

CENTRAL NEBRASKA
CRITICAL ACCESS HOSPITAL NETWORK
2008 WORK PLAN

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 in support of the goals

- V. 2008 Proposed 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	Allen Van Driel
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 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 Goals and Work Plan 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.

The Good Samaritan Hospital Education Services Department will continue to provide seminars and on-site conferences awarding continuing education hours to physicians, nurses and allied health care providers.

1. Further develop the suite of Obstetrics and Perinatal courses to meet the needs of hospitals that are providing labor and delivery services. The skills courses offered will include the newborn STABLE course, basic and advanced fetal monitoring, neonatal resuscitation program and the Advanced Live Support-Obstetrics (ALSO) course.
2. Offer the ASCCM Basic Critical Care course for physicians and physician-extenders to provide information during the golden hour of treatment for the critically ill patient.
3. Offer Advanced Trauma Life Support (ATLS) to physicians, physician-extenders and the Trauma Nurse Core Course (TNCC) to nursing personnel in order to further develop and enhance the statewide trauma system.
4. Assist the CAH with providing their own advanced life support courses by acting as their American Health Association Training Center and provide the oversight for these programs to them.
5. Focus on education that offers skills training and hands-on skill building.
6. Continue providing two-hour continuing education hours for EMS personnel via the state telehealth network.
7. Continue with the oversight of the HeartCode system for BLS and ALS recertification for physician, mid-level and nursing personnel at the CAH sites.

Activity Two – Develop online resources to enhance clinical practice.

1. Provide online access to Up-to-Date, the premier database for clinical diagnostic and treatment information. Allow physicians and nursing personnel to evaluate Up-to-Date and make a decision regarding purchase for their use.
2. Explore the opportunity to provide online access to Micromedex Formulary for each CAH. The network currently subscribes to the Micromedex patient and clinical database suite, which does not include the Formulary. Regulatory agencies that govern the CAHs have recommended this as a resource.

Activity Three – Provide resources for the CAH community events.

1. Participate in community health fairs and provide speakers when asked.

2. Invite students from the CAH communities to participate in HealthQuest, a “Careers Opportunity in Health Care” one-day informational program.

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

1. Provide information on the new employee orientation format employed at Good Samaritan Hospital.
2. Assess the needs for staff and leadership development.
3. Provide information on the management orientation offered to new managers at Good Samaritan Hospital.
4. Provide information on the performance standards uses at Good Samaritan Hospital for employee evaluations.
5. Facilitate monthly meetings involving various hospital ancillary staff with the purpose of information sharing and general discussion regarding their specific functions within their hospital.
6. Explore other opportunities for leadership educational development.
7. Participate in the HealthStream annual education program for employees.

Activity Five – Providing patient education

1. Continuation of the Five Wishes campaign
2. 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

1. The Network has agreed to explore a patient satisfaction survey for each hospital based on the HCAHPS questionnaire. Results will be individual hospital specific and each hospital will be compared to the aggregate score of the other hospitals.
2. The quality team of the Network is also exploring a quality project that is more clinical in nature.

Activity Two – Mock Surveys

1. The quality team will develop a survey tool based on help from the State of Nebraska and conduct mock surveys throughout the year based on the Conditions of Participation.
2. Continuation of reviewing CMS guidelines and regulations.

Activity Three – Protocol and pathway development

1. Protocols, standing orders and pathways will be developed and shared as requested.
2. Continuation with current protocols and pathways, and monitoring for changes.

Activity Four – Visits

1. Each hospital will be visited at least once in the year to review quality activities.

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

1. Good Samaritan Hospital will provide updates to the CAH regarding regulations impacting the credentialing process.
2. Good Samaritan Hospital will provide education regarding credentialing skills and tools.
3. Good Samaritan Hospital will provide oversight of the credentialing process, if requested, and make recommendations as needed.
4. Good Samaritan Hospital and a member of its credentialing team will make a face-to-face visit to each CAH within the 2008 calendar year.
5. The Network will work collaboratively with other networks in the state, the State HHS Credentialing office and the Nebraska State Telehealth Network to implement a simple process for telehealth credentialing.

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

1. The Network members will continue to share policies, procedures, protocols and pathways.
2. The Network will continue to use their website (www.nebraskacah.com) as the means to share the above and any other information they feel is of value.

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

1. The Network will explore additional uses for telehealth, especially in the area of pharmacy services, such as review of medication orders, assistance in accessing, mixing and delivery of medications, patient education, etc.
2. Throughout 2008 and 2009, Good Samaritan Hospital will begin installing virtual provider network (VPN) concentrators in referring hospitals 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.
3. Continued use of telehealth for emergencies and expansion to include pharmacist assistance with medications for critical patients at the CAH.

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 will continue collaboration with the Panhandle CAH network working toward the completion of the goals and objectives in the grant. A Director will be hired and work on the first year's goals and objectives will begin.

Activity Two – Health care providers retention and recruitment

Additional efforts will be made to find a grant to assist the hospitals with both retention and recruitment efforts for health care providers. The grant should allow combining of 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

The Network is exploring vendors to conduct patient satisfaction surveys for 2008. The surveys will utilize the HCAHPS survey questions and, like the employee survey results, each hospital will have their particular scores and will be benchmarked against the network's aggregate score.

Appendix A:

Proposed Budget for 2008 Central Nebraska CAH Work Plan

REVENUE

Balance on hand December 31, 2007	\$62,262.56	
Final 2007 payment due from Nebraska HHS	23,000	
2008 payment for 14 hospitals at \$4500 each	<u>63,000</u>	
Total Revenue		\$148,262.56

EXPENSES

Goal One – Education

1. Heart Code ACLS recertifications	30,000	
2. Micromedex	23,000	
3. Patient and Family Education		
a. Hand Washing	1,000	
b. Five Wishes	1,000	
4. Leadership Development classes	<u>5,000</u>	
	60,000	

Goal Two – Quality Assurance and Improvement

1. Meetings	200	
2. Mileage	1,000	
3. Patient Satisfaction Survey	<u>56,000</u>	
	57,200	

Goal Three – Credentialing

1. Mileage	500	
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Goal Four – Policies and Procedures

1. Website Hosting	100	
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Goal Five – Research Opportunities in Technology

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Goal Six – Collaborative Opportunities in Human Resources

1. Employee Climate Surveys for 11 hospitals	<u>19,800</u>	
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TOTAL ESTIMATED EXPENSES **\$137,600**

Estimated balance December 31, 2008 **\$ 10,662**