Utah Flex Program

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

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Program Area 1: CAH Quality Improvement

In FY19, the Utah Office of Primary Care and Rural Health (OPCRH) made substantial progress in Flex quality improvement (QI) work plan activity 1.2.10. This activity involves fostering improved collaboration with the quality improvement network/quality improvement organization (QIO/QIN) in Utah, Comagine Health. This activity was determined the most significant accomplishment for this program area because achieving this lends to the progress of many other Flex QI activities. The QI category of the Flex program formerly was contracted out to a QI coordinator, who facilitated meetings and activities for the CAHs and did not collaborate frequently with Comagine Health. In FY19, the OPCRH began administering the QI portion of the Flex program in house. This led to a greater need for QI subject matter experts to be more heavily involved in activities for this program area.

At the beginning of Flex FY19, the new OPCRH QI coordinator began establishing a relationship with Comagine Health team members. This proved to be valuable as the OPCRH team and the Comagine Health team each possessed insight on certain aspects involving CAH Quality Managers, status of QI work being done at the CAHs, and other information to assist each other in filling in information gaps related to QI work. Upon establishing this relationship, the OPCRH QI coordinator asked the Comagine Health senior improvement advisor to assist in facilitating quarterly meetings for the CAH quality managers. The senior improvement advisor assists the

OPCRH QI coordinator in establishing meeting topics, speakers, and activities that CAH quality managers are in need of.

Fostering collaboration with Comagine Health has involved more than the planning and facilitation of quality manager meetings. The Comagine senior improvement advisor also attends new quality manager Medicare Beneficiary Quality Improvement Project (MBQIP) orientations alongside the OPCRH QI coordinator. Each party also frequently consults with and includes the other in communications where assistance or additional information is needed. Fostering this collaboration is also valuable when MBQIP reports are received by the OPCRH QI coordinator. The senior improvement advisor often assists in reviewing the reports and assisting CAH quality managers with both the submission and interpretation of hospital specific data.

Lessons Learned During this Activity

The biggest barrier that has presented itself to achieving a valuable quality manager meeting is lack of discussion between meeting attendees. The small group of quality leaders that attend the quarterly meetings tend to be fairly quiet when topics of discussion are presented. Having peer sharing discussions are important in maximizing the value of these meetings since no one knows CAHs better than those in that environment on a daily basis. To help remedy this, the OPCRH QI coordinator and the Comagine Health Senior Improvement Advisor have begun sending out a few prompts before the meetings. This allows the Quality Managers the opportunity to review the prompts, think about a response, and potentially come up with other topic areas that they would like to discuss.

Increasing the involvement of the QIN/QIO has been a key aspect of successfully accomplishing Flex QI activities. The OPCRH QI coordinator and the Comagine Health senior improvement advisor collaborate on most interactions with CAH nurses and quality leaders. Having Comagine Health and the OPCRH QI coordinator both be involved in meetings, trainings, QI activities, etc., all help to provide more seamless technical assistance and support to the CAH QI teams. Involvement of both parties also ensures that each is aware of current hospital challenges, successes, and overall needs.

Program Area 2: CAH Operational and Financial Improvement

The OPCRH team utilized financial assessment results to identify two to three CAHs most in need of financial improvement and coordinate with those CAHs to implement financial improvement projects. This activity is contracted out to the Rural Hospital Development Director with the Utah Hospital Association (UHA). This activity proved to be successful as five hospitals were able to participate in a financial improvement project, and two of the five hospitals showed financial improvement despite the COVID-19 pandemic. Each CAH that participated in a financial improvement project received $16,000 to spend on the initiative, unless they did not complete the proposed project. One CAH did not receive the full funding as they were not able to complete the project due to COVID-19 interruptions.

Lessons Learned During this Activity

Among the rural hospitals and CAHs in Utah, the OPCRH has observed that the most important criteria for success in these projects is engaging with strong hospital leadership, starting with the CEO. A strong CEO that recognizes the importance of his/her team in accomplishing their financial and operational goals will be able to lead the team to successful implementation of financial and operational improvement projects. In addition to this, it is imperative for the CEO and hospital administration to work effectively with the medical staff, as every individual person and team member are vital contributors towards the financial/operational success of the hospital.

Involving the state hospital association has been an important piece of ensuring continuity of financial and operational improvement projects. The rural hospital development coordinator with the Utah Hospital Association serves as the contractor for the financial and operational improvement projects. In his role, he has developed and maintained relationships with all rural and critical access hospital administrators. This enables him to identify the hospitals that are best suited for assistance through the Flex program. Additionally, he is able to provide personally relevant TA and support to the CAHs participating in Flex financial and operational improvement projects.

Program Area 4: Rural EMS Improvement

The Bureau of Emergency Medical Services (EMS) and Preparedness, within the Utah Department of Health (UDOH), completes all activities related to Program Area 4, Rural EMS Improvement. A major accomplishment in FY19 involved conducting a statewide rural EMS system assessment with the subsequent development of an action plan to strengthen rural EMS systems and agencies.

The Utah Rural EMS Service Assessment administered was based off the Wisconsin Ambulance Service Assessment of 2016. The assessment includes five categories with eighteen attributes collectively. Each attribute prompts an answer using a 1-5 scale and the survey results provide EMS agencies with a roadmap for improvement. The scores of the assessment identify strengths and weaknesses of an EMS agency and allow for benchmarking opportunities. In addition to the questions in the Wisconsin Ambulance Survey, the UDOH, Bureau of EMS added specific questions about pediatric emergency services in Utah's rural EMS regions. Participating rural EMS agencies were encouraged to take advantage of the limited, one-time funding opportunity to focus on a quality improvement area of their choosing at their agency that could perhaps be identified by the results of the assessment.

To participate in the EMS survey, agencies were required to meet a set of five criteria. The five requirements include the following: the agency must meet the definition of a "Rural EMS agency;" the agency must complete the baseline and enrollment assessment; identify one quality improvement project to focus on over the next twelve months; create an action plan to address a specific agency challenge; and submit a progress report with updated data and narrative describing their approach, experience, and outcomes towards achieving agency goals.

This assessment was valuable in providing a useful tool to improve EMS in rural Utah. The response of the Utah Rural EMS Service Assessment was a success with a 100% survey completion rate. 20 Utah Rural EMS agencies completed the survey and their results were then tabulated and each respondent received a confidential response outlining areas of opportunity for improvement. After completion of the survey, all participants returned a twelve-month action plan based on their survey answers. The surveys provided each agency with valuable insight into pediatric emergency medical services in rural Utah communities. The survey results yielded additional

actionable information pertaining to rural EMS agencies' performance in the categories of Operations, Finance, Quality, Public Relations, and Human Resources. The results will be used to support rural agencies to improve the quality of rural EMS care and provide technical assistance for advancing organizational capacity in EMS agencies. The Utah OPCRH has identified this activity as a significant achievement as it also provides a foundation for continued improvement within Program Area 4.

Lessons Learned During this Activity

Overall, the OPCRH team has emphasized the importance of adding elements to the survey that were significant, specifically to Utah, to collect data on. The Bureau of EMS had previously received a different Federal grant for Emergency Medical Services for Children (EMSC) Telehealth in the Utah Navajo Health Systems area. These previously used EMSC survey questions were added to the Utah Rural EMS Service Assessment and aided in identifying needs within rural EMS agencies in Utah. Including information that proved valuable before under separate grants was key in filling in information gaps within the assessment used. The results of the assessment have also been prepared to be presented for legislation, if needed, and have assisted the Bureau to task their new rural EMS liaisons with priorities.