

CENTRAL NEBRASKA
CRITICAL ACCESS HOSPITAL NETWORK

2008 Mid Year Report

2008
CENTRAL NEBRASKA
CRITICAL ACCESS HOSPITAL NETWORK
Annual Work Plan

- I. Introduction

- II. Network Mission Statement, Vision Statement

- III. Description of Network
 - a. Listing of Hospitals and Administrators/CEOs
 - b. Network Meetings and Governance

- IV. 2008 Network Goals and Activities To Date, in support of the goals

- V. 2008 Year-to-Date Budget

Central Nebraska Critical Access Hospital Network

Mission Statement

The Central Nebraska 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 Central Nebraska 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.

Central Nebraska Critical Access Hospital Network

Membership

The Network is comprised of the following fifteen hospitals and administrators/CEOs:

Brown County Hospital	Neil Hilton
Callaway District Hospital	Marvin Neth
Chase County Community Hospital	Lola Jones
Cozad Community Hospital	Lyle Davis
Dundy County Hospital	Rita Jones
Franklin County Memorial Hospital	Jerrell Gerdes
Good Samaritan Hospital	John W. Allen
Gothenburg Memorial Hospital	John Johnson
Harlan County Health System	Rebekah Mussman, Interim
Jennie M. Melham Memorial Medical Center	Mike Steckler
Kearney County Health Services	Fred Meis
Rock County Hospital	Stacey Knox
Tri-Valley Health System	Carol Hanes
Valley County Health System	Larry Schrage
Webster County Community Hospital	Robert Sheckler

Network Meetings and Governance

Meetings will be held on no less than a quarterly basis and are designed for hospital administrators, directors of nursing and quality/performance improvement personnel. In addition, ancillary services staff members from those affiliated hospitals and EMS personnel from their surrounding areas may also elect to meet for peer support and education.

A representative of Good Samaritan Hospital (GSH) will facilitate the network operations. Members will vote upon and approve the use of the Flex funding for network projects. The network may allow a minority of hospitals to embark on a project but 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 may benefit.

Network Mid-Year Report for 2008

Goal One – Education

Good Samaritan Hospital will collaborate with the network in providing educational opportunities for patients and their family, and for medical, nursing and ancillary staff in the CAH facilities. Education will be provided based on the needs expressed by the members. In addition, Good Samaritan Hospital and members of the Network will work collaboratively to identify educational opportunities for the local EMS staff.

Activity One – Provide programs that award continuing education hours.

- Advanced Trauma Life Support, Advanced Cardiac Life Support, Basic Life Support, Pediatric Advanced Life Support have been offered during the year through the AHA Training Center at GSH.
- EMS Trends, a monthly two-hour session focused on volunteer EMS personnel is offered live at GSH and if broadcast via the Nebraska State Telehealth Network to 28 hospitals in the state.
- The HeartCode system for providing renewal of ACLS on-site at each CAH was provided to 4 hospitals during the first six months. (Note: All of the HeartCode equipment was destroyed on May 29, 2008 when a tornado struck the building containing Outreach Services. Because of the contract we have with the state to provide oversight for this service and the contracts with the CAH, our insurance will cover replacement of the system.)

Activity Two – Develop online resources to enhance clinical practice.

- Access to “Up-to-Date”, a database for clinical diagnostic and treatment information has been given to all CAH.
- The Network has just renewed 13 or the 14 CAHs subscription to MEDMARX.
- The Micromedex Formulary is still being accessed by each CAH.

Activity Three – Provide resources for the CAH community events.

- Plans for attendance at CAH community Health Fairs have been made.

Activity Four – Assist CAHs in developing their staff and leaders.

- Meetings, via telehealth, have been held to share ideas, answers and support for ancillary hospital departments. Meetings include Laboratory, Maintenance, Dietary, Cardiovascular, Ethical decision-making and Risk Management. Future meetings may include a Network-wide NIMS training their specific functions within their hospital.
- Participation has continued with the HealthStream annual education program for employees.

Activity Five – Providing patient education

- Continuation of the Five Wishes campaign
- Continue with the region’s Hand Washing Campaign with school-age children.

Goal Two – Quality Assurance and Improvement

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

Activity One – Network-wide quality project

- Initially, the Network desired to pursue a patient satisfaction survey for each hospital and use the results to improve their patient satisfaction and benchmark with the others in the Network. After exploring the costs of direct mail and phone surveys and the return rate for both, it was felt that the phone surveys would cost too much and the direct mail surveys did not have an adequate return rate.
- The Network has agreed to begin training with TeamSTEPPS and use it as the Network quality goal. Initial training for Master Trainers has been completed and they have returned to their respective hospitals and began training their co-workers and implementing the program. Of the 108 participants of this initial training, our Network sent 50.

Activity Two – Rules and Regulations

- CMS guidelines and regulations are reviewed and discussed with the CEOs/Administrators, as needed.
- Joann Erickson addressed state Conditions of Participation at the March meeting.

Activity Three – Protocol and pathway development

- Protocols, standing orders and pathways continue to be shared among the Network and in the state CAH list-serve.

Activity Four – Visits

- A schedule for visits to each hospital to review quality activities has not been developed yet.

Goal Three – Credentialing

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

Activity One – Credentialing process

- The Credentialing Department at GSH has fielded questions from some of the CAH and plans are being made for trips to the sites.
- Working with Sentinel Health, the CHI attorneys, GSH's Credentialing and Telehealth Departments, a draft contract and procedure has been developed to provide an easy method for telehealth credentialing. The procedure and contract will be next be reviewed by the CAHs and a meeting held to summarize and finalize both will occur in July 2008. The final step will be a review and approval from the State.

Goal Four – Policies and Procedures

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

Activity One – Sharing of policies and procedures

- The Network members continue to share policies, procedures, protocols and pathways via the Network website www.nebraska.com.

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.

Activity One – Telehealth

- Exploration into telepharmacy was done but due to FTE constraints it was decided that the endeavor would not be successful. The project is on hold at this time.
- Good Samaritan Hospital has begun installation of virtual provider network (VPN) concentrators in hospitals in Cozad and Callaway, in order that PACS images can be sent directly to Good Samaritan Hospital rather than being routed through a third party. Using the VPN concentrator for other technical opportunities, such as medication access as a function of telepharmacy, patient record sharing, EMR, etc. will be explored, depending on the needs of the critical access hospital and/or available money.
- Use of telehealth for emergencies continues.

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.

Activity One – Rural Nebraska Regional Ambulance Network grant

- The Central Nebraska Critical Access Network continues collaboration with the Panhandle CAH network in working toward the completion of the goals and objectives in the grant. Julie Smith has been hired as the Networks Director and work on the first year's goals and objectives has begun. Additionally, the grant Steering Committee has held eight town hall meetings in Holdrege, McCook, Ord, Bridgeport, Sidney, Chadron and North Platte to update the areas' hospitals and EMS personnel.

Activity Two – Health care providers retention and recruitment

- Additional efforts to find a grant to assist the hospitals with both retention and recruitment efforts for health care providers have not been successful as of yet. A grant would allow us to combine efforts to recruit additional and retain current personnel.

Activity Three – Employee Climate Surveys

- The employee climate survey begun in 2007 will continue through 2008. As the surveys are tabulated, each hospital will be able to compare their specific results with the aggregate scores of the other hospitals. The survey results will give the hospitals the opportunity to identify areas for improvement and areas to maintain, which, in turn, should lead to improving retention rates and making recruitment easier and, overall, improving patient care.

Activity Four – Patient Satisfaction Surveys

- As noted previously, this activity will not be pursued.

Respectfully submitted

Dale Gibbs

Director of Outreach and Telehealth Services

Good Samaritan Hospital

Kearney Nebraska

Appendix A Balance Sheet as of April 2008

Good Samaritan Hospital Foundation FY2008 Critical Access Hospital Funds 2100 1000460 206020 1003

Mo/Yr	Vendor	Beginning Balance	Funds Received	Funds Spent	Ending Balance
Aug-07	Laderal Medical Corporation	\$ 64,762.56		(1,500.00)	\$ 63,262.56
Sep-07	Micromedex	\$ 63,262.56		(23,142.60)	\$ 40,119.96
Sep-07	Wells Fargo	40,119.96		(2,065.00)	\$ 38,054.96
Oct-07	Dietary Intertransfers	38,054.96		(82.50)	\$ 37,972.46
Nov-07	Rural Health Comprehension Care	37,972.46		(2,134.70)	\$ 35,837.76
Nov-07	Dietary Intertransfers	35,837.76		(8.75)	\$ 35,829.01
Dec-07	Valley City Hosp & Nursing Home	35,829.01		(8,899.54)	\$ 26,929.47
Dec-07	Callaway District Hospital	26,929.47		(8,899.54)	\$ 18,029.93
Dec-07	Chase County Comm Hospital	18,029.93		(8,899.54)	\$ 9,130.39
Dec-07	Franklin County Memorial Hospital	9,130.39		(8,899.54)	\$ 230.85
Dec-07	Harlan County Health System	230.85		(8,899.54)	\$ (8,668.69)
Dec-07	Tri Valley Home Health Agency	(8,668.69)		(8,899.54)	\$ (17,568.23)
Dec-07	SHIP Grant	(17,568.23)	124,593.56		\$107,025.33
Dec-07	State of NE	107,025.33	23,000.00		\$130,025.33
Jan-08	Brown County Hospital	130,025.33		(8,899.54)	\$121,125.79
Jan-08	Dundy County Hospital	121,125.79		(8,899.54)	\$112,226.25
Jan-08	Webster County Comm Hospital	112,226.25		(8,899.54)	\$103,326.71
Jan-08	Rural Health Comprehension Care	103,326.71		(1,470.75)	\$101,855.96
Feb-08	Kearney County Health	101,855.96		(8,899.54)	\$ 92,956.42
Feb-08	Rock County Hospital	92,956.42		(8,899.54)	\$ 84,056.88
Feb-08	Jennie M Melham Mem Hospital	84,056.88		(8,899.54)	\$ 75,157.34
Feb-08	Gothenburg Memorial Hospital	75,157.34		(8,899.54)	\$ 66,257.80
Feb-08	Cozad Community Hospital	66,257.80		(8,899.54)	\$ 57,358.26
Mar-08	Dietary Intertransfers	57,358.26		(433.80)	\$ 56,924.46
Mar-08	State of NE	56,924.46	31,500.00		\$ 88,424.46
Apr-08	Healthstream	88,424.46		(17,658.25)	\$ 70,766.21
June-08	MEDMARX (12 CAHs)	70,766.21		(24,000.00)	\$ 46,766.21