendees taking advantage of the opportunity.