

Spring 2012



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Indiana Flex Program Interim Progress Report (2011-2012)

The purpose of this report is to provide the Indiana Critical Access Hospitals and the State Office of Rural Health with a six-month progress report of the current Indiana Flex Program projects from September 1, 2011, through March 31, 2012. Indiana has six (6) Flex CAH projects in progress for Flex FY 2011- 2012.

1. Medicare Beneficiary Quality Improvement Project (MBQIP)
2. CAH Readmissions Project
3. LEAN Mini Collaboratives
4. IRHA Educational Programs
5. Rural Videoconferencing Network
6. e-Learning Network

As of September 1, 2011, all Flex contractors began reporting Flex activities into TruServe, a web-based reporting tool. This ensures all Flex activities performed are captured by the contractors and project coordinators to meet SORH reporting requirements. To date, over 800 Flex activities have been entered into TruServe! To receive a report of all Indiana Flex Program activities provided to your CAH, please feel free to contact the Indiana Flex Program Coordinator.

MBQIP

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The HRSA Office of Rural Health Policy (ORHP) created the Medicare Beneficiary Quality Improvement Project (MBQIP) as a Flex Grant Program activity within the core area of quality improvement starting September 2010. The primary goal of this project is for CAHs to voluntarily implement quality improvement initiatives to improve their patient care and operations. This project is contracted by the SORH to the Indiana Rural Health Association. The objectives and progress of each phase are outlined below.

1. Encourage 100% participation in MBQIP Planning Phase by FY 2011:
 - **100% of Indiana CAHs are participating in MBQIP** as of March 2011. Signed MOUs are on file for all 35 CAHs.
2. Increase CAH Hospital Compare participation for Phase 1 measures (Pneumonia and Congestive Heart Failure) to 100% by FY2012 to improve publicly available data and motivate CAHs to implement related quality improvement initiatives:
 - **100%** of Indiana CAHs have pledged to report to CMS Hospital Compare on all eligible HF and PN measures as of October 31, 2011 reporting period.
 - **94%** (33 of 35) of Indiana CAHs are reporting HF and PN measures to CMS Hospital Compare.

3. Achieve CAH Hospital Compare participation for Phase 2 measures (Outpatient and HCAHPS) to 100% by FY2013 to motivate CAHs to implement quality improvement initiatives. IRHA has accelerated reporting efforts to engage CAHs in reporting *Phase 2* measures for Outpatient 1-7:
 - **100%** of Indiana CAHs have pledged to report to CMS Hospital Compare on all eligible outpatient measures as of March 31, 2012.
 - **48%** (17 of 35) of Indiana CAHs are reporting on outpatient measures to CMS Hospital Compare.
 - **62%** (22 of 35) of Indiana CAHs are reporting HCAHPS.
 - As of March 31, 2012, 100% of the Indiana CAHs have *pledged* to report inpatient HF/PN measures and outpatient 1-7 measures to CMS.

The current focus of this project is to collaborate with Health Care Excel and consultants to identify CAHs not consistently reporting measures and identify performance improvements weekly. CAHs with areas of improvement identified will be contacted to best determine their needs to improve their performance. This may be provided through remedial training, peer “best practices.”

The Flex Quality Networking Council (FQNC) was established September 2011 to encourage CAH staff networking, focusing on MBQIP via monthly videoconference meeting. Health Care Excel participates on all videoconferences to support reporting and provide the most current information from CMS. With the onset of live streaming for these meetings, CAH attendance has increased 50%.

Quarterly MBQIP data reports are distributed to all CAHs, and statewide trends are discussed on the FQNC videoconferences. An FQNC Forum was initiated September 1, 2011, to encourage CAH exchange of information and a platform to communicate between meetings.

The first *Key Stakeholders’ Meeting* between IRHA, IHA, HCE, and SORH met on March 2, 2012, to begin collaborative efforts among organizations to prevent duplication of overlapping quality reporting initiatives. A matrix of all quality reporting initiatives is under development to assist CAHs in understanding their reporting efforts. Routine meetings among key stakeholders are planned throughout 2012 to identify ways to best support the Indiana CAH quality reporting needs.

CAH Readmissions Project

Charlotte Macke, cmacke@hce.org, Project Coordinator

This project is contracted with SORH by Health Care Excel. The project is a continuance of the HCE project from April 2011 through August 2011 and resumed January 1, 2012. The goal of this project is to complete delivery and implementation of the Readmission Toolkits to all participating CAHs. The following CAHs are participating in this project:

1. Sullivan Community Hospital
2. Putnam County Hospital
3. Rush Memorial Hospital
4. Mary Margaret Community Hospital
5. St. Vincent Dunn Hospital, Inc.

The progress achieved after intervention for each project objective is outlined below.

- 100% of CAH participating in the project have received a toolkit and training
- **82%** (11 to 2) reduction in HF/PN CAH Readmissions
- **37% to 39%** (\$124,790 to \$18,137) reduction in cost of HF/PN CAH readmissions
- **58%** (7 to 3 days) reduction in average length of stay
- **58%** (44.25 to 35) reduction in bed utilization related to HF/PN CAH readmissions

This project will complete in August 2012. A copy of the Readmissions Toolkit is available from the Flex Program Coordinator or the SORH upon request.

LEAN Mini Collaboratives

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This project is contracted by the SORH to the Indiana Rural Health Association and subcontracted to PurdueTAP for LEAN implementation and training. Lean Mini Collaborative Participating CAHs (21):

Transitions of Care:

1. Community Hospital of Bremen
2. Decatur County Memorial Hospital
3. Gibson General Hospital
4. IU Health Bedford Hospital
5. IU Health White Memorial Hospital
6. Logansport Memorial Hospital
7. Margaret Mary Community Hospital
8. Pulaski Memorial Hospital
9. St. Vincent Dunn Hospital
10. St. Vincent Mercy Hospital

Readmissions:

1. Greene County General Hospital
2. IU Health Tipton Hospital
3. Parkview LaGrange Hospital

Emergency Department Patient Throughput:

1. Fayette Regional Health System
2. Rush Memorial Hospital
3. Scott Memorial Hospital
4. St. Vincent Randolph Hospital
5. St. Vincent Jennings Hospital
6. St. Vincent Salem Hospital
7. Wabash County Hospital
8. Woodlawn Hospital

The objectives and progress of each phase are outlined below.

- November 21, 2011 - 23 Hospitals and 85 people participated in the *Lean Mini Collaborative Kickoff*.
- January 11/12, 2012 - *Pre-project Planning Calls* for the three projects target areas with 100% (53 individual attendees) hospital participation.
- Every other week *Yellow Belt Project-based Training Workshops* are being held at each location over a period of eight weeks.
- To date, 145 have attended at least one day of yellow belt training and 132 have completed 32 hours of the yellow belt training certification requirement. Specific project objectives and measures are determined by each CAH participating in the mini collaborative based on their individual identified needs.

IRHA Educational Programs

Tina Elliott, telliott@indianarha.org, IRHA Project Point of Contact

This project is contracted by the SORH to the Indiana Rural Health Association to provide 3 CAH Educational Programs annually, provide a quarterly CAHoots newsletter and maintain the Flex web site. The annual programs include the Fall Forum: Harvesting Rural Health Solutions, Spring into Quality Symposium, and the Leadership Seminar offered to CAH executives, Board of Directors, CAH Department Directors and CAH staff.

The CAH Educational Programs objectives and progress are outlined below:

- The total number of Flex web site visits has *increased* from 746 in 2011 to 1474 in 2012
- Total participation in CAH Educational programs has *increased* from 217 in 2011 to 382 in 2012
- Total number of CAH attending workshops has *increased* from 13 in 2011 to 32 in 2012
- Ongoing technical assistance has *increased* from 13 encounters in 2011 to 32 in 2012
- Ongoing technical assistance for educational programs/onsite visits has *increased* from 6 in 2011 – 115 in 2012
- Number of partner meetings/calls (monthly) has *increased* from 6 in 2011 to 38 in 2012
- Number of meetings for program planning (monthly) has *increased* from 18 in 2011 to 53 in 2012

Fall Forum: Harvesting Rural Health Solutions: November 18, 2011

114 Organizations and 182 people participated in the educational program provided by the Indiana Rural Health Association across the state. The Fall Forum objectives were to improve the knowledge base of CAH stakeholders and CAH personnel focusing on an understanding of compassion fatigue and how it affects those who care for others, understanding how the new medical school in Indiana will affect the city, state, and rural communities, understanding why an annual evaluation is required to be in compliance with Federal Medicare regulations for RHCs, understanding how RHCs are paid, understanding the reasons to establish and sanction the highest standards for trauma care at national, regional, and community levels, understanding charge description master coding and analysis of non-cost based third-party reimbursement rates, understanding cost report and revenue cycle, and understanding quality reporting requirements.

Spring into Quality Symposium: March 2, 2012

186 Individuals who attended the Spring into Quality (SIQ) Symposium received information from a variety of national and state presenters. The Spring into Quality objectives were to provide a review of current rural health trends and challenges facing rural hospitals in an era of health reform; to describe the Hospital Strength Index, a hospital rating system that evaluates hospital performance; to explore strategies for using data and analytics to drive hospital performance; to define the “medical home” concept and outline several major medical home models, including current professional care delivery standards and common criteria for outcome evaluation; to demonstrate the importance of hospitals publically reporting outpatient measures and share best practices; to understand the history and basic differences/changes between ICD-9 and ICD-10; to provide overview of Indiana Medicaid RAC Program.

Leadership Seminar: Planned August 3, 2012

The intended outcomes of the Leadership seminar are to improve the knowledge base of CAH stakeholders, CAH leadership and Board members, and CAH personnel on leadership issues in order to improve hospital services. The anticipated outcomes are to “Shed the Old: Embrace the New” Growth Change Possibilities (Kathy Dempsey, CSP); “Igniting people with the practical skills and motivation, to lead and master change” (Keep Shedding! Inc.); Candidates for Governor, (Mike Pence and John Gregg); “Attitude: The Winning Edge” (Walter Bond, former NBA Athlete Motivational Speaker).

Videoconferencing & e-Learning Network Initiatives

Becky Sanders, bsanders@indianarha.org, IRHA Project Coordinator

The rural videoconferencing and e-Learning network initiatives are contracted with the Indiana Rural Health Association. The project currently has deployed eleven (11) rural videoconferencing host sites around the state to provide a platform for all 35 CAHs in Indiana to attend meetings, educational programs, and training with limited travel time/costs and increased productivity. The project has also allowed some CAHs to utilize the point-to-point videoconferencing function to keep costs down for meetings that normally would require others to come on site for routine business meetings, thus eliminating added travel costs to the CAH. Most recently, live streaming function has been added to the rural videoconferencing platform. Over the past 2 months, since this has been added, a 50% increase in attendance at videoconferencing offerings has been documented.

Statewide Rural Videoconferencing Host Sites:

1. IUH Bedford
2. Community Hospital Bremen
3. Gibson General Hospital
4. Rush Memorial Hospital
5. IUH White
6. SV Randolph
7. IUH Tipton
8. Adams Memorial
9. Decatur County Memorial
10. SV Salem (tentative)
11. SV Williamsport (tentative)
12. Sensory Technologies
13. IRHA

There has been a gradual shift in the videoconferencing culture of the CAHs around the state as more and more opportunities to meet via videoconferencing are offered. The new Lunch and Learn Series was launched in March 2012 with a Blended Learning course and will begin streaming EMS meetings in April 2012. The videoconferencing project objectives and progress are outlined below:

- The total number of active CAH VC sites deployed in efforts to develop local/regional systems of care has *increased* from 3 to 13.
- A total of 12 bridge ports are available for CAHs.
- Total videoconferencing encounters has *increased* from 163 to 234.
- A total of 11 CAHs, 88 CAH staff, 16 support staff are participating in the program.
- A total of 48 videoconferencing calls, with a total of 163 participants over the past 6 months.
- 12 CAHs participated in e-Learning opportunities, with a total of 234 participants.
- Based on average travel times around the state and average healthcare salaries, an estimated statewide CAH savings of \$47,500 has become apparent in just the last 6 months.
- Total CAH Cost Savings has increased from \$12,225 in 2011 to \$52,964 for CAH staff to attend videoconferencing opportunities.

The overall impact of this Project has resulted in reduced travel costs for and increased meeting participation of CAH staff members. It is estimated that meeting participants have saved as much as six hours of productivity per meeting by conducting meetings via videoconference. All videoconferencing meetings are now available as live streams, which enable CAH employees to view the meetings without leaving their desks. Nearly all of the 35 CAHs in Indiana can attend videoconferencing meetings/educational sessions in person with about an hour's drive.

The IRHA has currently entered into a group purchasing contract with *Healthstream* to provide discounted services to the Indiana CAHs for Learning Management Services (LMS) services. The amenities this product offers meets all capabilities requested by the user group participants. Four focus user groups have been established: 1) nurse educator/quality person at the CAHs; 2) representatives from local colleges and universities throughout the state with health education programs; 3) IRHA Board education committee; and 4) statewide rural videoconferencing host site representatives. The belief is that these monthly user group meetings will assist the Project on keeping its fingers on the pulse of the CAHs needs as the e-Learning network continues to expand. The user groups continue to meet regularly to implement and grow this program.

If you have any additional questions about any of the project offered through the Indiana Flex Program or would like to participate in any future projects, please feel free to contact Cindy Large, clarge@indianarha.org, Indiana Flex Program Coordinator, at 812-478-3919 ext 229. Visit www.indianaruralhealth.org/flex for more detailed information and resources available through the Indiana Flex Program.

Decatur County Memorial Hospital One of Top Workplaces

Decatur County Memorial Hospital in Greensburg was named one of Central Indiana's Top Workplaces by the Indianapolis Star following participation in a survey administered by Workplace Dynamics of Exton, PA. In total, 675 Central Indiana employers were invited to participate and the employees of those participating responded to 23 statements in areas, such as appreciation, work/life balance, leadership, management, growth opportunities, company values and others.

This was the second year in which DCMH was named; however, this represented the first appearance in the top 5 for the Hospital. This year, Decatur County Memorial held the number three position in the large company category behind Barnes & Thornburg and Federal Express. The Hospital was also presented a "special award" in the category of Work/Life Flexibility. This award was based on standout scores for specific survey statements related to that category.

More information about the Hospital is always available at www.dcmh.net.

Hospital Foundation of Decatur County Makes First Gift to New Project



The Hospital Foundation of Decatur County offered the first gift to launch the naming of new patient rooms at Decatur County Memorial Hospital (DCMH) in Greensburg during Thursday evening's Board of Trustees meeting. Hospital Foundation Board President, Cleo Duncan, made the gift presentation on behalf of the Foundation, which pledged \$25,000 to the new unit in \$5,000 payments over the next five years.

The opportunity to name rooms was announced for the new medical-surgical unit during the Hospital Foundation's annual meeting on February 29. The proposed new unit will provide all private rooms on the third floor of a vertical expansion. Rooms may be named for families, organizations, or businesses for a multi-year gift of \$5,000 annually for five years, or a lump sum of \$25,000.

Those interested in learning more about the room naming project are asked to contact David Fry at (812) 663-1220.

Decatur County Memorial Hospital Center for Wound Healing Honored

The Center for Wound Healing at Decatur County Memorial Hospital in Greensburg was recently presented with the "Center of Distinction" Award. The award recognized outstanding achievement and the DCMH Center was one of only 83 centers in the country to receive the award this year.

The Center was able to garner the recognition with patient satisfaction exceeding 92%, and healing rates in less than 30 median days over 91%, rates which have extended for more than twelve consecutive months.

The Center for Wound Healing at Decatur County Memorial Hospital in Greensburg has quickly become the place to turn in the Decatur County area when someone is faced with a chronic, non-healing wound. More information about the Center for Wound Healing and its services may be obtained by calling (812) 222-HEAL or visiting www.dcmh.net/wound.

Hospital Foundation of Decatur County Gala Event Sets Records



Masks may have concealed the identity of a number of guests at the Hospital Foundation of Decatur County's gala event but there was no hiding the success of the annual fundraiser. A record crowd helped transfer "A Magical Masquerade," the Hospital Foundation's 5th Annual gala event, into the most successful event to date.

HOSPITAL
FOUNDATION
of Decatur County

Hospital Foundation Director, David Fry, said the gala steering committee, chaired by Nancy Sheffer, had two major goals when the committee met for one of its initial meetings last October. First, was to raise more than \$40,000 and second was to host over 40 tables of 8 guests. "The final figures show that we have surpassed \$50,000 raised for the first time and we were able to entertain 48 tables of guests," Fry said.

"We're pleased with the outcome and with the fact this event has evolved into the major social event of the season and a tremendous way to support Decatur County Memorial Hospital in Greensburg."



The popular event was held at The Commons in downtown Columbus and featured a wide variety of activities ranging from the "Elements of Jazz," a strolling magician, Lion Fludd amazed attendees, a unique comedian/juggler/mime, Marty Pollio, who had performed on The Tonight Show and "Night Court" brought a unique form of physical comedy while a caricaturist, Rick Morris and artist, Jeff Jackson shared their talents. While not partaking in the entertainment, guests could bid on silent auction items, purchase a "Mardi Draw" mask, toss a paper airplane from the stair landing for a potential \$5,000 prize or an olive into a glass to

win up to \$500. Fry commented, "In addition to the enjoyable activities, many of the attendees just took advantage of the opportunity to socialize and network."

"It's part of the signature of our event to stage a fresh concept each year and provide an array of activities for those in attendance. The committee has done a great job of generating ideas and implementing our vision." Fry commended all of the volunteers who are extremely important as well as the major sponsors which this year included Arbor Grove Village-Platinum Sponsor, Aspen Place Health Campus-Gold Sponsor, Hickory Creek at Greensburg and MainSource Bank-Silver Sponsors and Morning Breeze Retirement Community-Mardi Draw Sponsor."



Fry said the gala steering committee met within a week after the gala to evaluate the event with the help of information gathered from a post-event survey of attendees. The date for the 2013 event was finalized at that point and a theme chosen. Those with suggestions or questions regarding the event were invited to contact the Hospital Foundation at (812) 663-1220 or via e-mail to foundation@dcmh.net.

Cardiologist joins Medical Staff at Dukes Memorial Hospital



Dukes Memorial Hospital would like to welcome the newest member of our medical staff, Roderick Sawyer, M.D., FACC. Board certified in cardiovascular disease and nuclear cardiology, Dr. Sawyer received his medical degree and training from Chicago Medical School. He completed his internal medicine residency at the Michael Reese Medical Center in Chicago and his cardiology fellowship at the University of Chicago. Dr. Sawyer was previously with The Care Group and St. Vincent's Medical Group. He brings to our community more than 16 years of experience in treating coronary artery disease, congestive heart failure and vascular disease. He is married with two children. Dr. Sawyer will be providing the following services at DMH: Office visits, Echo, Stress Testing, Nuclear Cardiology, Cardioversion, Heart Catheterization, ECG evaluation and Transesophageal echocardiogram (TEE).

Dukes Memorial Hospital's 5 West Suite Beginnings Obstetrics Unit Undergoes Renovations

Beginning in mid-April, Dukes Memorial Hospital's 5 West Suite Beginnings Obstetrics unit underwent major renovations. Construction on the unit is expected to be finished by early to mid-Fall and with that comes many thrilling upgrades. In the next few months, the entire unit will undergo a refreshing "face lift;" and once complete, the unit will have brand new flooring, wall coverings, and a rebuilt nurses station with new counter tops, cabinetry and furniture. Each patient room will have upgraded flat panel televisions, new furniture, sinks and fixtures in the bathrooms, freshly painted walls, new flooring and new ceiling tiles. "It has been over 20 years since this unit has been updated and that is why we are so excited about these upgrades," stated Sandy Godfroy, RN, OB Unit Manager. "The upgraded environment will also allow our new mothers and babies to feel as if they are in a relaxed retreat helping to aid in the entire birthing experience from start to finish." For DMH to remain competitive with other area hospitals, it was imperative that our Suite Beginnings Obstetrics unit receive the much-needed upgrades that are currently underway. Potential new mothers have high expectations for their birthing experience and DMH is striving to meet and exceed their expectations with our upgraded unit and highly skilled and individualized care. The unit continues to be open and fully functioning during construction to meet the needs of our community and the surrounding communities. If you have any questions regarding the 5 West Obstetrics unit, you can contact Dukes Memorial Hospital at (765) 472-8000.

Scott Memorial Hospital Begins Narcotics Policy in ER

In an effort to address the potential for abuse of narcotics, Scott Memorial Hospital and other area hospitals have now adopted a proactive policy relating to narcotic and sedation medication prescriptions written by emergency room physicians. The purpose of the new policy is to promote the safety of patients and discourage the use of narcotic and sedative medication except when necessary.

While these medicines are technically safe, they can become counter-productive to treating painful conditions. In addition to potential side effects, they can lead to addiction, withdrawal and in some situations, additional pain.

The new pain policy is for patients who after a medical screening exam in the Scott Memorial Hospital Emergency Department are found NOT to have an emergency medical condition. Prescriptions for narcotic medications that have been lost, stolen or expired will no longer be refilled. Patients will be encouraged to maintain a more in-depth and consistent treatment plan with their regular physician.

Under the new policy, patients with chronic pain will receive non-narcotic pain medications as a temporary treatment. If a narcotic prescription is given for care of an *acute* painful condition, the prescription will only be for a very small amount of medication to last until the patient can follow up with a primary doctor or specialist. If a narcotic medication is given, the patient must have another driver present to escort them home.

"In 2011, we saw over 12,000 people in our Emergency Department," Dawn Mays, VP of Nursing at Scott Memorial Hospital explained "We felt it was important to have a policy in place that monitors the amount of narcotics that is prescribed. We do realize that many patients do not have a regular doctor. We will do everything we can to help our patients access primary care physicians or pain specialists so they can begin a closely monitored pain treatment plan."

Scott Memorial Hospital Emergency Department Director Sheila Colwell has seen the devastating effects that drugs are having on our community, "I support the new pain protocol and hope to see a decrease in the number of pills on the streets of Scott County. The Coalition to Eliminate the Abuse of Substances (CEASe) and all their partners are doing an excellent job at getting the word out to the community, and we wanted to do our part also."

CEASe of Scott County's mission is to reduce the incidence and prevalence of substance abuse and addiction among adults and children in Scott County. CEASe is a county-wide citizen body that plans and monitors a comprehensive substance abuse action plan.

"CEASe is so excited and proud of Scott Memorial Hospital for taking the lead among Southern Indiana hospitals at setting up a pain medicine policy for their staff," explained CEASe Coordinator, Lori Croasdell "With Scott County having the highest Oxycodone retail distribution in the State, as well as 17 prescription drug overdose deaths with 2 pending this year so far out of 39 coroner cases (48%), we are thankful our hospital is taking the lead and setting a good example among the medical community. CEASe has a great relationship with the hospital and appreciates their response to this prescription drug epidemic."

Scott Memorial Hospital receives \$10,175 Mammogram Grant

Team members at Scott Memorial Hospital are thrilled to receive their 7th Indiana Breast Cancer Awareness Trust grant. Since 2006, SMH has received this much-needed help to provide mammograms to ladies in our community. SMH has received more than \$60,000 in IBCAT grants. The IBCAT grant is designed to help those women who have no insurance, no wellness benefits or who have a high insurance deductible.

"There has been no shortage of need in our community for this important cancer screening," stated Hope White, Mammographer and Project Director of the grants. "These difficult economic times we are in has only increased the number of people who need our help."

In the past 6 years, the IBCAT grants have provided over 500 screening mammograms to the women in our community. These screenings have warranted the need for over 100 diagnostic procedures, such as additional mammographic views, ultrasounds, and even biopsies. The IBCAT grants have helped to diagnose 6 breast cancers in our community since 2006. Mammography remains the standard test for early breast cancer detection. Recently, there has been discussion and some confusion about when and how often to have mammograms.

The American College of Radiology suggests that *annual* screening should begin at age 40. Women who have a strong family history should consult their healthcare provider to see if they need to start getting their screening mammograms at an earlier age. According to a recent article from the ASRT Scanner, the death rate has decreased by 30% in the last 20 years since mammography has become a common screening tool. Through annual mammography, tumors can be detected earlier; however, not all breast cancers show up on a mammogram.

Women also need to have a physical breast exam by their healthcare provider (frequency depends on age) and women need to be performing self-breast exams monthly starting at age 20. Women are also encouraged to lead a healthy lifestyle which includes a healthy diet, exercise, and obtaining from alcohol, drug and tobacco use.

Anyone interested in applying to receive a grant mammogram must contact Hope White at Scott Memorial Hospital 754-1391. There is an approval process that must be completed. In addition to the IBCAT Grant, Scott Memorial Hospital hopes to also receive a grant thru the Susan G. Komen for the Cure. SMH will find out in March if their grant has been approved.

The funds that provide the Indiana Breast Cancer Awareness Trust Grants are raised through the sale of the Breast Cancer Awareness License Plates. For information on how to obtain a Breast Cancer Awareness plate, visit www.in.gov/bmv. Visit www.breastcancerplate.org to learn more about the grant.

Community Hospital of Bremen Always Striving to Improve Quality Care

Hearing words like Kaizen, kanban, gemba and takt time are not common expressions shared among the majority of people at Community Hospital of Bremen. Recently, though, Community Hospital of Bremen, along with several other hospitals from around the state of Indiana, were selected by the Indiana Rural Hospital Association to participate in a “LEAN Healthcare” training program. The course is being presented through the Purdue University, Healthcare Technical Assistance Program (TAP). The first CHB “lean team” was assembled early in January of 2012 and is represented by Andrea Koontz, Jan Rozenboom, Stacy Rice, Jackie Sell, Loretta Negiz and Richard King, respectively. Over the past weeks some of the team members, with pad and pencil in hand, have been observing various activities taking place in several departments throughout the hospital.



Lean initiatives take a close look at the processes that we all do, no matter what our role and assess the “value” our patients receive while under our care. A newly written Lean Mission Statement embraces these Lean principles focused on increasing value to the “patient experience” through continual process improvement proposals. Lean methodology has been proven to greatly impact the workplace in positive ways. There are five key concepts which support Lean thinking. Each team works to specify value, identify and eliminate waste, create flow, establish pull/JIT (just in time) and pursue perfection toward their targeted objectives. The outcomes following a team’s research and planning consists of newly designed lean solutions, which should mark a notable decline in waste, inaccuracies, redundancy and inconvenience.

Current team members are focusing their attention on the hospital’s present “transition of care” practices, specifically those associated with patients leaving the ED and moving to the medical floor of the hospital. Once the members have completed their findings and each step of the Lean model has been met, the plan can be implemented. Often, plans will go through a series of small change testing before being fully introduced. That’s really the heart of the “Kaizen” philosophy. “Kai: to change or modify and Zen: for the better and with respect for people.” Team members have been excited to express to their fellow employees the newly found understanding associated with Lean concepts. It is essential that each staff member at Community Hospital of Bremen recognizes the importance and significance of every interaction with our patients. Developing Lean Management into our everyday process applications helps to make that meaning even clearer.

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