

**GOOD SAMARITAN HEALTH SYSTEMS
CRITICAL ACCESS HOSPITAL NETWORK
Work Plan 2006**

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 MEETINGS AND GOVERNANCE:

The CAH Network will be comprised of Good Samaritan Hospital and twelve Critical Access Hospitals. Routine meetings will be held for the following groups: Hospital Administrators (minimum: quarterly meetings), Directors of Nursing (minimum: quarterly meetings) and Quality Assurance representatives (minimum: bimonthly meetings). In addition, ancillary services and EMS staff members may also elect to meet for peer support and education.

The network will be facilitated by a representative of Good Samaritan Hospital and a representative from one of the Critical Access Hospitals. Members will vote upon and approve the use of FLEX funding for projects. The network may allow a minority of hospitals to embark upon a project; a majority is not needed to implement a project, however, there will still be a vote to utilize funding for the project. If the network is interested in implementing a project that exceeds FLEX funding allowances, the network may ask individual members to provide funding or match FLEX funding, especially in the area of technology and in areas where only a minority of hospitals will benefit.

Responsibility for oversight of the goals has been assigned to at least one member of GSH and one member of the CAH Network. Members are expected to take part in the process and help to guide implementation and completion of the work plan.

NETWORK GOALS AND WORK PLAN FOR 2006:

GOAL ONE: Education

Good Samaritan Hospital will provide educational opportunities for medical staff, nursing staff and patients in the CAH facilities. Education will be provided based upon educational needs assessments. In addition, Good Samaritan Hospital and members of the Critical Access Hospital Network will work collaboratively to identify educational opportunities for affiliated hospital board members and EMS staff.

Work Plan:

- 1.) **Goal:** Karen Crocker, Director of Education Services at Good Samaritan Hospital, will work with members of the CAH Network to develop a comprehensive educational plan. This plan will include all general education offered by GSH over the Mid Nebraska Telemedicine Network and will also include, but may not be limited to, the following areas of special interest :
 - A. Medical Practitioner/Staff Education
 1. Healthstream Annual Education
 2. Mandatory Education required for Compliance, HIPAA & licensure
 3. Clinical Certifications: ATLS, Fetal Monitoring, STABLE, TNCC, etc..., especially those that support trauma designations.
 4. Ancillary Services Peer Support and Education: cooking classes/dietary peer support, environmental services peer support, safety, etc...
 5. Heartcode ACLS/BLS
 6. EMS: Provide EMT Certification at two pilot sites via telemedicine and research opportunities to combine EMS and nursing education.
 - B. Patient Education
 1. Micromedix
 2. Regional Health Issues
 - a. Hand washing campaign during flu season
 - b. Five Wishes living will campaign
 - C. Board Education
 1. Contract with a professional speaker to host a basic board education seminar
 2. Create/purchase on-going board education media (such as brief educational videos or handouts) for monthly meetings at each site.

2. Related Grant Guideline Strategies

- a. Developing strategies to reduce out migration of primary and acute care services.
- b. Developing strategies for recruitment and retention of health professionals.
- c. Improving the transfer and referral process and better defining the role of the local EMS operation in this process.
- d. Improving the performance management by providing training and education to improve the competencies of hospital and medical staff

- 3. Responsible Parties:** Karen Crocker, Director of Education Services, Good Samaritan Hospital; Dale Gibbs, EMS Manager, Good Samaritan Hospital; Dana Welsh, Outreach Nurse Coordinator, Good Samaritan Hospital; Stacey Knox, Hospital Administrator, Rock County Hospital and John Rainey, Hospital Administrator, Kearney County Health Services.

GOAL TWO: Quality Assurance and Improvement

Linda Royle, Manager of Clinical Quality at Good Samaritan Hospital, and the CAH Quality Team will focus on network and national quality measures and collectively work on performance improvement initiatives based on the data.

Work Plan:

1. **Goal:** The Quality Team will create goals that support state and national objectives in the area of quality assurance and improvement. These will include, but will not be limited to:
- a. Peer Review
 - b. Benchmarking/Best Practices
 - c. Patient Safety
 - 1. AHRQ grant participation: “Implementing a Program of Patient Safety in Small Rural Hospitals”; root cause analysis
 - 2. Auditing of medication reconciliation project
 - 3. Reviewing, prioritizing and selecting National Patient Safety Goals and CMS goals
 - d. Protocol and Pathway Development
 - 1. Pneumonia
 - 2. Acute AMI
 - 3. Acute Coronary Syndrome
 - 4. Congestive Heart Failure
 - 5. Chest Pain
2. **Related to Grant Guideline Strategies:**
- a. Improving performance management by enhancing quality improvement, patient safety and credentialing processes.

- b. Improving performance management by providing training and education to improve the competencies of hospital and medical staff.
3. **Responsible Parties:** Leigh Bertholf, Corporate Responsibility Officer, Good Samaritan Hospital; Linda Royle, Manager of Clinical Quality, Good Samaritan Hospital and the CAH Network Quality Team.

GOAL THREE: Credentialing

Good Samaritan Hospital will provide educational assistance to CAH Network facilities, as requested, to assist in the credentialing and privileging process.

Work Plan:

1. **Goal:** Good Samaritan Hospital will provide education to Critical Access Hospitals to assist in assuring quality in their credentialing process. This will include:
 - a. Providing updates to CAH facilities regarding regulations that may impact the credentialing process.
 - b. Providing education regarding tools for credentialing.
 - c. Providing oversight of the facilities' credentialing process, if requested, and making recommendations for changes, as needed.
2. **Related to Grant Guideline Strategy:**
Improving performance management by enhancing quality improvement, patient safety and credentialing processes.
3. **Responsible Parties:** Gaylene Gehrt, Credentialing Coordinator at Good Samaritan Hospital.

GOAL FOUR: Policies & Procedures and Bylaws

The CAH Network will create a library of documents that individual members can utilize, as needed, when creating or updating their own policies and bylaws.

Work Plan:

1. **Goal:** To update the online resource to include policies & procedures, bylaws and other documents that are of use to member facilities when developing or improving processes. These may include:
 - a. Medical Staff Bylaws
 - b. Board of Director Bylaws
 - c. Common policy/procedures
 - d. Business office practices
 - e. Billing and collection practices
 - f. Charity care guidelines

- g. Other documents as requested and deemed appropriate by the CAH Network members
2. **Related to Grant Guideline Strategy:**
 - a. Improving performance management by enhancing quality improvement.
 - b. Improving performance management by providing training and education to improve the competencies of hospital and medical staff.
 3. **Responsible Parties:** Dot Northwall, Outreach Services, Good Samaritan Hospital and Marvin Neth, Hospital Administrator, Callaway District Hospital.

GOAL FIVE: Research Collaboration Opportunities in Technology

Begin to assess the current technology resources available and the future technology needs of the CAH Network in support of patient care and quality assurance.

Work Plan:

1. **Goal:** Review current technology resources of the twelve facilities and explore opportunities to enhance and improve these resources to better meet patient needs, assist in patient safety, quality assurance and quality improvement. If opportunities are indeed found, CAH funding and/or private hospital funding may be utilized to prepare facilities for implementation of these technologies. These may include:
 - a. **Teletrauma:** Utilize a combination of FLEX funds and private funds to offer the remaining CAHs opportunity to install teletrauma, thereby supporting and enhancing the patient continuum of care by allowing the primary care trauma team to work collaboratively and in real time with the trauma center team at the tertiary care center.
 - b. **Medical Record Electronic Conversion/Storage:** Research products to determine if there is advantage to group purchasing of this technology.
 - c. Maintain knowledge/provide updates on statewide medical record goals and progress, identifying opportunities for the CAH Network to collaborate in preparing for implementation that may occur if a statewide medical record becomes viable.
2. **Related to Grant Guideline Strategy:**
 - a. Developing more advanced communication systems, including telehealth.
 - b. Improving performance management by enhancing quality improvement, patient safety and credentialing processes.
3. **Responsible Parties:** Tanya Arthur, Chief Information Officer, Good Samaritan Hospital; Wanda Kjar, Telemedicine Program Manager; Jerrell

Gerdes, Hospital Administrator, Franklin County Memorial Hospital and
Renee Fink, Chief Financial Officer, Chase County Community Hospital.

GOAL SIX: Research Collaboration Opportunities in Human Resources

The network will actively research additional partnerships within the network and with other health care entities in the community to further strengthen the abilities of current staff members to provide quality patient care and to collaborate as a group in recruiting additional needed medical professionals to the community.

Work Plan:

1. **Goal:** Develop additional strategies for capitalizing on the network's strength in developing joint projects including the following possibilities:
 - a. **Nurse Retention:** The network has applied for a nursing grant to begin the "Mid-Nebraska Nurse Retention Collaborative", focusing on retention of nursing professionals. Projects include: increasing nurse competency of evidence based practice, enhancing the professional environment by supporting shared decision making, supporting ongoing competency assessments and initiating a mobile skills lab.
 - b. **MD/RN Recruitment:** Research options for combining efforts in recruiting additional needed professionals to the service area.
 - c. **EMS/Hospital Collaboration:** Brown County Hospital and Good Samaritan Hospital have joined with two other health care entities in Nebraska to submit a grant to form the Rural Nebraska Regional Ambulance Service Network with the goal of providing better ground and air ambulance transportation to the citizens of central and western Nebraska. Grant awards are expected to be announced in April, 2006. Whether the grant is awarded or not, the GSH CAH Network will research ways to develop common strategic plans for patient care and utilizing EMT/paramedic staff within hospitals to augment existing staff.
 - d. **Employee Climate Survey:** Utilize Valley County Hospital's experience with the 2005 Employee Climate Survey to determine a tool for the hospitals interested in implementing the survey into their own facilities, possibly employing IDI Solutions, another company or hospital staff at other hospitals within the network to conduct the survey.

2. **Related Grant Guideline Strategy**
 - a. Developing strategies for the recruitment and retention of health professionals.
 - b. Improving performance management by enhancing quality improvement, patient safety and credentialing processes.

- c. Improving the performance management by providing training and education to improve the competencies of hospital and medical staff and enhancing the quality improvement and credentialing process.
- d. Improving the transfer and referral process and better defining the role of the local EMS operation in this process.
- e. Developing a regional EMS system, where CAHs assume a leadership role.

3. **Responsible Parties:** Lesley Bollwitt, Director of Grants and Special Projects; Carol Wahl, Vice President of Patient Care Services; Dale Gibbs, Manager of EMS, Good Samaritan Hospital; Dana Welsh, Outreach Nurse Coordinator, Good Samaritan Hospital; Neelam Bhardwaj, Hospital Administrator, Valley County Hospital and John Rainey, Hospital Administrator, Kearney County Health Services.

Projected Expenses for 2006 Work Plan

Goal One: Education

a.) Healthstream (core regulatory and HIPAA)	\$19,000.00
b.) Administrative costs for education broadcast via telemedicine	\$ 9,840.00
Critical Care Course (four sessions)	
Physician Noon Conferences (47 sessions)	
Nursing Noon Conferences (25 sessions)	
c.) Ancillary and peer support: yet to be determined	
d.) Heartcode ACLS	
ACLS keys	
Administrative costs	\$ 500.00
e.) EMS education: yet to be determined	
f.) Micromedix	\$21,000.00
g.) Regional health issues	
Hand washing campaign	\$ 2,000.00
Five Wishes living will campaign	\$ 4,000.00
h.) Board education	
Professional speaker: yet to be determined	
Videos /Newsletter Updates: yet to be determined	
i.) Computer support of Healthstream & Micromedix	\$ 5,000.00

Goal Two: Quality Assurance and Improvement

Minimal cost; meeting costs only (listed under "Miscellaneous")

Goal Three: Credentialing

Minimal cost; meeting costs only (listed under "Miscellaneous")

Goal Four: Policies & Procedures and Bylaws

Minimal cost; staff time only (listed under "Miscellaneous")

Goal Five: Research Collaboration Opportunities in Technology

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| a.) Teletrauma | \$10,000.00 |
| b.) Medical record electronic conversion & storage
yet to be determined | |

Goal Six: Research Collaboration Opportunities in Human Resources

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| a.) Nurse retention: outside grant funded if approved | |
| b.) MD/RN Recruitment: yet to be determined; no funding will be used for
actual recruitment costs | |
| c.) EMS/hospital collaboration: yet to be determined | |
| d.) Employee climate survey: Six hospitals x \$3,000/hospital | \$18,000.00 |

Miscellaneous Expenses

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|-----------------------------|------------|
| a.) Staff coordination time | \$7,000.00 |
| b.) Meeting expenses | \$1500.00 |
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Total Estimated Expenses: \$97,840.00

