

January 11, 2005

Dave Palm, CAH Program Administrator
Nebraska Health and Human Services System
Nebraska Office of Rural Health
P.O. Box 95044
Lincoln, NE 68509-5044

Dear Mr. Palm:

Enclosed is a copy of our fourth annual report regarding the activities of the critical access hospital network affiliated with Good Samaritan Hospital. It has been a pleasure working with the Administrators and staff of these organizations. I hope that the enclosed report provides you with the information that captures the activity of the network.

If you have any questions, please feel free to contact me.

Sincerely,

John J. Ayoub
V.P. Mission Integration
Good Samaritan Health Systems

Laura D. Meyers
Director of Outreach Services
Good Samaritan Health Systems

c: John Roberts

Enclosures

GOOD SAMARITAN HOSPITAL

CRITICAL ACCESS HOSPITAL

NETWORK REPORT

2004

January 11, 2005

GOOD SAMARITAN HOSPITAL CRITICAL ACCESS HOSPITAL NETWORK ANNUAL REPORT

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I. INTRODUCTION

The Good Samaritan Critical Access Hospital Network consists of 12 hospitals. Hospital locations stretch from central and south central Nebraska to both northern and western Nebraska as evidenced by the map that follows this introduction. Each hospital provides local health services and access to their service area. The report that follows covers the timeframe of November, 2003-November, 2004. This report is intended to provide an overview of the network's activities during the past year and to highlight its direction and accomplishments. As was stated in the enabling legislation, the Network, through its members, is utilizing its efforts to improve the quality and availability of care to its patients and to raise the overall health status of those living in the respective service area.

II. DESCRIPTION OF NETWORK

A. LISTING OF HOSPITALS AND ADMINISTRATORS

HOSPITAL	CITY	ADMINISTRATOR
Brown County Hospital	Ainsworth	Elaine Hoppe, Interim
Callaway District Hospital	Callaway	Marvin Neth
Chase County Hospital	Imperial	Rich Hamilton
Cozad Community Hospital	Cozad	Lyle Davis
Dundy County Hospital	Benkelman	Rita Jones
Franklin County Memorial Hospital	Franklin	Jerrell Gerdes
Gothenburg Memorial Hospital	Gothenburg	John Johnson
Kearney County Community Hospital	Minden	John Rainey
Rock County Hospital	Bassett	Stacey Knox
Tri Valley Health System	Cambridge	Lynn Milnes
Webster County Community Hospital	Red Cloud	Robert Sheckler
Valley County Hospital	Ord	Neelam Bhardwaj

III. REPORT ON CAH NETWORK MISSION STATEMENT, VISION STATEMENT, GOALS AND GOAL ACHIEVEMENT

GOOD SAMARITAN HEALTH SYSTEMS CRITICAL ACCESS HOSPITAL NETWORK Work Plan 2004

MISSION STATEMENT:

The Critical Access Hospital Network will work together to develop systems to enhance the excellent health care currently being provided to the communities being served.

VISION STATEMENT:

The Critical Access Hospital Network will utilize a collaborative approach to improving processes for communication, quality assurance, peer review and credentialing so that care is optimized within each hospital in the network as well as when patients are transferred from Critical Access Hospitals to the tertiary care hospital. As a network, we will look for ways to support the network while strengthening its individual members and the communities that they serve.

NETWORK GOALS AND WORK PLAN FOR 2004:

GOAL ONE:

Create an intranet site to archive policies and procedures, useful templates and other documents of interest to network members.

Work Plan:

- 1.) Assess the information needs of the facilities.
- 2.) Develop an action plan for implementing and maintaining site.
- 3.) Collaborate with CAH facilities, other networks, Catholic Health Initiatives and Good Samaritan Health Systems' departments to create a comprehensive library of useful documents and templates.
- 4.) Assess the site on a routine basis and update as needed to match the needs of the network.

Goal Accomplishment:

- 1.-4.) The website (www.cnebcah.hypermart.net) was established during the second quarter of the grant year and several areas are currently under construction. Please see appendix B for a brief overview of the site. A document library is being created as documents are requested. In the future additional communication will take place through this venue, providing tools and making information accessible instantly should hospitals require it on an immediate basis (for example, quality initiatives, meeting notes and dates for survey purposes).

We will continue to assess the site and explore other uses for this venue as network members present needs.

GOAL TWO:

Continue the processes in place for peer review and utilization review.

Work Plan

- 1.) Review peer review process quarterly for effectiveness and value to participating network hospitals.
- 2.) Continue the utilization review process as requested by facilities to match individual needs of the hospital and medical staff.

Goal Accomplishment:

- 1.) The peer review process continues to work effectively and as was intended. Please see appendix C for the peer review schedule. At the request of the facility, charts that are determined to need further review are reviewed by appropriate physicians at Good Samaritan Health Systems.
- 2.) Utilization review is done on an “as requested” basis and three hospitals have participated in this effort since the inception of this process.

GOAL THREE:

Continue the credentialing review process for those network hospitals that have requested hub hospital oversight.

Work Plan:

- 1.) Review credentialing guidelines as set forth for participation in Medicare and identify changes or updates required to meet and/or exceed legal and regulatory standards.
- 2.) Routinely provide ongoing education, as deemed necessary, and support to individuals responsible for this function in their hospitals.

Goal Accomplishment:

- 1.-2.) Gaylene Gehrt, Credentialing Coordinator at Good Samaritan Hospital, met with Brown County Hospital and Rock County Hospital to review current credentialing processes and to make recommendations, which were documented and follow up, where necessary, was completed. Kearney County Community Hospital has also requested credentialing oversight, which will be completed during the first quarter of CY05. Good Samaritan Hospital will also host an educational conference for the CAH Network during CY05 to update guidelines and discuss tools for credentialing and privileging practitioners.

GOAL FOUR:

Continue quality review process, focusing on state guidelines for Model QI Plan and medication safety.

Work Plan:

- 1.) Set up a routine meeting schedule for Quality Team.
- 2.) Update and refine QI Master List.
- 3.) Explore medication safety and pharmacy needs within the individual hospitals to assess performance improvement possibilities and opportunities to work as a group.
- 4.) Assist hospitals in adapting and/or revising individual QI plans utilizing state model as a guideline.

Goal Accomplishment:

- 1.) The quality group met 2/23/04, 3/22/04, 4/26/04, 5/24/04, 6/28/04, 7/23/04, 8/23/04 and 11/23/04. Topics included but were not limited to: reports from the Rural Quality Improvement Steering Committee, National Patient Safety Goals, CMS Measures/CART and the CAH, dashboards, medication safety, peer review, CAH PI Measures, CIMRO, Transfers/EMTALA, discharge planning/swing bed concerns, job shadowing, patient satisfaction/CAHPS, risk management, advance directives, changes in the CAH/CMS guidelines, goal setting for 2005 and a review of Valley County Hospital's experience with the Rural Medication Safety Project.
- 2.) Upon reviewing the QI Master List, it was decided to suspend further work on this project. The list served its purpose for routine quality assurance, as was intended, but further work was not necessary as it did not lend to the 2004 quality improvement goals.
- 3.) Medication safety/pharmacy needs was an ongoing discussion topic over the grant year. This will goal will be carried over into GY2005. The network will be considering participation in a new medication errors grant being pursued by UNMC in January.
- 4.) The majority of the network hospitals have adapted their QI plan to utilize the state model and, if not, have utilized the template as a reference.

GOAL FIVE:

Explore the compliance resource and educational needs of the individual network hospitals.

Work Plan:

- 1.) Continue HIPAA compliance work sessions as necessary to implement and maintain processes to meet regulations.
- 2.) Explore corporate compliance needs of individual hospitals and provide guidance, as needed, to assist with understanding of regulatory guidelines in this area.
- 3.) Provide disaster preparedness education, as needed, updating network hospitals about state planning projects and their application to individual CAH facilities.
- 4.) Continue to offer Critical Access Hospital employees and medical staff a comprehensive educational program (physician, nursing and allied health professional education) to assist participants in meeting certification requirements.

Goal Accomplishment:

- 1.) HIPAA Compliance work sessions continued in the areas of privacy, transaction and code sets and security on a routine basis. In addition, site visits to evaluate HIPAA Security readiness and suggest needed improvements were made to all interested facilities. Each received a comprehensive report with specific recommendations.
- 2.) In addition to the corporate compliance training and testing included in the Healthstream on-line education, the CAH Network members were apprised of corporate compliance resources available to them through Good Samaritan Hospital .
- 3.) Disaster preparedness education regarding state planning projects was provided to all hospitals through the state.
- 4.) Physicians were offered 194.5 CMEs and nurses were offered 262.3 CEUs during CY04. Additional education was also available to staff members. Please see appendix D for a complete listing of educational opportunities.

GOAL SIX:

Continue comprehensive leadership development classes focusing on both behavioral competencies and skill development of management within the CAH Network, tailoring classes to meet the needs of the individual facilities.

Work Plan:

- 1.) Continue to schedule leadership classes in various geographical locations to permit attendance by interested facilities without undue travel and time away from work.
- 2.) Review courses for applicability to the needs and skills of the participants involved and provide post-course assessment to determine if additional assistance is needed in applying skills to the work environment.
- 3.) Log participation of attendees and assist attendees in networking with others to maintain skills.

Goal Accomplishment:

- 1.) Since the inception of the leadership series, 56 hours of education have been provided to CAH members. The leadership classes were temporarily suspended due to personnel changes, however, the classes began again in November with two facilities immediately hosting courses. These will be offered twice a month in GY2005. Please see appendix D for specific information.
- 2.) Good Samaritan Hospital created a recommendation for the leadership course series. In addition, we provided courses specifically requested by hospitals due to circumstances and needs affecting them individually. Assessments were completed at each conference and follow up courses will be provided in the next grant cycle to ensure a well-rounded educational experience leading to successful application in the work environment.
- 3.) A log of participants, by hospital, was logged and is available through Education Services at Good Samaritan Hospital.

GOAL SEVEN:

Continue the use of the HealthStream Educational System.

Work Plan:

- 1.) Complete Healthstream contracts for the year, working with Healthstream Site Administrators and Hospital Administrators to determine course content.
- 2.) Track and evaluate effectiveness of Healthstream package as it relates to network needs.
- 3.) Identify future needs and determine Healthstream's adaptability to meet these needs in comparison to other products.

Goal Accomplish:

- 1.) Healthstream was continued during GY2004, with contracts completed during the first quarter of the grant year.
- 2.) GSH gathered feedback from all sites to ensure that Healthstream was meeting the needs of each facility and will continue with this education system in GY2005. Please see appendix D for a complete summary.
- 3.) GSH continues to evaluate similar products, including systems utilized within Catholic Health Initiatives. At this time, Healthstream continues to be the most comprehensive, cost-effective educational system to meet the network's needs.

GOAL EIGHT:

Work with all Critical Access Hospitals to meet CAH requirements.

Work Plan:

- 1.) Continuously review all CAH requirements and develop processes necessary to meet these requirements. Review costs of providing services for network activities.
- 2.) Share information from CAH surveys to ensure that all hospitals are benefiting from comments made or problems identified so that they might be addressed in a timely manner. Include survey review on quarterly meeting agendas to allow active interchange of information regarding surveyors' focus.

Goal Accomplishment:

- 1.) The network hosted John Roberts, Dave Palm and Nancy Brown on various occasions to review CAH requirements and regulation changes. The cost of GSH services was reviewed and an appropriate charge system was implemented, overseen by Laura Meyers, CAH Coordinator, and Lesley Bollwitt, Grant Administrator.
- 2.) At the end of each quarterly meeting, participating hospitals reviewed survey experiences. In addition, several facilities shared policies and procedures with others when surveyors identified a need to implement or improve a current practice.

GOAL NINE:

Continue use of Heartcode ACLS/BLS system for certification and recertification of allied health care staff and medical staff in participating communities.

Work Plan:

- 1.) Review current process and participant satisfaction to target opportunities for process improvement.
- 2.) Track employee usage and provide additional education as deemed necessary.
- 3.) Review system annually for necessary software updates and hardware maintenance.

Goal Accomplishment:

- 1.) Eleven of the twelve CAH facilities utilized the Heartcode ACLS system. Each site had the option of having the system twice a year for a month at a time. This process worked well for all of the facilities, and all reported satisfaction with the system.
- 2.) Since its inception, over 50 people have certified or recertified their ACLS on the system. One hospital is also utilizing the system for BLS recertification. We assisted in orienting new employees to the system, as requested, and personally visited Callaway District Hospital to provide an educational session prior to the first time they utilized the system.
- 3.) At this time, there are no necessary software updates.

GOAL TEN:

Review Micromedix CareNotes product for possible implementation into network. Determine if other patient education needs are present and if the network has an opportunity to work together to meet these needs.

Work Plan:

- 1.) Gather input from nursing staff to determine interest in Micromedix CareNotes product and review computer capabilities for utilization.
- 2.) Negotiate contract with Micromedix for network product, maintenance and training, as needed.
- 3.) Review other products, as necessary.

Goal Accomplishment:

- 1.) It was determined that there was significant interest in utilizing Micromedix and it was initiated into the network in GY2004 with all twelve facilities having access to the system. Please see appendix D for more information.
- 2.) Contracts were negotiated and Alan Aubert provided instruction for utilizing the product.

3.) At this time, we have not had the need to review other products.

GOAL ELEVEN:

Develop a peer support and education network to meet the needs of individuals providing ancillary services (i.e. dietary, housekeeping, lab, etc...) in the network hospitals.

Work Plan:

- 1.) Determine which services should be targeted for peer support/continuing education based on each hospital's needs.
- 2.) Gather appropriate individuals from these services to determine level of support needed.
- 3.) Work with/gather related Good Samaritan Health Systems' departments, Catholic Health Initiatives' resource availability, societies and others to develop a plan that will allow these individuals to network with one another and others to provide appropriate support leading to process improvement, shared ideas, policy development, education and increased retention.

Goal Accomplishment:

- 1.-2.) It was determined via feedback from hospital administrators and directors of nursing that a peer support network for dietary staff, environmental services staff and lab staff would be of assistance to the facilities. Other areas were mentioned, as well, but these seemed to be the primary areas of interest.
- 3.) Jan Hankey, Director of Nutrition Services at Good Samaritan Hospital, is in the process of creating an assessment to determine the education and support needs of the dietary staff in the CAH Network. In addition, we are in the process of contacting other ancillary services within GSH to begin a similar process in their areas. Our goal is to implement this process into the network by February, 2005.

GOAL TWELVE:

Identify grant opportunities to further network development, assist hospitals in enhancing staff competencies, develop and implement new programs and attract and retain skilled staff.

Work Plan:

- 1.) Gather input from Critical Access Hospitals regarding primary needs that may be applicable to grant programs.
- 2.) Develop a grant proposal for the Health Resources and Services Administration "Nurse Education, Practice and Retention Grant Program" due December 15, 2003.
- 3.) Work with Directors of Nursing to implement components of grant, if awarded, or to research other grant opportunities that may meet their needs.

Goal Accomplishment:

- 1.) Lesley Bollwitt, Manager of Grants at the Good Samaritan Hospital Foundation, has attended all CAH Administration meetings to gather feedback and discuss grant opportunities available.
- 2-3.) Good Samaritan Hospital submitted an application for the HRSA grant “Nurse Education, Practice and Retention Grant Program” in 2004. All twelve facilities were invited to participate with ten facilities choosing to do so. We are currently awaiting the announcement of recipients. In addition, our network has been invited to participate with UNMC in submitting a grant application for the AHRQ Patient Safety Grant due January 19, 2005. Letters of support are currently being solicited from all twelve facilities.

A complete listing of grant-funded programs available to the CAH Network through Good Samaritan Hospital is provided in appendix E.

IV. CRITICAL ACCESS HOSPITAL MEETINGS

The Critical Access Hospital Network attempts to meet on a routine basis. We have found that one of the biggest advantages of these meetings is the interchange of ideas and information. We have also taken the position that, whenever possible, we include hospital representatives from nursing and quality management in the meetings. In the case of our network, we have utilized our telemedicine network to interactively hook up hospital sites where travel is difficult because of distance, weather or concurrent demands on time. We have found this technology to be of great assistance. In addition, we have attempted to incorporate some educational pieces into the meeting to bring additional value to the participants.

The following is a listing of the meetings held and a synopsis of the meeting content.

A. Quality Team Meetings—Feb 23, Mar 22, Apr 26, May 24, June 28, July 23, Aug 23 and Nov 23, 2004:

Half-day meetings were held at Good Samaritan Hospital and made available over telemedicine to all quality team members on the above dates. Various goals were set and topics discussed. Please see the Goal Accomplishment section under Goal #4 or the Work Plan.

B. CAH Administrator/DON/Quality Meetings—Mar 3 and Nov 8, 2004: The Critical Access Hospital Network administrators met twice this year in Kearney as a group. In addition, each administrator met with Art Dunn, Interim CEO of Good Samaritan Hospital and John Allen, CEO of Good Samaritan Hospital, in their own facilities to discuss any opportunities for enhancing the network. The group meetings included the following: state CAH updates, grant opportunities, telemedicine, education/leadership opportunities, CAH survey reviews, work plan preparation, new CAH regulations, EMS, quality initiatives, dashboard indicators, credentialing, flu season handwashing campaign, HIPAA and medication errors.

C. HIPAA Transaction and Code Sets Meetings—Nov 19, Nov 25, Feb 12, May 4, May 26, June 16, June 21 and Sept 14, 2004:

Meetings to prepare CAH facilities to understand and implement changes necessary to meet HIPAA Transaction and Code Set guidelines were held on the above dates. These meetings included hospital work session and clinic work sessions in two separate venues. The meetings began with ten of the twelve hospitals participating but grew to include all twelve.

D. HIPAA Security Meeting—April 20, May 18, June 22 and Sept 21, 2004:

Meetings to prepare CAH facilities to understand and implement changes necessary to meet HIPAA Security guidelines were held on the above dates. These meetings included eleven of the twelve hospitals. In addition to the group meetings, Reta Studnicka and

information technologists also visited each site to review security readiness and recommend changes necessary to be in compliance. Each facility received a comprehensive report.

V. CRITICAL ACCESS NETWORK GRANT

In 2001, the CAH Network submitted a grant proposal to the Office of Rural Health, Nebraska Department of Health and Human Services to help instigate the initiatives that support CAH network members in providing care to their communities and surrounding service areas.

Following the award of the year one funds in the amount of \$68,000, the CAH Network members developed a process that:

- A) Identified needs of the CAH Network as an entity and that would have benefit to the Network as well as the member hospitals individually.
- B) Provided clarification of initiatives to meet those needs and encouraged dialogue about the various initiatives and their relative merits.
- C) Involved a group decision-making process that gave each of the CAH Network members an equal voice and vote in the decision.

In November 2003, the CAH Network submitted a fourth proposal to the Office of Rural Health, Nebraska Department of Health and Human Services for year-four funding consideration. The fourth year grant was awarded in the amount of \$66,000 to help fund the following initiatives.

NETWORK GOALS AND WORK PLAN FOR 2004:

GOAL ONE:

Create an intranet site to archive policies and procedures, useful templates and other documents of interest to network members.

GOAL TWO:

Continue utilizing and improving the peer review process that was implemented throughout the network.

GOAL THREE:

Continue the credentialing review process for those network hospitals that have requested hub hospital oversight.

GOAL FOUR:

Continue quality review process, focusing on state guidelines for Model QI Plan and medication safety.

GOAL FIVE:

Explore the compliance and educational resource needs of the individual network hospitals.

GOAL SIX:

Continue comprehensive leadership development classes focusing on both behavioral

competencies and skill development of management within the CAH Network, tailoring classes to meet the needs of the individual facilities.

GOAL SEVEN:

Continue the use of the HealthStream Educational System.

GOAL EIGHT:

Work with all Critical Access Hospitals to meet requirements and develop processes needed.

GOAL NINE:

Continue use of the Heartcode ACLS/BLS system for certification and recertification of allied health care staff and medical staff in participating communities.

GOAL TEN:

Review Micromedix CareNotes product for possible implementation into the network. Determine if other patient education needs are present and if the network has an opportunity to work together to meet those needs.

GOAL ELEVEN:

Develop a peer support and education network to meet the needs of individuals providing ancillary services (i.e. dietary, housekeeping, lab, etc...) in the network hospitals.

GOAL TWELVE:

Identify grant opportunities to further network development, assist hospitals in enhancing staff competencies, develop and implement new programs and attract and retain skilled staff.

Based on the identified grant initiatives, funds were utilized accordingly (please see appendix A). The final decision on the use of the funds included:

- (1) Funding of 100% of each CAH's costs for HealthStream, an internet-based educational service in basic staff education for areas such as safety, infection control, corporate compliance, etc. In addition, HealthStream offers other educational opportunities in areas such as nursing, physician education, EMS, etc. Funding also covered additional HIPAA Privacy Modules, providing a means of ensuring education for all staff levels regarding this important regulation.
- (2) Funding of consultative services for Reta Studnicka of St. Elizabeth's Regional Medical Center to provide work sessions enabling CAH facilities to understand and implement necessary changes to meet new HIPAA regulations for both security and transaction & code sets (including hospital owned clinics). Funding for on-site evaluation of computer systems to determine HIPAA Security Readiness.
- (3) Funding to maintain and provide ACLS certifications for employees utilizing the Heartcode ACLS System.
- (4) Funding for the leadership development series.
- (5) Funding of the CAH intranet website and maintenance.

- (6) Funding of administrative costs for coordination of network activities by Good Samaritan Hospital personnel.
- (7) Funding for continued meeting costs.

Other initiatives:

- (1) The grant writing assistance project continued during the fourth year of the grant. In addition to providing various grant information, the Good Samaritan Hospital Foundation also assisted the CAH Network with the submission of the HRSA Small Rural Hospital Improvement Grant Program. All twelve of the CAH Network's members were awarded funding.

SECTION V. A.

The Good Samaritan Hospital Critical Access Hospital Network has received funding from four grant cycles:

- The initial grant of \$68,000 was received in June and August of 2001
- The second grant of \$66,000 was received in May and July of 2002
- The third grant of \$66,000 was received in April and June of 2003
- The fourth grant of \$66,000 was received in February and June of 2004

In summarization, the Network has received \$266,400 in funds and has spent \$161,645.66 of those funds. It is anticipated that the following projects will be funded by said grant funds during the next grant year. This list may include, but is not limited to:

- 1.) The fourth year of the HealthStream educational program. The contracts for the fourth year should be finalized in January of 2005.
- 2.) Leadership Development classes, twice monthly.
- 3.) HIPAA work sessions to understand, implement and maintain compliance with HIPAA regulations in the areas of privacy and security.
- 4.) Micromedix CareNotes for all facilities.
- 5.) Continued meeting and administrative costs for Good Samaritan Health Systems time in serving the network will be charged to the grant funds depending upon projects and the direct time involved in organizing and providing oversight. Good Samaritan Health Systems will provide donated hours to supplement those charged to the grant and the fees to the grant will be based upon an accepted formula.
- 6.) Funding for credentialing oversight that is above and beyond those services delineated in the contract between GSH and the CAH for those CAHs interested in additional assistance.
- 7.) Funding to assess the current technology of facilities and explore opportunities for collaboration in implementing future technologies.
- 8.) Funding for a campaign to educate the public about proper handwashing during flu season.
- 9.) Funding for a day long educational session regarding grant writing and individual grant opportunities.

Appendix A

Appendix B

Appendix C

Appendix D

Appendix E

