



# Quality Connections

## Sharing Best Practices and Lessons Learned

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Edited by Bev McCullough, Quality Improvement Manager

### News from the National Rural Health Association CAH Conference (October 7<sup>th</sup> - 9<sup>th</sup> in Portland, OR)

During my travels visiting our RHQN hospitals around the state, I have experienced a snow storm, dust storm, rain storm, deer crossings, horses in the road, turkey crossings, and the most beautiful Fall leaves...and time shared with all of you good people who care so much about the quality of care for the people of your communities. Throughout the state, I have also heard questions about public reporting and was delighted to attend the NRHA CAH Conference to try to find answers.

#### **What I learned**

Your concerns are shared across the country. The impact of small volumes and the lack of relevance of many of the measures are recognized and were discussed during the meeting. Throughout this newsletter, I have included quotes from a conference presentation on CAH Public Reporting by Michelle Casey, Senior Research Fellow and Deputy Director; National Flex Grant Monitoring Team, University of Minnesota Rural Health Research Center; NRHA CAH Conference, Portland, Oregon, October 9th, 2009.

#### **THE MOST IMPORTANT THING I LEARNED**

Publicly Report. Even if you report on only one measure...Publicly report your CAH data.

"Public reporting of quality measures to Hospital Compare has been voluntary for CAHs. As we move toward a system that rewards high-quality care, CAHs will need to publicly report on quality measures to demonstrate the quality of the care they are providing."

Did you know that Washington State has one of the lowest levels of CAH public reporting in the nation? In many states, 100% of CAHs report at least one measure. Less than 60% of CAHs in Washington State report at all.

The message at the NRHA Conference was "to strongly encourage" CAHs to report. "CAHs must start reporting. Congress won't tolerate not reporting...Congress wants to see value for the money spent."

As I visit with you, I have learned that there are several reasons for our low reporting level. In addition, there is a great deal of variation in the validation scores for those WA CAH hospitals that do report. In the months ahead, RHQN will be highlighting your best practices to improve our RHQN hospitals' reporting and scores.

#### **2008 Hospital Compare Data**

The data for all of 2008 is posted now for Hospital Compare Public Reporting. How did our RHQN hospitals do? Ken Rudberg, WSHA's Director of Clinical Analytics has posted the 2008 Hospital Compare scores on the WSHA website. The website can be found [here](#).

#### **Some highlights and best practices...**

##### **AMI:**

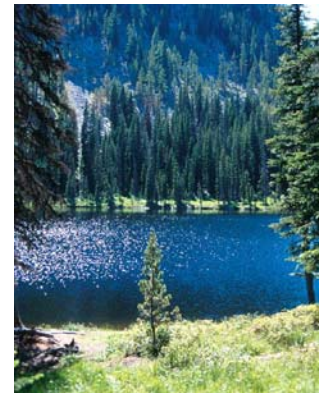
("Inpatient measures may not be relevant for many CAHs. AMI Emergency Department Outpatient measures are rural relevant.")

16 of the 34 RHQN CAHs reported "Heart Attack" data. Congratulations to the 6 hospitals reporting 100% on all appropriate measures:

- Enumclaw Community Hospital,
- Jefferson General,
- Kittitas Valley Community Hospital,
- Providence St Joseph's,
- Pullman Regional Hospital, and
- Sunnyside Community Hospital.

Honorable mention goes to the following hospitals reporting 100% on at least one measure:

- Klickitat Valley Health Services,
- Lincoln Hospital,
- Lourdes Medical Center,
- Mason General Hospital,
- Providence Mt Carmel,
- Tri-State Memorial Hospital, and
- Whidbey General Hospital.



Heart Failure:  
("Measures are rural relevant.")

19 of the 34 RHQN CAHs reported HF data in 2008. Many of you are working hard at developing new processes for your HF measures and your 2009 rates will reflect this work. The Discharge Instructions measure is important both nationally and in Washington state. RHQN reports the HF Discharge Instructions measure to the WA State Department of Health as an indicator of your quality. We will feature best practices in our December RHQN monthly call.

Congratulations to the 3 hospitals reporting 100% of their HF patients received discharge instructions:

- Kittitas Valley Community Hospital,
- Lake Chelan Community Hospital, and
- United General Hospital.

Pneumonia:  
("Measures are rural relevant.")

18 of the 34 RHQN CAHs reported Pneumonia data. Congratulations to the following hospitals for 100% rates on their pneumonia immunizations:

- Othello Community Hospital,
- Providence Mt. Carmel, and
- United General Hospital.

Hospital Infections:  
("Measures are relevant for CAHs providing the types of surgery covered.")

15 of the 34 RHQN CAHs reported Hospital Infection data. Congratulations to 12 hospitals reporting 100% on at least one of the six rurally relevant measures:

- Enumclaw Community Hospital,
- Kittitas Valley Community Hospital,
- Lake Chelan Community Hospital,
- Lincoln Hospital,
- Ocean Beach Hospital,
- Othello Community Hospital,
- Prosser Memorial Hospital,
- Providence Mt. Carmel,
- Providence St. Joseph's,
- Sunnyside Community Hospital,
- United General Hospital, and
- Whidbey General Hospital.

HCAPS:  
("Measures are rurally relevant.")

10 RHQN CAHs reported HCAPS (Patients' Perspectives of Care Survey) results. Congratulations to the following hospitals who achieved "Recommend this hospital" scores above the all-Washington average of 70%:

- Jefferson General,
- Lincoln Hospital,
- Providence St. Joseph's,
- Pullman Regional Hospital, and
- United General Hospital.

If you are not currently publicly reporting, please contact me, [bevm@wsha.org](mailto:bevm@wsha.org) for helpful hints on how to proceed. And remember, please "don't shoot the messenger."

**Next month:**

More on the NRHA suggested rurally relevant CAH measures.

## Postcards from the Road...

### Best Practice: Patient Education Materials

Thanks to Deb Watson at Providence St. Joseph's in Chewelah and Mt. Carmel in Colville for sharing a best practice for developing patient education materials written for the suggested 6<sup>th</sup> grade reading level. In Chewelah, the hospital has involved their local 6<sup>th</sup> grade teachers and classes in writing their materials. What a great idea!

### Lessons Learned from the Safe Table

Form a Community Advisory Group which represents your community's cultural, age, and gender diversity. Give members your patient education materials and a black pen and ask the the group to cross out any words they do not understand. This can be eye opening! (If you already have a Community Advisory Group, please contact me at [bevm@wsha.org](mailto:bevm@wsha.org) so I can share your experiences and good ideas.)

*Bev*

*If you have ideas, comments, questions, need additional resources or a consultation, please contact Bev McCullough, RHQN Quality Improvement Manager, at (206) 216-2862 or by email at [bevm@wsha.org](mailto:bevm@wsha.org).*

