



CAHoots

FLEX
Quarterly
Newsletter

Volume 1 Issue 2

Fall 2010

Mark your Calendar!

October 14

10th Annual ICAHN CAH Workshop
Crowne Plaza Hotel
Springfield, IL
Time: 7:45 am - 4:00 pm

October 19

IN Flex Advisory Committee Meeting
Indiana Fiber Network (IFN) Building
5520 West 76th St
Indianapolis, IN 46268
Time: 2:00 pm - 4:00 pm

October 27

Fall Workshop for Primary Care
"Partners in Health"
Bloomington/Monroe Co Convention Center
Bloomington, IN 47403
Time: 8:30 am - 4:00 pm

Nov 30 - Dec 1

Health Information Technology (HIT) Summit
Marriott Indianapolis North
Indianapolis, IN 46240
Time: 9:00 am - 2:15 pm

See Details on our Website:
www.indianaruralhealth.org

CAHoots Newsletter is funded through the IN FLEX State Office of Rural Health (SORH)



News Up Front ...

By Cindy Large
SORH FLEX Coordinator, IRHA

FLEX Updates

We are very excited to be starting all of the new 2010-2011 Indiana Flex Programs. To be as transparent as possible, we are posting all program reports from 2009-2010 and all new project updates on the FLEX website. To date, we have had a total of 155 hits, and the website has yet to be launched! We are in the process of finalizing the Annual FLEX Evaluation and will post this soon as it is completed. We have had very positive feedback regarding the direction the Indiana FLEX program has taken from local, state and national leaders. To learn more about each FLEX program, please visit the Indiana FLEX website at indianaruralhealth.org/FLEX.

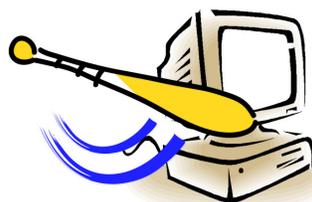
Indiana Participating in the HRSA Multistate Quality Improvement Project

Indiana has volunteered to participate in the HRSA/Office

of Rural Health Policy (ORHP) Multistate Quality Improvement Project (MSQIP). This is a five-year commitment on behalf of all Indiana Critical Access Hospitals (CAHs).

The Office of Rural Health Policy (ORHP) created the Multi-State Quality Improvement Project (MSQIP) as a Flex Grant Program activity within the core area of quality improvement. The primary goal of this project is for CAHs to implement quality improvement initiatives to improve their patient care and operations. MSQIP will provide Flex funding to support CAHs with technical assistance and national benchmarks to improve health care outcomes. CAHs opting to participate are requested to report a specific set of annual measures determined by ORHP and engage in quality improvement projects to benefit patient care.

The passage of Meaningful Use and the Affordable Care Act heightened national attention on quality activities and reporting. In the environment of meaningful use, pay for performance, bundled payments, and accountable care organizations (ACO), CAHs may soon be compared with their urban counterparts to ensure public confidence in their quality of health services. This initiative takes a proactive and visionary approach to ensure CAHs are well-equipped and prepared to meet future quality legislation. Additionally, MSQIP fulfills the Flex grant Quality Improvement (QI) objectives regarding Hospital Compare reporting, and supporting participation in various multi-hospital QI initiatives. The main emphasis of this project is putting patients first by focusing on improving health care services, processes and administration.



HIT or Miss

Indiana Rural Health Association (IRHA)
2-Day Health Information Technology Summit

Tues., November 30 - Wed., December 1, 2010

Indianapolis Marriott North
3645 River Crossing Blvd.
Indianapolis IN 46240



Register on-line at www.indianaruralhealth.org

2-Day Summit—\$50 for IRHA Members, \$100 for IRHA Non-Members

This IRHA Program is made possible by HRSA Flex funding from Indiana State Office of Rural Health.

IRHA/HFMA Rural Hospital Workshops

Co-hosted by **Indiana Rural Health Association & Indiana Chapter of Healthcare Financial Management Association (HFMA)**

Designed for Financial Leaders of Indiana Rural and Critical Access Hospitals

November 11 at the Landsbaum Center on the campus of Union Hospital-Terre Haute

November 19 at Memorial Hospital in Logansport

The cost to register for each workshop is \$75, which include meals, refreshments and parking.

Contact Jim Miller at jmiller@indianarha.org or 317.769.4857.

More information will soon be available on HFMA's website at www.hfma-indiana.org or IRHA's website at www.indianaruralhealth.org

Workshop topics include:

Community Health Assessment
Financial Benchmarking
Cost Reporting
Managed Care Contracting
EHR Meaningful Use Adoption
340B Drug Pricing
FSSA's Hybrid Eligibility Program
Upcoming HIPAA Transactions
ICD-10 Implementations

Fall Workshop for Primary Care "Partners in Health"

October 27, 2010
8:30 am - 4:00 am

Bloomington / Monroe County Convention Center
Great Room (2nd floor)
302 S College Avenue
Bloomington, IN 47403

Receive information concerning:

Advanced Billing
Legislative Updates, including Health Care Reform
Electronic Health Records and Incentives
How To Do Chart Reviews Evaluation and Management Coding
Initial Certification and Recertification
Primary Practices in Underserved Areas: FQHCs and RHCs
Helping Patients Stop Using Tobacco: Quitline

Contact: Dana Stidham
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Email: dstidham@indianarha.org

Websites to Check Out ...

www.raconline.org
www.grants.gov
www.flexmonitoring.org
www.ruralhealthweb.org
www.hrsa.gov
www.ruralcenter.org
www.ruralhealthresearch.org
www.ruralhealth.org
www.datawarehouse.gov
www.cms.hhs.gov/center/rural.asp
www.medpac.gov

CAH Readmissions Project Update

By Betsy Jerome

The goals of the Indiana Flex Program were developed with the assumption that the initiatives and projects will benefit rural Critical Access Hospital (CAH) providers throughout Indiana. Health Care Excel (HCE) has been selected by the SORH to lead one of the projects designed to address the Flex Program Core Functions. The project will support CAHs in a multi-hospital quality improvement project involving hospital readmissions targeting chronic diseases. HCE will work with four to five CAHs during each year of the project from 2010 through 2015. The project will begin with a comprehensive review of each hospital's current state of readmissions and discharges, and assistance in selecting the focus diagnosis area(s). We have been outreaching to hospitals to participate in the first year of the project and look forward to involving as many of the 35 CAHs in Indiana as possible throughout the five-year period.

Rural Healthcare: Back to Basics *By Don Kelso Executive Director, IRHA*

Is it just me, or did we fast forward through the summer. It always seems right when my golf game starts coming around then it's winter and the clubs go in the closet and not in use until March or April, and the old body just doesn't remember what it had learned the previous summer; and the cycle repeats itself. September, October and most of November are the best times of the year to get outside and move around. I am often told to move it or lose, so I take heed. Take advantage of this beautiful weather and take some long walks with family and enjoy all that is good.

I love most sports and have often heard mention that football isn't rocket science; it's just blocking and tackling; basketball is just dribble, pass and shoot; baseball is hit the ball, catch the ball, and throw the ball. Those players and teams that focus on and do the best job of executing the basic fundamentals are usually the ones raising the trophy at the end of the season. This often happens even for the teams that are not necessarily the most talented.

When you have a player like Michael Jordan, Kobe Bryant, Albert Pujols, Peyton Manning or Larry Bird who take excellent athletic ability and combine it with hard work and fundamental execution, you end up with multiple championship rings and in the Hall of Fame.

Rural Healthcare is very similar to the sports references above. We certainly have state and federal rules/laws/guidelines to deal with, which are always a challenge and consume time resources. But I always try to remind my peers that we must try our best to keep it simple and focus on the fundamentals. It starts with world class customer service, not only for the patients who enter our organizations, but for our medical staff and employees. Utilize all resources available to plan and execute thoughtful business plans and adjust as the landscape changes. The reason we are in business is that patient care must always stay in our top of mind awareness. Wellness and prevention are going to be even more important; but once patients access our facilities, we must treat them as

we would our own children, parents, and friends. We need to pay attention to the details, the little things like proper hand washing to help ensure the best outcomes and to keep costs low as possible.

Finally, the last basic fundamental I will talk about is community involvement. Our rural communities served by the healthcare providers are eager to help anyway possible to improve on patient outcomes, satisfaction and to help find ways to reduce the cost of accessing healthcare. Engage with the various groups in our rural communities and forge a team that focuses on the basics and institutes the best healthcare fundamentals you are capable of.

If successful, it would seem that everyone wins and your organizations, whether clinics, offices, surgery centers, or hospitals will be most prepared to head into the winter months and be able to break the cycle of repeating mistakes from previous years.

Sensory Technologies Awarded Indiana Rural Health Video Conferencing Contract

On July 30, 2010, the Indiana Rural Health Association (IRHA) signed a contract with Sensory Technologies for the new Statewide Rural Video Conferencing project. The funding for this project is through the Indiana State Office of Rural Health Flex Program. This project will give the Indiana Rural Health Association the infrastructure needed to connect rural hospitals together through the use of Video Conferencing. Many of the rural hospital locations will be able to connect to the video conferencing infrastructure through fiber optics deployed under the Indiana Telehealth Network (ITN). The fiber optic construction is being

funded at 85% through the Federal Communications Commission's Rural Health Care Pilot Program. The remaining 15% of the construction costs are being funded by the individual hospitals participating in the program. As part of the ITN, a shared platform is being established at a carrier hotel location on West Henry Street in Indianapolis. This shared platform is being installed and maintained by the Indiana Fiber Network and will connect to the high definition video conference bridge purchase from Sensory as part of the IRHA video conferencing project. If questions, please contact Becky Sanders at bsanders@indianarha.org.

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St Vincent Dunn Hospital, Bedford, IN

Tablet-Based Fully Electronic Patient Safety & Quality Improvement

The Challenge

Senior leadership wanted to upgrade the data collection process for rounding and manage the process to drive sustainable improvement in patient safety and quality. It was recognized that the volumes and disparity of data sources to execute this improvement were a major hurdle to effective implementation.

The Objective

St. Vincent Dunn Hospital had several goals it wanted to achieve:

- Instill a “culture” of Patient Safety and Quality throughout the organization
- Implement a process that was supportive and educational for all staff
- Install a system to easily show trends, celebrate success, and sustain and continue the improvement process
- Create a methodology to focus the organization on performance-improvement priorities
- Design a system that proactively assessed the status of Patient Safety & Quality
- Implement a structured yet flexible approach to ensure that changing needs could be accommodated
- Ensure that any items needing correction were captured and monitored
- Implement dashboards at all levels of organization to communicate results
- Streamline existing processes and eliminate duplicative efforts
- Readily demonstrate progress
- Hold managers accountable for ongoing improvement
- Produce consolidated data for regulatory reporting
- Eliminate all hard-copy processes by deploying tablets, to eliminate paper and streamline overall process

The Solution

Administration, Clinical Leadership and Quality agreed on the overall objectives and committed to supporting the deployment effort.

- Sterling Readiness Rounds “Best Practice” sample templates were customized for the following:
 - ⇒ INTRA – Integrated Nursing Tracer and Rounding Audit
 - ⇒ CMRR – Closed Medical Record Review
 - ⇒ Leadership
 - ⇒ EOC – Environment of Care
 - ⇒ Medication Management
- Speed of Deployment: All templates fully implemented in first 60 days.

The Future

- **Priority:** Continue to reinforce Quality and Safety as a culture of “doing the right things every time” throughout the organization.
- **Consistency:** Enhance question structure to incorporate St. Vincent Dunn Hospital expectations to further improve the consistency of the process.
- **Accountability:** With a process that is widely understood, move the emphasis to insisting that managers’ focus be on improving their specific areas of responsibility.
- **Periodic Performance Review:** With all quality observations being aggregated, Readiness Rounds produces results by Chapter/Standard/EP. This data will be the basis for preparing The Joint Commission Periodic Performance review using an objective provable data source.

This article was published with the permission of St. Vincent Dunn Hospital, Bedford, IN.