Models for Quality Improvement in CAHs: Role of the Flex Programs

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Outline

- Quality Improvement and the Flex Program
- Findings of a survey of states, CAHs and stakeholders
- Framework for understanding Flex-supported QI programs
- What next: how do we advance to the next level?

Quality Improvement and the Flex Program

- QI is a central goal of the Flex Program
- Program guidance and states have targeted quality performance improvement from Day 1
- Wide variety of initiatives (1) targeting different aspects of quality (e.g. patient safety, infection control, performance reporting), (2) in different stages of development (i.e. mature versus emerging), and (3) with different approaches to in-state and multi-state collaboration

Key Questions

- What role(s) has the Flex Program played in these initiatives?
- What do we know about success and impact?
- Are there “model”state QI programs?

Approach

- Survey of 9 states chosen from review of Flex applications and reflecting diversity of QI initiatives (AZ, GA, ID, KS, MT, NE, NV, and WA)
- Focus on top 3 QI initiatives
- Interviews with State Flex Coordinators, CAHs, and key stakeholders
- Document review

Framework for State QI Programs and Strategies

Two Core Strategies

1. Support for CAH participation in quality measurement, reporting, and benchmarking
2. Support for CAHs to build quality and patient safety improvement systems and capacity

Quality Measurement, Reporting and Benchmarking

- **WA and GA**: funding tools to improve reporting and performance on *Hospital Compare;* GA helping CAHs with data entry and exporting
- **AK and KS** are among the states participating in *Healthcare Quality for Rural America (HQRA)*, a multi-state quality reporting and benchmarking initiative.
- **ID and NV** have developed their own state-specific QI measurement, reporting and benchmarking systems.

QI and Patient Safety Systems and Capacity-Building

- **ID and NE** are both supporting and implementing TeamSTEPPS, a patient safety, team-training program.
- **WA** is working with QI network to implement protocols for AMI (chest pain).
- **AZ** supporting CAHs to become Level IV Trauma Centers
- **GA** has developed QI program/collaborative using inpatient and outpatient CMS measures.

QI and Patient Safety Systems and Capacity-Building

- **MT** funds a statewide performance improvement network.
- **WA** and **GA** have funded peer review programs.
- **KS** has a mock survey program.
- **NV**: patient and staff satisfaction tools
- **AL, AZ, and MT**: QI education and training
- **NE**: Executive Fellowship Program

Key Lessons

- The Flex Program has been instrumental in funding and providing leadership for the development of CAH quality improvement initiatives.
- Scaling QI program activities to the capacity and resources of CAHs is also critical to success.
- Administrative, clinical, and board leadership and buy-in are critical to the success of CAH QI initiatives.

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Key Lessons

- Despite widespread support for these initiatives, there is limited hard evidence on the impact of the State Flex Programs' QI initiatives.
- Overlap between the quality measures in *Hospital Compare* and those used by State and multi-state QI reporting and benchmarking programs offers the opportunity for developing a common set of "rural relevant" hospital quality measures.

Moving to the Next Level

- The Flex Program needs a system for documenting program impact through the collection of outcome measures for Flex QI initiatives.
- A core set of CAH quality measures and a system to collect and report data on the core measures are needed.
- The 30% of CAHs that do not publicly report quality data need explicit incentives to encourage them to do so.

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