

Northwest
Kansas
Health Alliance

Harvesting Quality In America's Heartland

*Real World Performance
Improvement in a Rural Network*

2005 HRSA Primary Health Care All Grantee Meeting


Network of 23 Critical Access Hospitals supported by Hays Medical Center, a 192-bed rural tertiary care center

- Shelley Boden, Network Quality Director and former rural hospital Director of Nursing**
- Jodi Schmidt, HMC Vice President and Network Director since 1993**
- CEOs have complete management responsibility**

Critical Access Hospitals –

- **Medicare designation**
- **25 beds or less**
- **35 miles from another hospital**
- **Average length of stay not to exceed 96 hours**
- **Cost based reimbursement from Medicare for inpatients and outpatients**
- **Regular full service hospitals - different regulatory and reimbursement setup than other rural hospitals**
- **Flex program – separate grant program administered by HRSA through ORHP to support Critical Access Hospitals**

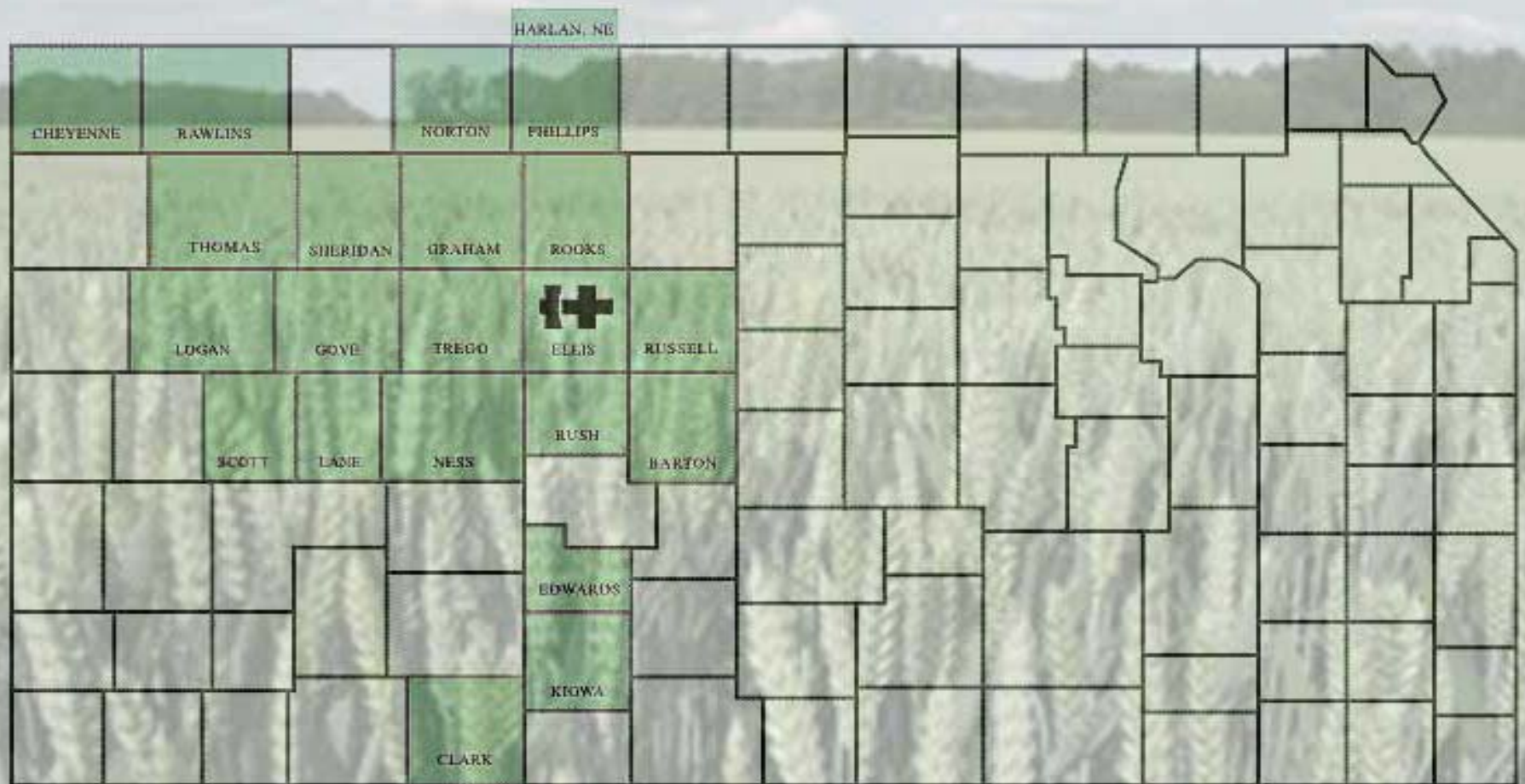
- **Noted the recurring reference to quality in CAH legislation with no accompanying regulation or guidance**
- **Through network strategic planning, chose to ‘take the bull by the horns’ and found CAH staff struggling to create strategic outcomes**
- **Created a Quality Network to help translate theory into reality in the rural setting**

A banner image for the Northwest Kansas Health Alliance. It features a collage of images: a sunflower, a hand holding a small object, a doctor examining a patient, and a windmill in a rural landscape. The text "Northwest Kansas Health Alliance" is overlaid in a yellow-green font on the left side.

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- **Service area located in western Kansas and southern Nebraska**
- **When ORHP Network Grant submitted there were 14 Critical Access Hospitals. There are currently 23 with others stating interest.**
 - **Beginning of Year 3 of a three-year ORHP project**
 - **On-site in each and every CAH**
 - **Rural-focused education and training**

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- **CAH staff are stretched thin, wasting time measuring things that make no real difference, all in the name of quality.**
- **Performance improvement was ‘one more thing to do’ – not a way to improve patient care.**
- **Hospitals needed a way to rebuild their future.**
- **Balanced scorecard viewed as a lofty theory – not as a way to focus on more than finances.**
- **Public reporting, IOM study makes it a must!**

The Growth Cycle in Harvesting Healthcare Quality

- **Cultivation**
- **Growth**
- **Maturation**
- **Harvest**

Cultivation

- **Assessment**
- **Education**

Growth


- **Plan Implementation**
- **Ongoing Education**

Maturation

- **Plan Refinement**
- **Build Foundational Pieces**

Harvest

- **Benefit Realization**
- **Sharing the Success**



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Lessons Learned

Lesson # 1


Performance improvement is about making sure our rural hospitals are positioned to build even stronger futures.

Why Performance Improvement?

When our patients and our communities judge us, they are looking for two things: 1) they want to know that we can safely meet their healthcare needs and 2) they want to know that we can create great healthcare experiences that make us their preferred provider in both their hearts and their minds.

A horizontal banner at the top of the slide features a collage of images: a sunflower, a hand holding a small object, a doctor examining a patient, and a windmill in a field. The text 'Northwest Kansas Health Alliance' is overlaid on the left side of this banner in a yellow-green font.


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A vertical green bar on the left side of the slide contains a semi-transparent image of a male physician in a white lab coat, looking down.

Quality is about everything that touches our relationships with our patients and communities along with everything that impacts our future.

Lesson # 2

Knowledge is the key to opening up the potential that is hidden away inside our organizations.

A vertical green bar on the left side of the slide contains a semi-transparent image of a male physician in a white lab coat, looking down at a device.

*Knowledge is the first step in
empowering people. It helps to
create the safe space so people
are willing to step outside of
their comfort zone.*

**Mediocre People + Great Systems =
*Mediocre Outcomes***

**Good People + Great Systems =
*Good Outcomes***

**Great People + Great Systems =
*Great Outcomes***

Lesson # 3

Buy-in must start at the top. Without leadership's support and involvement, there is little potential for success.

Lesson # 4

Its not enough to play to play. Our organizations must play to succeed.

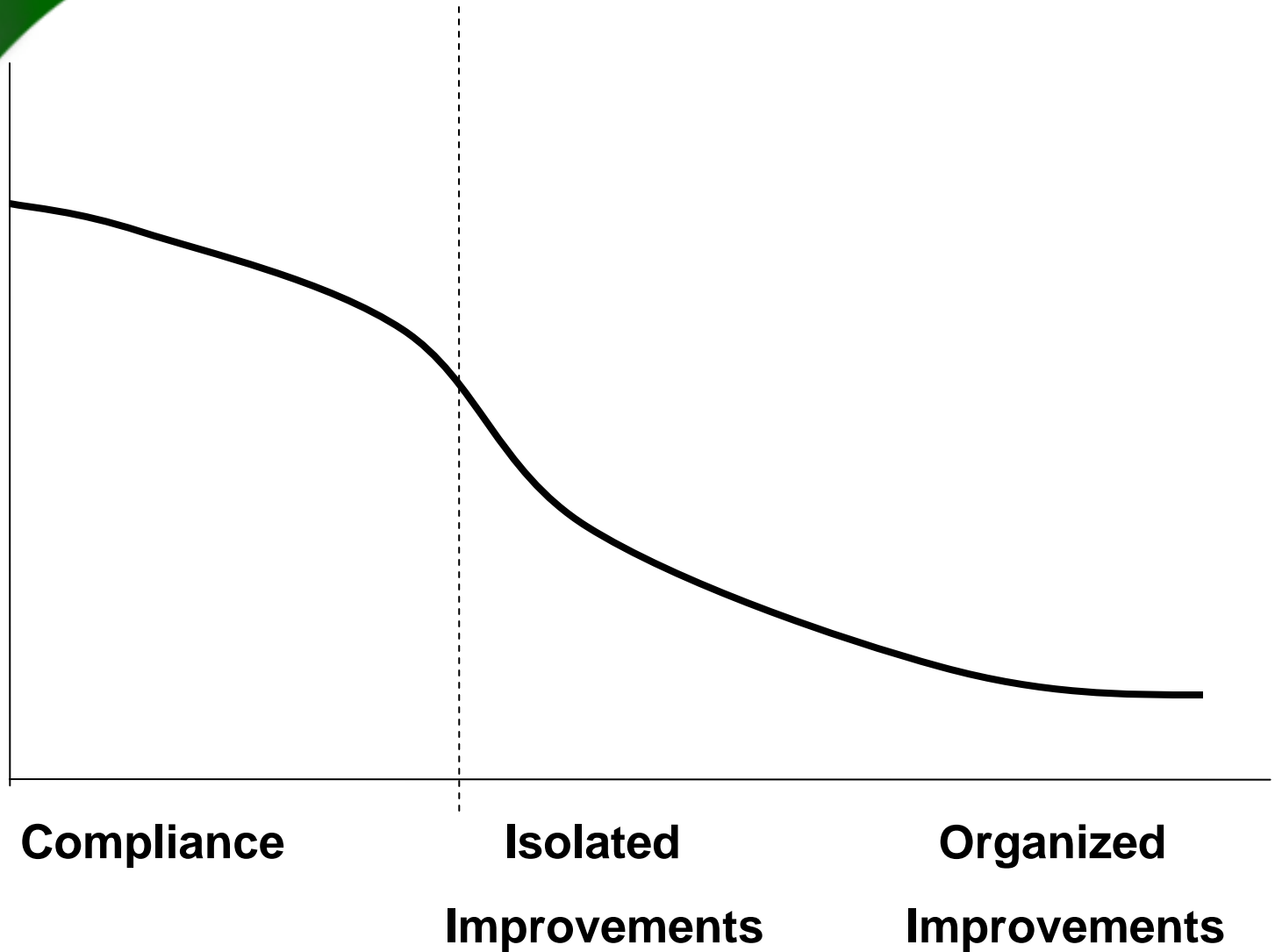
Lesson # 5

Decline is a condition not a destination.

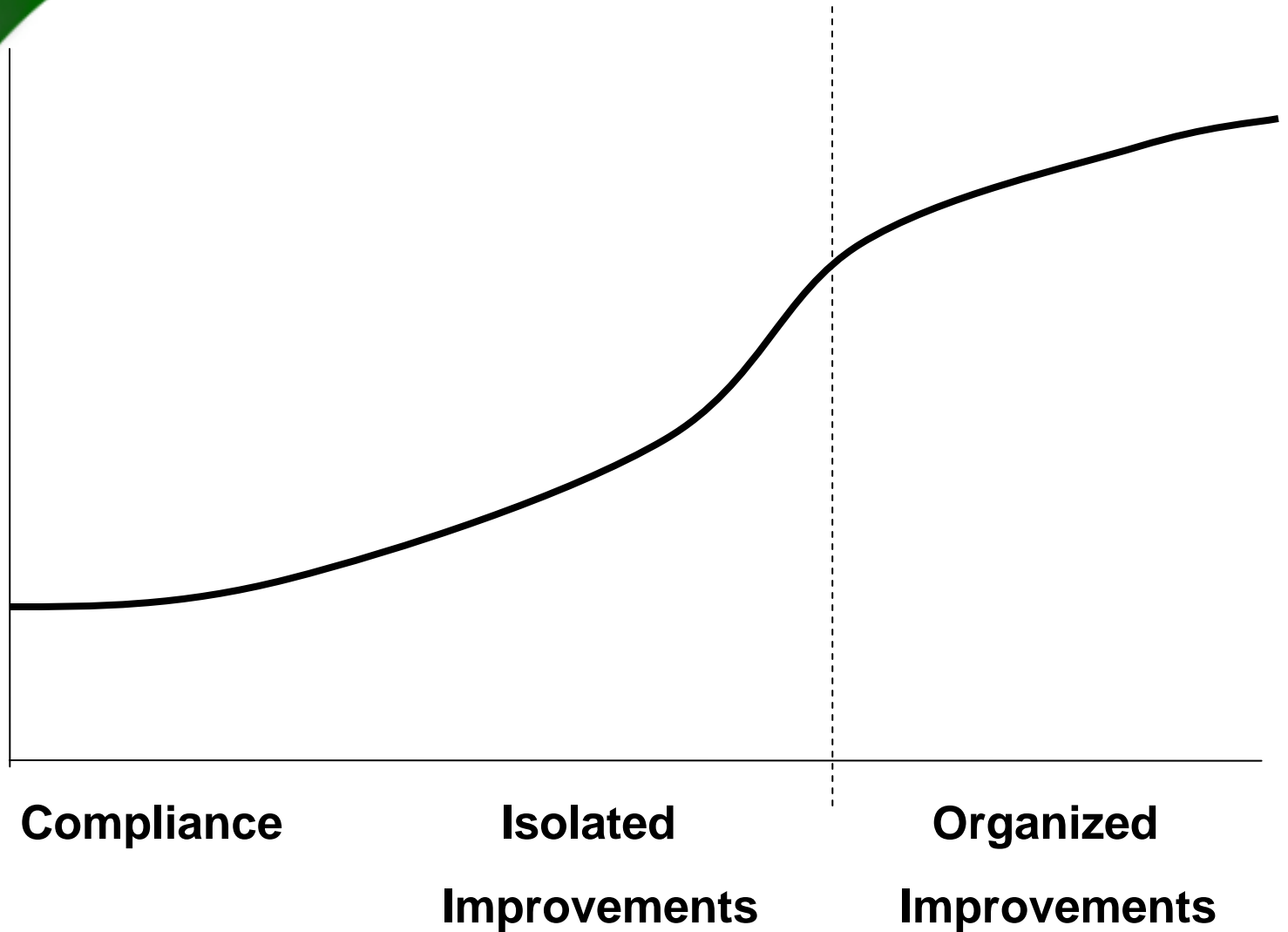
Lesson # 6

To create great outcomes, organizations must have strong quality assurance, quality improvement and performance improvement that come together to drive improvement into our buildings.

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Understanding the Relationship

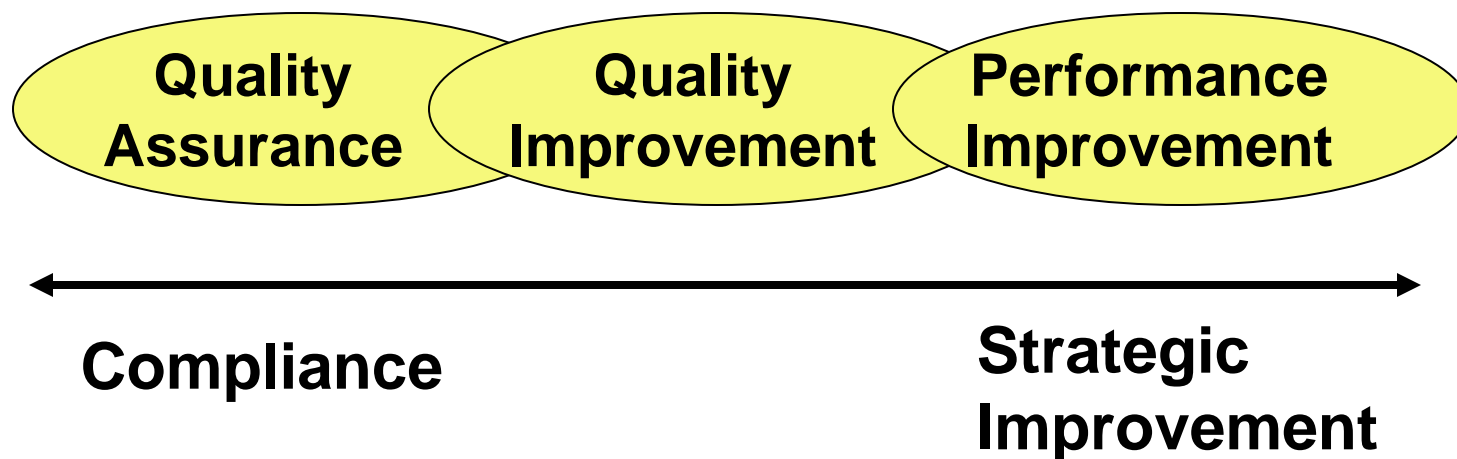
Three overlapping yellow ovals with black outlines are arranged horizontally. The left oval contains the text "Quality Assurance", the middle oval contains "Quality Improvement", and the right oval contains "Performance Improvement".

**Quality
Assurance**

**Quality
Improvement**

**Performance
Improvement**

Understanding the Relationship



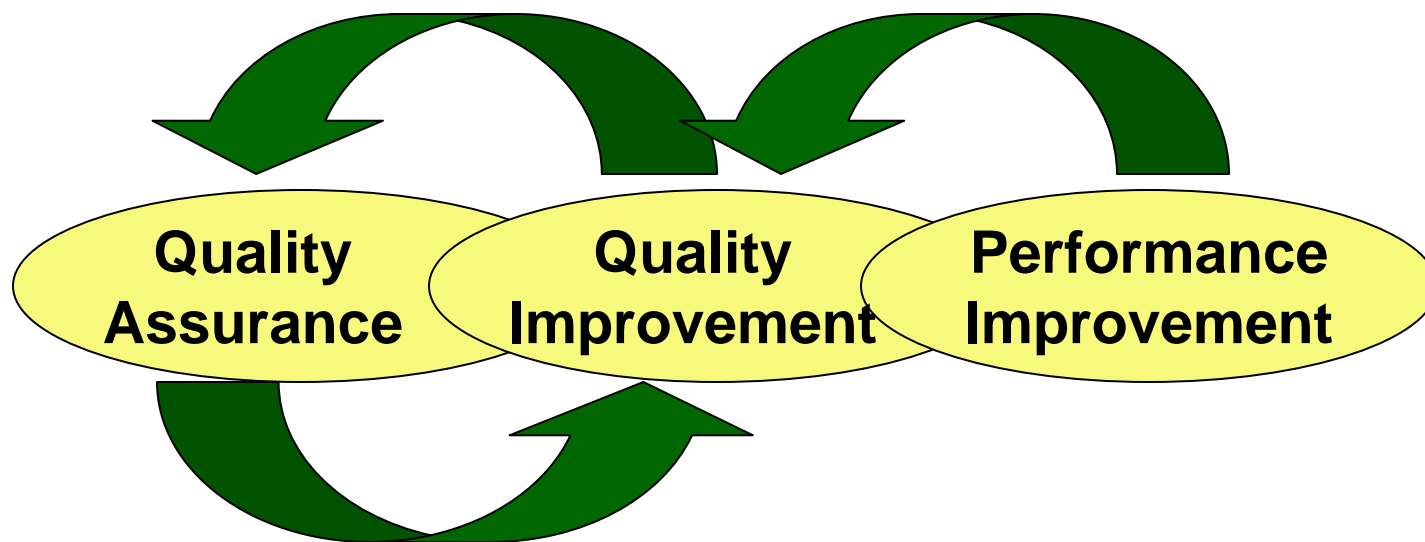
Understanding the Relationship



Understanding the Relationship



Understanding the Relationship



**Great People + Mediocre Systems =
*Mediocre Outcomes***

**Great People + Good Systems =
*Good Outcomes***

**Great People + Great Systems =
*Great Outcomes***

Lesson # 7

The integrity and strength of the organization is ultimately only as good as the foundation it is built on.

Lesson # 8

**It is not enough to reach for good, we
must be reaching for great.**

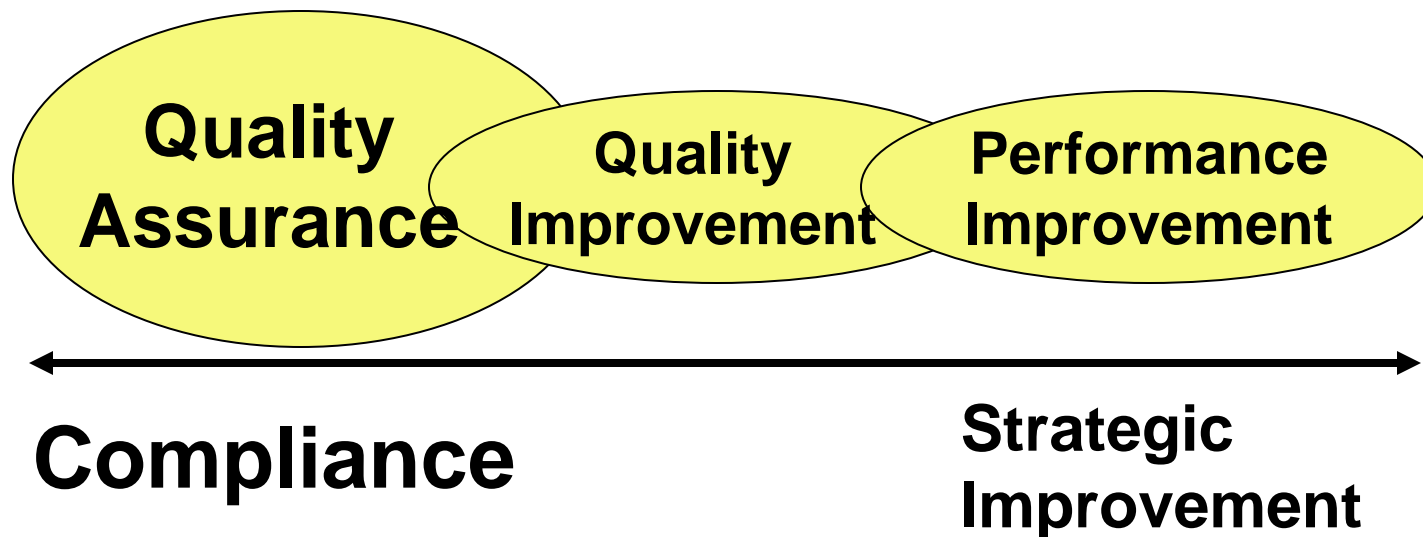


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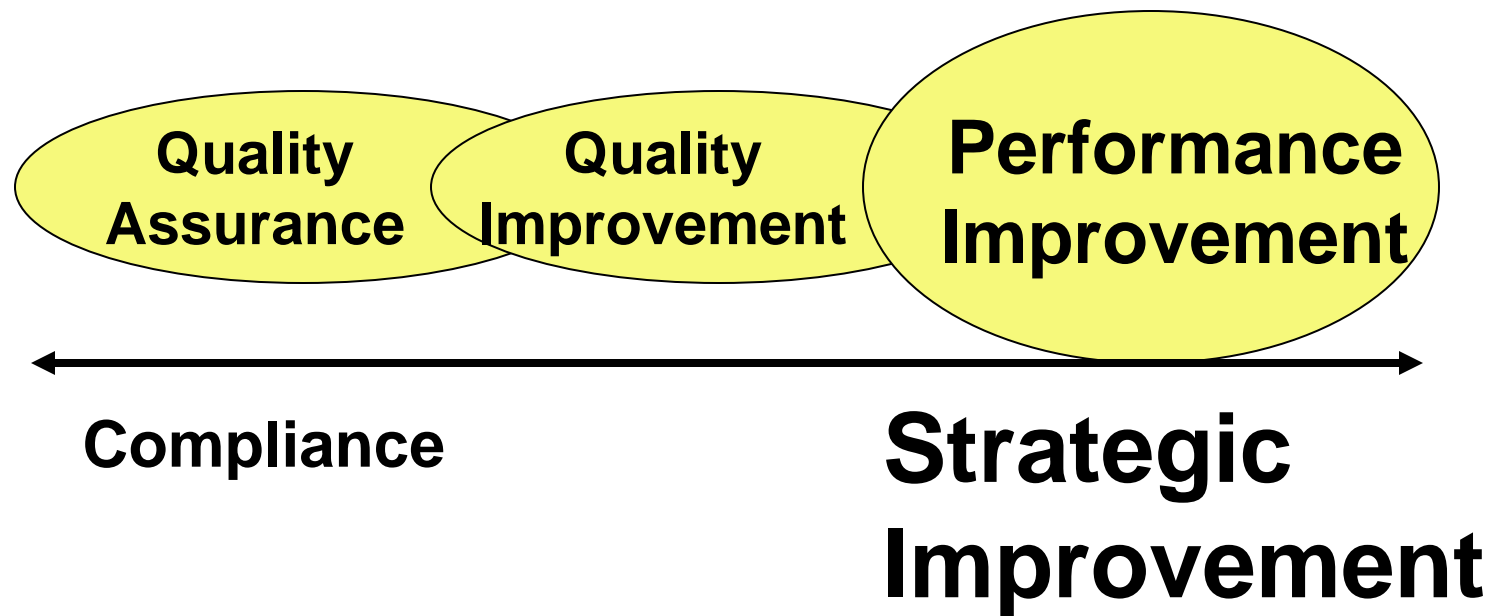


**Great People + Great Systems =
*Great Results***

Success Does Not Reside in Compliance



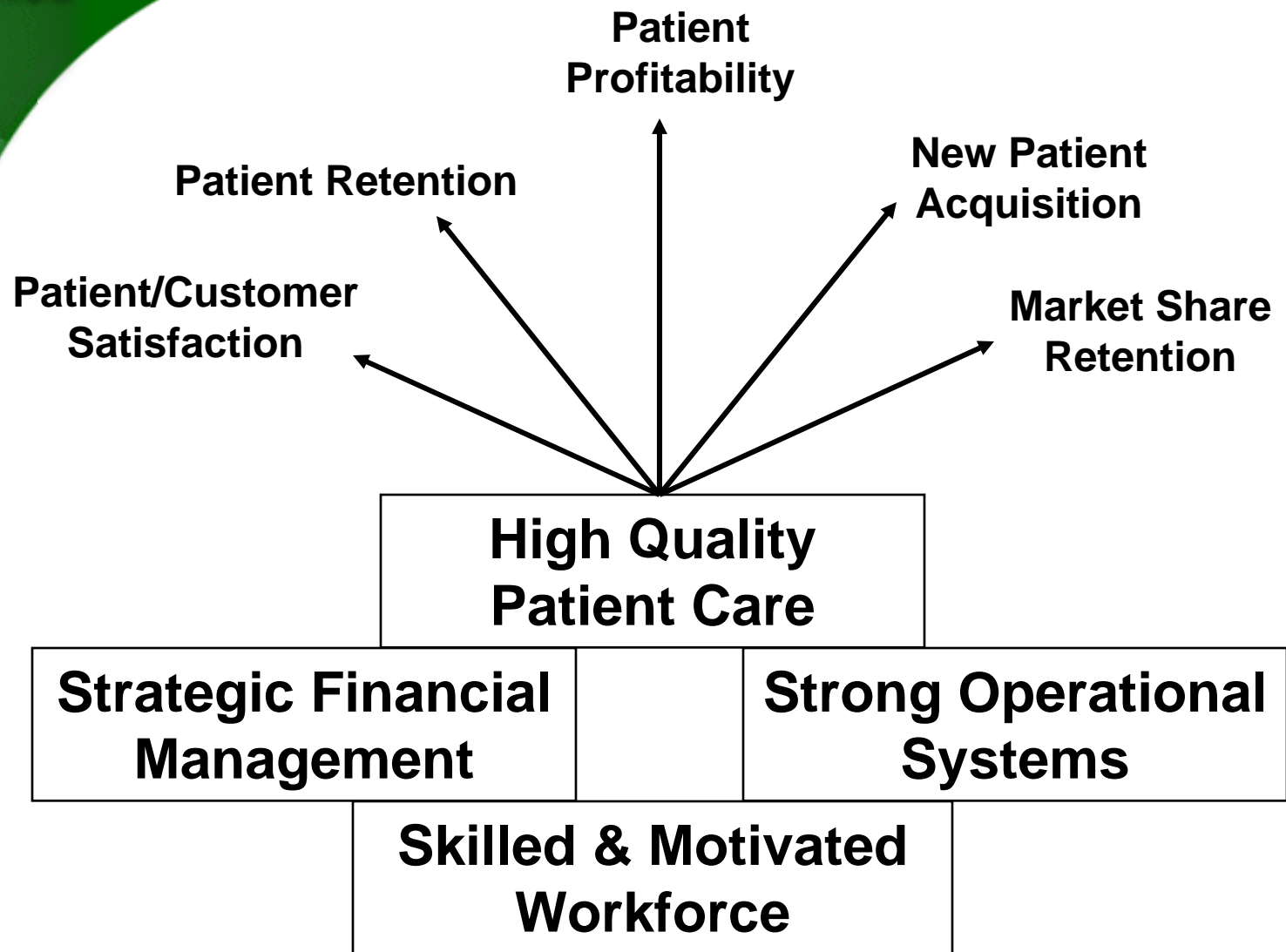
Success Reside in Strategic Improvement




Lesson # 9

The balance scorecard is a powerful tool but not a magic bullet.

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High Quality Patient Care

- Compliance focused
- Narrow scope

Strategic Financial Management

- PPS practices in a cost-based world
- Survival focus

Strong Operational Systems

- Functional silos
- Redundancy
- Traditional

Skilled & Motivated Workforce

- Poor HR systems

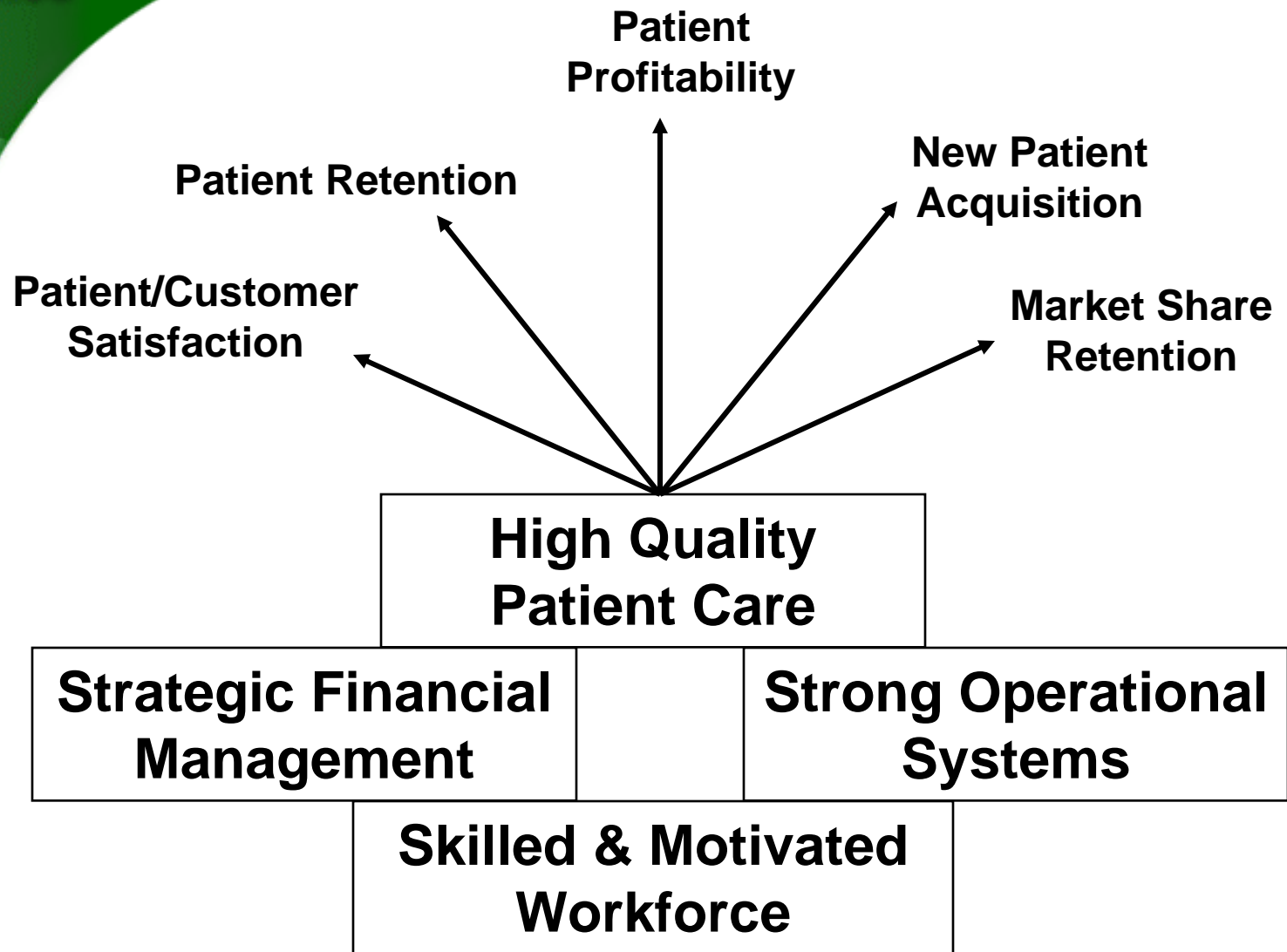
Benchmarking

- **It is not about how we look compared to others.**
- **It is about identifying and learning from the best practices of others.**

Quality Health Indicators QHI


- **Worked with Kansas Office of Rural Health and Kansas Hospital Association to develop software to support program.**
- **Focuses on measuring five critical outcomes and four key areas of operations.**

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Lesson # 10

Patience and perseverance are critical to implementing this type of change, because it involves creating a major cultural shift inside most of our organizations.

A vertical green bar on the left side of the slide contains a semi-transparent image of a doctor in a white coat, looking down.

There are cultural forces at work in rural health care that must be dealt with. If we are to improve our health care delivery and survivability, we must first address those behaviors that impact how our people act, their goals for the future and their readiness for change.

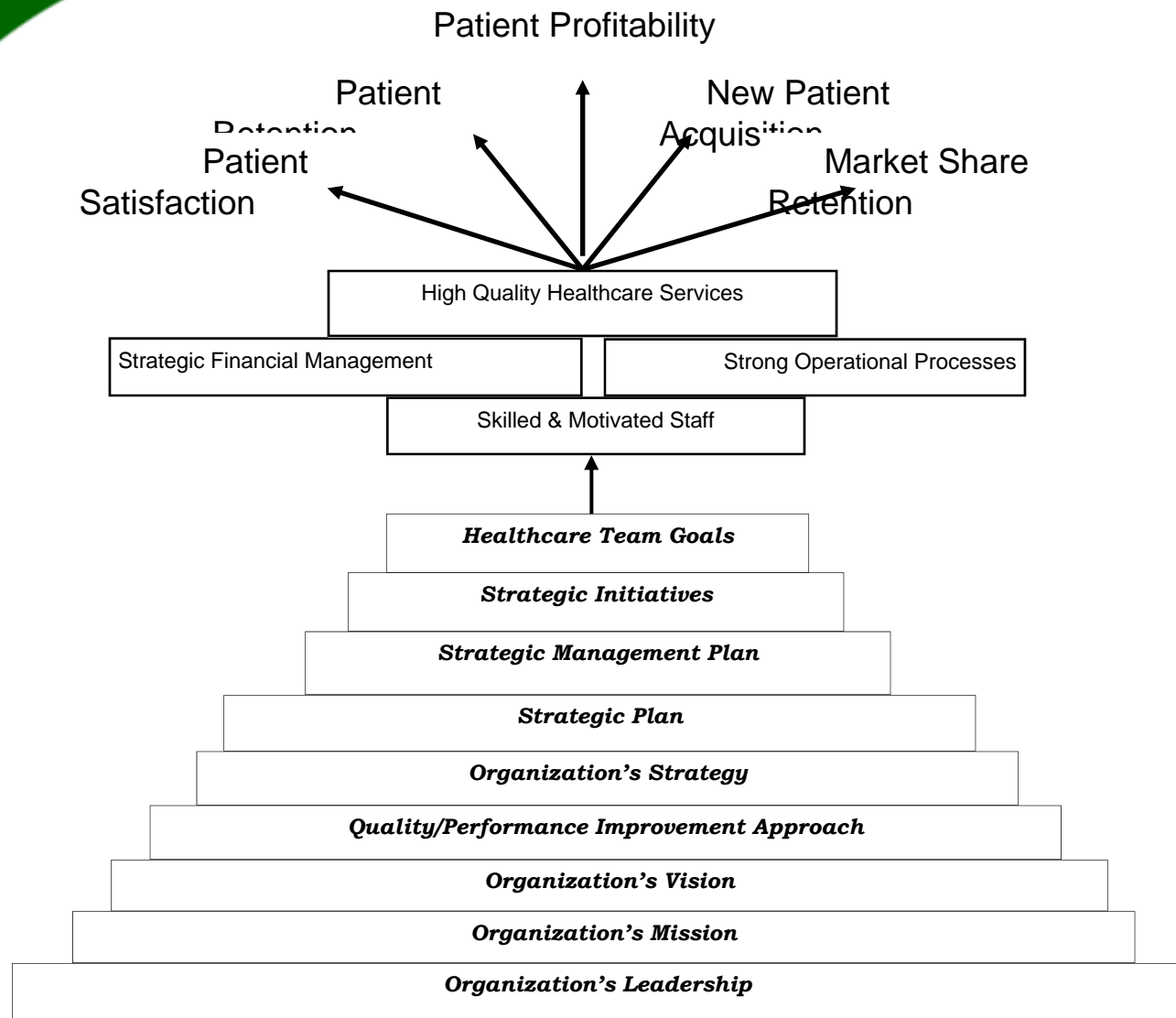
Lesson #11

One size does not fit all.

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Lesson #12


It only works if there is sustainability!

Sustainability

- **Train the trainer approach**
- **Development of training materials:**
 - **Workbooks with video and DVD**
 - **On-line training modules**
 - **Experimenting with iPod education**
 - **Conferences calls and telephone support**
 - **Resource library**
 - **KDHE & KHA plan to take training state-wide**

**Success has a price tag on it, and it
reads COURAGE,
DETERMINATION, DISCIPLINE,
RISK TAKING, PERSEVERENCE,
and CONSISTENCY – doing the
RIGHT THING for the RIGHT
REASONS and not just when we feel
like it.**

James M.Menton



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**Doing the Right Thing
for Those We Serve!**