



Quality Connections

Sharing Best Practices and Lessons Learned

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Rurally Relevant Measures

Last month, I promised that I would give you more information on the National Rural Health Association's (NRHA) rural-relevant measures from their annual Critical Access Hospital (CAH) Conference in Portland.

All the speakers at the conference recognized, like you do, that small volumes and the type of care you provide mean that inpatient AMI measures may not be relevant for many CAHs. However, the **AMI ED Outpatient Measures are rurally relevant, as are Inpatient Pneumonia, Heart Failure, and Surgical Improvement Measures for CAHs providing those types of surgeries**. Even if you are not now reporting these measures externally, you will want to track them internally to improve your performance and share them in order the benchmark with other RHQN CAHs in 2010.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS): Patients' Perspective of Care Survey

HCAHPS are rurally relevant and offer a window into your community's perception of your services. Some RHQN hospitals use Press Ganey for HCAHPS, others do their own survey, incorporating the HCAHPS measures, but do not report them to Hospital Compare. I have also found that some RHQN members use the Gilmore Research Group, a Seattle and Portland based HCAHPS Hospital Compare approved vendor. Bette Barlund at United General Hospital in Sedro Woolley reports that she is very pleased with the Gilmore Research Group's CAH pricing and orientation. She is willing to answer any questions you may have. You may contact her at bette.barlund@unitedgeneral.org or (360) 856-7419.

New Inpatient Measures

30-day risk-adjusted heart failure and pneumonia mortality and re-hospitalization rates are rurally relevant in theory, but it is recognized that small volume is a major problem.

Lessons Learned from the Safe Table

Have you seen Swedish Hospital's hand hygiene video yet? At the November Safe Table, we learned of the World Health Organization's new recommended procedure for hand gel use. We watched Swedish's video and then did "teach back" by re-watching the video while demonstrating what we learned. The video and "teach back" are a great resource for all of your staff and take less than 5 minutes to do! To view this video, click [here](#).

New and Proposed Outpatient Measures

Centers for Medicare and Medicaid Services (CMS) has just announced 11 outpatient measures that will be required for Prospective Payment System (PPS) hospitals to report to Hospital Compare in 2010. While they are not required for critical access hospitals, a National Rural Health Research project is assessing their rural relevance. The RHQN encourages you to incorporate these outpatient measures now into your 2010 dashboards. The AMI outpatient measures are identical to the Washington State Department of Health (DOH) STEMI project data collection points being explored for critical access hospital use in evaluating their STEMI practices. They are:

1. AMI: Median time to fibrinolysis,
2. AMI: Fibrinolytic therapy received within 30 minutes of ED arrival,
3. AMI: Median time to transfer to another facility for percutaneous coronary intervention (PCI),
4. AMI: Aspirin at arrival, and
5. AMI: Median time to ECG.

The PPS outpatient Hospital Compare measures also include:

6. Outpatient Surgery: Timing of antibiotic prophylaxis,
7. Outpatient Surgery: Selection of prophylactic antibiotic,
8. MRI lumbar spine for low back pain: CMS will collect data on this measure from 2010 Medicare claims for PPS hospitals,
9. Mammography: follow-up rate based on 2010 Medicare claims,
10. Abdomen CT: Use of contrast material based on 2010 Medicare claims, and
11. Thorax CT: Use of contrast material based on 2010 Medicare claims.

Again, while these measures are not currently required for CAHs, they are great measures for your ED and outpatient surgery areas to start reporting on their dashboards. Expect to see benchmarks in 2010.

Postcards from the Road...

Best Practice: Improving your HCAHPS Scores

When I asked Pullman Regional Hospital what the secret was to their having the highest Hospital Compare patient satisfaction score in the state, Dorcas Hirzel said having food available 24/7 contributed greatly to patient satisfaction. Some CAH dietary staffs have traveled to Pullman to observe their food services as they design new kitchens...and found that they don't have the patient volumes to support this service. A great "Best Practice" alternative is to have your kitchen staff make 3 types of homemade soup and freeze them in individual servings so the nursing staff can offer a food choice when patients are hungry.

Best Practice: End of Life Care

As I have traveled the state, I find that many of our critical access hospitals are either the actual or defacto hospice in the community. At Lincoln Hospital in Davenport, the Foundation recently created a family-oriented "end of life care room" with a sofa, table, microwave and refrigerator. Others of you report using an "end of life family and patient Comfort Cart" that can be taken to any room. (I also learned that one CAH had turned to a Comfort Cart due to the unintended consequence of regular patients refusing the "nice large room" during high census because they knew so many people who had died in that room.)

I was particularly struck by my conversation I had with Ramona Hicks, RN and Hospital Chaplain at Coulee Medical Center. Ramona is enrolled in a nationally accredited hospital chaplaincy program and would be delighted to talk with you if you have questions about her program. Coulee Medical Center tries hard to accommodate the many end of life traditions found in their community, including 12 tribes on the Colville Reservation. Their policies support drumming, soft bells, and "everything but burning candles."

Ramona shared a booklet "Gone from My Sight" that explains the dying process in a gentle manner. It is given to all families. The booklet costs \$2 and is written by Barbara Karnes, RN, an award winning hospice nurse from Vancouver, WA. Ramona says they are helpful to staff, as well as families, and may be an item your Foundation would want to support (<http://www.gonefrommysight.com/goneFromMySight.html>). The title is based on the following poem found on the website:

Gone From My Sight (by Henry Van Dyke)

I am standing upon the seashore. A ship at my side spreads her white sails to the morning breeze and starts for the blue ocean. She is an object of beauty and strength. I stand and watch her until at length she hangs like a speck of white cloud just where the sea and sky come to mingle with each other.

Then someone at my side says: "There, she is gone!"

"Gone where?"

Gone from my sight. That is all. She is just as large in mast and hull and spar as she was when she left my side and she is just as able to bear the load of living freight to her destined port.

Her diminished size is in me, not in her. And just at the moment when someone at my side says: "There, she is gone!" There are other eyes watching her coming, and other voices ready to take up the glad shout: "Here she comes!"

And that is dying.

My best to you as you gather with family and friends for Thanksgiving, while still staffing your hospitals and supporting your patients. I am blessed to work with all of you and thankful for the care you give to the people in your communities, for the care you give to all in our state who travel to and through your communities, and for the beauty of this great state. Thank you for sharing your lives and Best Practices with me...

Bev

RHQN Resources for You

December 8th at 10:30 a.m. – RHQN Conference Call. Topic – *Best Practices/Lessons Learned: Getting to 100%*. RHQN members will share how they dramatically improved their HF measures.

We are now scheduling classes for your management staff for 2010 on "Adverse Events & RCAs: Using Critical Thinking Skills" and "A Taste of Lean: The Waste Treasure Hunt." Four of our RHQN members have taken advantage of this on-site offering in 2009. The classes are a benefit of your dues. We look forward to coming to work with your staff in 2010.

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.