

Wisconsin Flex Program

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

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Program Area 1 – Critical Access Hospital (CAH) Quality Improvement Activity 1.5 Report and improve Additional Patient Safety Measures : Sepsis Care Tracking and Improvement Project

The Wisconsin Flex Program's Sepsis Care Tracking and Improvement Project provided many successful outcomes. They contracted with the Rural Wisconsin Health Cooperative (RWHC) to engage 12 hospitals (11 critical access hospitals (CAHs) and one small rural hospital) to participate. The goal of this project was to improve the timeliness and care for sepsis patients transferred from CAH Emergency Departments (EDs) in order to decrease sepsis mortality and shorten the patient's length of stay. Hospitals participated in educational webinars about the sepsis measure and data collection tool. Quarterly conference calls were held to discuss findings, opportunities for improvement, and best practices. Participants also had the opportunity for one-on-one consulting from RWHC experts. Hospital sepsis data was collected and compiled, and quarterly reports were distributed to participants. A few best practices to highlight include:

- One facility implemented screening in triage for sepsis patients which allows nurses to initiate a protocol/standing order for sepsis bundle elements.
- The Epic electronic medical record Best Practice Alert (BPA) fires if triage indicates there is suspected sepsis.
- Another facility uses an Epic narrator which flags the case if sepsis is suspected and helps count down the time frame and actions needed.

Overall, improvement has been noted from the baseline of 74.4 percent to over 80 percent for both quarters one and two of 2020.

Lessons learned during the course of this project include:

- Anticipate that staff turnover will require additional education and orientation efforts.
- The development of a consistent process for blood culture results and communication to receiving hospitals may require trial and error for some participants until they develop an efficient and consistent process that works well for both facilities.

Program Area 2 -- CAH Operational and Financial Improvement Activity

2.3 Financial Improvement

The Wisconsin Flex Program conducted an in-depth financial and operational analysis of all 58 CAHs. CAHs were placed in cohorts if they were determined to be at high or medium-high risk of financial distress, or if they were shown to have a higher need for improvement among certain financial indicators. After analyzing the data, 16 CAHs were offered the opportunity to submit a short proposal, detailing their need and proposing an initiative to address that need. CAHs could either choose a one-on-one financial analysis from a financial expert or propose a targeted financial improvement initiative of their choosing.

One of the funded financial improvement initiatives was at a CAH that had recently joined a system and had implemented a new chargemaster. Given these major changes, the chief financial officer (CFO) identified the need to update their Medicare cost report methodology and proposed to have an outside financial expert assist with the CAH and rural health clinic (RHC) cost reports preparation and filing of an interim cost report. At project completion, the CAH submitted their interim cost report with a \$900,000 receivable. Completing the cost report showed that they were underpaid by Medicare by \$900,000 due to the changes that occurred at their facility. Without filing the interim cost report, the hospital would have continued to be unintentionally underpaid.

Lessons Learned and Best Practices (From the CAH):

- Any CAH that is part of a system should have a third party consultant review the cost report. Sometimes even if a facility can do it itself, it is beneficial to hire help to get something done sooner.
- Any CAH going through a strategic chargemaster change will need an updated (interim) cost report to ensure cost to charge ratios reflect current operations. For example, the CAH highlighted above did a strategic change that greatly decreased lab charges which in turn moved their cost to charge ratio higher. Until they were able to file and adjust rates, they were getting under paid.
- It is recommended that the CAH complete a billing review approximately six months after any significant chargemaster or software change. It is beneficial to have an outside consultant who is up on industry changes.

Because Wisconsin has a high number of CAHs, it can be challenging to develop initiatives that can impact all of them. It becomes necessary to implement creative strategies to utilize the Flex dollars in the most impactful way. The Wisconsin Flex Program recommends using data to help inform which CAHs are most in need of Flex funds. If your state doesn't already require a competitive process for selecting which CAHs receive funding, it is something to consider when funds are limited for a given initiative. However, keep the facilities in mind that may have limited or no capacity for grant writing.

Program Area 3 – CAH Population Health Improvement: Obesity Reduction Project

FY19 was the second year of the Wisconsin Flex Program's four-year Obesity Reduction Project. They funded three CAHs to plan and implement projects that address root causes of obesity in their communities. In Year 1 of the project, they identified CAHs that included obesity as a priority in their Community Health Needs Assessment in counties with high obesity rates. Wisconsin offered these hospitals the opportunity to apply for funding. A multi-year project enables the hospitals to track the expected outcome of obesity reduction over a longer period.

Each hospital's project had a different focus and set of activities. These included nutrition education for families, a series of exercise classes for individuals, and breastfeeding education for new mothers. 207 participants engaged in these activities. The COVID pandemic caused the hospitals to suspend most activities. There were some measurable outcomes including weight loss in the exercise classes and an increase in the percentage of new mothers breastfeeding upon hospital discharge.

Best Practice:

- A multi-year model for population health improvement projects enables the hospital to conduct activities and track changes that one- or two-year projects do not. Population health changes tend to occur over a longer period.
- Targeting Flex resources to high need hospitals can potentially have a greater impact than offering those resources to all hospitals.

Targeted, multi-year population health improvement projects are an effective use of Flex funds. They allow hospitals located in communities with high need to plan and implement projects and track outcomes over short- and mid-term periods.

Program Area 4 – Rural Emergency Medical Services (EMS) Improvement Activity 4.4 – EMS Quality Improvement: Time Critical Diagnosis (TCD) Patient Management Improvement Project

This was the fourth year of the Time Critical Diagnoses (TCD) Patient Management Improvement Project. The Wisconsin Flex Program's EMS agencies targeted for one-on-one technical assistance based on responses to a TCD Patient Care Policy and Procedure Assessment. The project provides one-on-one technical assistance to rural emergency medical services (EMS) agencies that have self-identified via the assessment as needing assistance reviewing and updating patient care protocols related to stroke, STEMI, trauma, and cardiac arrest cases. The expected result of these activities are changes in patient care protocols resulting in improved patient outcomes.

A contractor worked with six EMS agencies and their medical directors, and six CAHs in FY19. He met twice with each agency, reviewed their policies, and helped them implement changes as needed. He also facilitated improved communication between some agencies, their Medical Director, and their receiving CAH. He followed up with the agencies he worked with in previous years to determine if they continued to implement and track new policies.

Lessons Learned and Best Practices

By using the thorough TCDF Patient Care Policy and Procedure Assessment, the Wisconsin Flex Program ensured that resources were directed to those agencies with the greatest need. Not all agencies that were invited to participate accepted. It took several weeks of repeated emails to assemble the cohort of six agencies.

The Wisconsin Flex Program recommends this project as an effective method for EMS agencies to review patient care policies and implement improvements. One-on-one assistance requires time and resources but results in positive outcomes.