

# Critical Access Hospital Network

## Good Samaritan Hospital

### 2007 Work Plan

#### **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 with each hospital in the network as well as when patients are transferred from the critical access hospitals to a tertiary care hospital. As a network, we will look for ways to support the network while strengthening its individual members and the communities they serve.

#### **Networking Meetings and Governance**

The CAH Network will be comprised of Good Samaritan Hospital and 14 Critical Access Hospitals. Routine meetings will be held for the following groups:

- Hospital Administrators – quarterly meetings minimum
- Directors of Nursing – quarterly meetings minimum
- Quality Assurance – bimonthly meetings minimum

In addition, ancillary services and EMS staff members may also elect to meet for peer support and education.

A representative of Good Samaritan Hospital and a representative from one of the Critical Access Hospitals will facilitate the network. Members will vote upon and approve the use of FLEX funding for projects. The network may allow a minority of hospitals to embark on 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.

## **Network Goals and Work Plan for 2007**

### **Goal One – Education**

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

The Director of Education Services at Good Samaritan Hospital will work with members of the network to develop a comprehensive educational plan. The plan includes all general education from GSH that can be offered over the Mid Nebraska Telemedicine Network and the State Telehealth Network. Additionally, the following areas have been identified as of special need and will also be offered.

#### Medical Practitioner and Staff Education

1. Annual Education requirements for all employees
2. Mandatory education dealing with compliance, HIPAA and licensure
3. Clinical Certifications – ATLS, STABLE, TNCC, Critical Care Nursing, Fetal Monitoring and all education that supports the State Trauma System.
4. Bimonthly education offerings to Ancillary Services – Risk Management, Safety and Security, Environmental Services, Maintenance, etc.
5. Continuation of the traveling HeartCode system for renewal of BLS and ACLS certifications.
6. Provide 10 - 2-hour continuing education sessions for all EMS providers through EMS Trends.

#### Patient Education

1. Micromedix
2. Addressing regional health issues through the Hand Washing Campaign during flu season and the Five Wishes living will campaign.

#### Board Education

1. A variety of methods to provide board education will be explored.

Responsible Parties – Karen Crocker, Director of Education Services, Joe Graf, EMS Supervisor and Dana Welsh, Outreach Nurse Coordinator all of GSH, and Stacey Knox, Administrator Rock County Hospital and John Rainey Administrator of Kearney County Health Services.

## **Goal Two – Quality Assurance and Improvement**

The CAH Quality Team will create goals that support the state and national objectives in the area of quality assurance and improvement.

### Review CMS Regulations

This will improve performance management by enhancing the quality improvement and guidelines established by CMS

1. Each hospital will self-assess their compliance by the use of a grid of regulations
2. At the meetings there will be sharing of ideas on the compliance issues.
3. Staff from specialty areas will also be invited as the opportunity presents.

### Address Safety Issues

Issues relating to patient and staff safety, mock codes and drills, heart failure will be undergo peer review and involve other departments in the quality activities. This will improve performance management by enhancing quality improvement through standardization and best practice.

1. During the quality team meetings, there will be round-table discussions regarding successes and challenges
2. Review of current published literature

### Patient Safety

1. Continue participation in the AHRQ program, “Implementing a Program of Patient Safety in Small Rural Hospitals.”
2. Auditing of medication reconciliation
3. Reviewing, prioritizing and selecting National Patient Safety and CMS goals.

### Protocol and Pathway Development

1. Pneumonia
2. Acute MI
3. Congestive Heart Failure
4. Code STEMI

Responsible parties – Leigh Bertholf, Corporate Responsibility Officer and Linda Royle, Manager of Clinical Quality Good Samaritan Hospital, Dana Welsh, Outreach Nurse Coordinator, and the CAH network Quality Team.

## **Goal Three – Credentialing**

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

### Credentialing Process

1. GSH will provide updates to the CAH regarding regulations impacting the credentialing process
2. Provide education regarding credentialing skills and tools
3. Provide oversight of the credentialing process, if requested, and make recommendations, as needed.

**Goal Four – Policies and 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.

Continually Update the Online Resource

Maintain policies, guidelines, protocols and other documents of mutual interest of the network to develop and/or improve processes. This online resource is part of the Networks CAH website - <http://cnebcah.hypermart.net>.

Responsible Parties – Marvin Neth, Callaway District Hospital Administrator, Dale Gibbs, GSH.

**Goal Five – Research Opportunities in Technology**

Assess the current technology resources available and the future needs of the Network in support of patient care and performance improvement.

Technology Needs Assessment

The Network will be assessed for technology needs through an online survey. When everyone has completed the survey, the GSH Information Technology Department will compile the results and present to the Network. The information will then be used to determine next steps toward an electronic health record system for the Network.

Teletrauma/Telepsych

Continue using a combination of FLEX and other technology funds to offer CAHS the opportunity for telehealth equipment in their emergency departments. This will support their efforts in improving patient care and also enhance the continuum of care if the patient is transferred to a tertiary care center. The equipment can be utilized for services from GSH Emergency Department, both medical and trauma and Richard Young Hospital for behavioral emergencies.

Responsible parties – Brenda Bland, GSH IT Regional Program Director, Wanda Kjar-Hunt, GSH Telemedicine Program Manager, Jerrell Gerdes, Administrator Franklin County Memorial Hospital

### **Goal Six – Collaborative Opportunities in Human Resources**

Develop strategies for capitalizing on the network's strength on joint projects to improve performance management, credentialing, recruitment and retention, staff competencies, the patient referral process and assist in the development of a regional EMS network with CAH assuming a leadership role.

#### Regional Ambulance Network

Collaborating with Valley Ambulance Service in Scottsbluff, Regional West Medical Center, Rock County Hospital, Dundy County Hospital, Franklin County Memorial Hospital, Chase County Community Hospital, Kearney County Health Services, Chadron Community Hospital, Garden County Health Services, Kimball County Hospital, Box Butte General Hospital, Gordon Memorial Hospital District, Brown County Community Hospital and Phelps Memorial Health Center memoranda of understanding have been signed to apply for a HRSA Network Development grant to establish a regional ambulance network. This network will encompass central and western Nebraska and will work to enhance rural EMS for better patient care. Grant awards are expected to be announced in April 2007.

This activity is a result of two CAH networks collaboration and, if successful in obtaining the grant, will provide more collaboration between all parties. Additionally, there will be an improvement in the patient referral and transfer process for better patient care.

#### Nurse Retention

A grant application will be submitted in December 2007 to begin the "Mid-Nebraska Nurse Retention Collaborative." This will focus on retention of nursing staff for all hospitals by enhancing their competencies, professional environment through shared decision-making and initiating a mobile skills lab.

#### Recruitment

Research opportunities for combining efforts in recruiting additional professionals in the communities.

#### EMS/Hospital Collaboration

In addition, to the regional ambulance network, collaboration will continue in enhancing the local EMS/hospital collaboration, through the Region 3 Trauma System and Good Samaritan Hospital's Outreach Services Department. This will also lead to improving the referral and transfer process.

#### Employee Climate Survey

The network has received bids for employee surveys and will make a determination before the end of the first quarter on which to use. A goal for completion by the end of calendar year 2007 would be to have action plans in place for each institution as a result of their surveys. The surveys will give hospitals tools to improve employee satisfaction, which will lead to improving retention rates, making recruitment easier and improving patient care.

### Local Health Care Community Assessment and Promotion

The network will explore ways to assess use of the local health care services, out-migration and how to promote utilization of the local health care system.

1. Good Samaritan Hospital will make results of the last consumer survey available to each hospital in the network, as it applies to their area. This will help in determining if there is a much out-migration and for what type of services.
2. Good Samaritan Hospital's Corporate Communications Department will assist in marketing campaigns in the CAH area demonstrating the need for the local hospital. Additionally, promotion of the CAH network within each community will demonstrate the importance of the local hospital and how it's affiliation with the network strengthens the local health care offerings.

Responsible parties – Lesley Bollwitt Director of Grants and Special Projects, Carol Wahl Vice President of Patient Care Services, Joe Graf EMS Supervisor, Dana Welsh Outreach Nurse Coordinator, all of Good Samaritan Hospital John Rainey Administrator of Kearney County Health Services, Dale Gibbs Director of Outreach and Telemedicine Services and Marsha Wilkerson, Director of Corporate Communications.

## Proposed Expenses for 2007 Work Plan

### Goal One – Education

1. Annual and mandatory education	\$19,000	
2. Costs for use of telehealth and administration for Critical Care, ATLS, TNCC, STABLE nursing and physician noon conferences	9,000	
3. Ancillary and peer support education via telehealth	0	
4. HeartCode	1,500	
5. EMS Trends	0	
6. Micromedix	23,000	
7. Regional health campaigns		
Hand Washing	2,000	
Five Wishes	4,000	
8. Board Education	<u>10,000</u>	<b>\$68,500</b>

### Goal Two – Quality Assurance and Improvement

1. Meetings	200	
2. Mileage	<u>1,000</u>	<b>1,200</b>

### Goal Three – Credentialing

1. Mileage		<b>200</b>
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### Goal Four – Policies, Procedures and Bylaws

**0**

### Goal Five – Research Opportunities in Technology

1. Teletrauma/Telepsych	10,000	
2. Technology Needs Assessment	0	<b>10,000</b>

### Goal Six – Collaborative Opportunities in Human Resources

1. Regional Ambulance Network (Grant)	0	
2. Nurse Retention (Grant)	0	
3. Recruitment (unknown cost at this time)	0	
4. EMS/Hospital Collaboration	0	
5. Employee Climate Survey (14 hospitals x \$1200)	\$16,800	
6. Local Health Care Community Assessment and Promotion (postage and stationary)	1,000	<b>17,800</b>

### Miscellaneous Expenses

1. Staff Coordination Time	7,000	
2. Meeting Expenses	1,500	<u><b>8,500</b></u>

***TOTAL ESTIMATED EXPENSES***

**\$97,700**