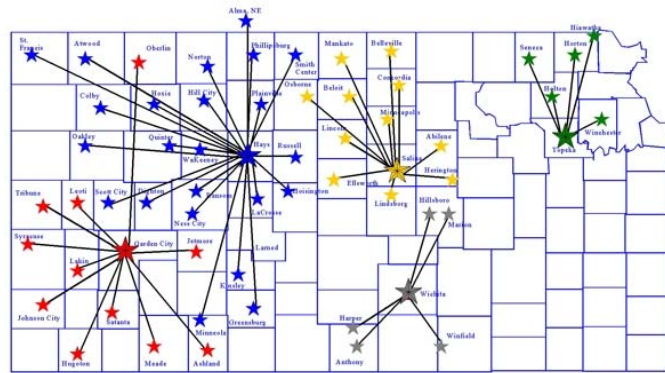









## Rural Hospital Network Reports : Support & Innovation



-  NE Kansas Healthcare Network
-  NW Kansas Health Alliance
-  SW Kansas Regional Health Network
-  Sunflower Health Network
-  Wheat Plains Health Network

### Kansas Rural Health Options: Investment in Rural Hospital Networks

The Kansas Rural Health Options Project (KRHOP) manages the Federal Rural Hospital Flexibility (FLEX) grant program in the state of Kansas. The purpose of the FLEX program is to enhance access to rural health care services through designation of critical access hospitals, development of rural health networks, and the establishment of programs to improve and integrate rural emergency medical services into rural health care systems and their communities. KRHOP strives to offer programs and projects that meet the need of rural communities, health care facilities and providers.

**Initial Statement**—Critical Access Hospital Support Networks often facilitate and manage innovative projects that benefit rural health care.

**History**—Last fall KRHOP distributed a RFP specific to CAH Support Network. The intent was to stimulate thought and ideas in the areas of health information technology or special projects and to fund *innovative* projects. Five Networks submitted proposals that were creative, limited in scope and could result in lasting impacts for the hospitals involved. Each of the projects involved extensive planning and a defined timeline for completion. The budget was approximately \$100,000.

This April will mark completion of the five projects. Sixty two CAHs were involved. Approximately 250 participants were engaged in the project work. There is potential to expand and replicate the projects within other networks and hospitals. KRHOP plans to integrate some results and conclusions with future and ongoing projects.



# Southwest KS Rural Health Network

Submitted By: Aaron Cannon and Jason Friesen

## History

The Southwest Kansas Rural Health Network (SWKRHN) was formed in 1994 in conjunction to the original EACH/ RPCH program. St. Catherine Hospital adopted the role as the EACH hospital for the group along with four RPCH hospitals. The membership continued to grow through 2001 until the RPCHs changed designation to Critical Access Hospitals (CAHs). The network now consists of 11 CAHs that stretch from Decatur County on the Nebraska border to three counties that border the Oklahoma border. The network covers 12 counties and covers 10,492 square miles with a resident population of 66,572.

### The eleven member hospitals are:

Ashland Health Center  
Decatur Health Systems  
Greeley County Hospital  
Hamilton County Hospital  
Hodgeman County Hospital  
Kearny County Hospital  
Meade County Hospital  
Satanta District Hospital  
Stanton County Hospital  
Stevens County Hospital  
Wichita County Health Center

## Introduction

The SWKRHN teamed with the Pioneer Health Network to identify HIT issues and share knowledge resources. Our member hospitals identified the need of educating their executive staff and trustees on Health Information Technology as it relates to small rural hospitals, and have chosen a balanced approach. We utilized a professional services firm to develop the customized workshop and trustee program. Wipfli LLP focuses on the community hospital market and has a defined healthcare technology practice. The individuals from Wipfli that provided the information were Janice Ahlstrom CPHIMS, RN and Michael Pynch CPA, CMA. Both, Janice and Michael, are Directors and have substantial experience helping community hospitals to succeed via assessment, strategic planning, implementation of electronic medical records and other clinical information systems.

## Project Plan

We utilized the grant funds along with a partnership with the Kansas Rural Health Options Project to improve HIT/CPI education to the rural hospitals in Kansas. The bulk of the grant funds were used to educate trustees on the components, opportunities and challenges associated with HIT as well as to educate C level leadership enabling them to understand the technology function, its potential to improve care quality, safety, and organizational efficiency. Further, to recognize the considerations in evaluating strategies and trends in HIT for their organizations. While there have been national meetings focused on HIT, many of our hospital leaders leave those conferences with more questions on how they integrate technology at their facility. They were looking for a guide and a manageable process to follow. In order to accomplish this, the network delivered a 1.5 to 2 hour trustee healthcare technology education session, and a one day Healthcare Information Technology and Continuous Process Improvement (HIT/CPI) workshop for C level leaders of hospitals in our area, as

well as to extend an invitation to other hospitals in the State.

## Results

The trustee workshop objectives were to learn the basic components of the technology function in a hospital setting. Develop an awareness of how the healthcare technology function is managed. Understand the importance of business and technology objectives being aligned, along with common execution issues. Review healthcare technology trends and hot technologies in the next two years. Consider metrics useful in evaluation of the technology function. Recognize the industry resources and tools to leverage in making technology decisions

The one-day C level leadership workshop included the following presentations: Electronic Medical Records Implementation Getting it Right!, Continuous Process Improvement Diagnosis and Prescription of the Right Tools, Healthcare Technology Trends and a Framework for Effective Technology Management, and Protecting Your HIT Investment – Disaster Recovery and Business Continuity Planning.

## Conclusion

The one-day seminar was well received with over 25 facilities being represented. The program was taped and all video recorded materials will be sent to the facilities that participated for future review. On the other hand, we had fewer participants that I anticipated for the trustee workshop. There are several reasons I feel attributed to this. First, the workshop was held on a weekday night and most of the hospital trustees of course work, and need to be back home. For some of the trustees the drive was quite far making it a difficult trip. Secondly, most of the CAH trustees do not have a high interest in HIT itself. They attend hospital board meetings once a month and are not involved in the day-to-day workings of the technology. With the expertise supplied by the speakers of Wipfli LLP the project could be reproduced at any venue with relative ease.



# Wheat Plains Health Network

Submitted By: Marty Ekrem

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## History

The Wheat Plains Health Network was established in April, 2002. Via Christi Regional Medical Center is the sponsoring hospital for six critical Access Hospitals. The mission of the network is to strengthen our ability to deliver basic, primary health care services and increase access to those services for all residents of our communities.

### The six member hospitals are:

Anthony Medical Center

Harper Hospital District #5

Hillsboro Community Medical Center

Ninnescah Valley Health Systems, Inc.

St. Luke Hospital & Living Center

William Newton Memorial Hospital

## Introduction

The current proposed project consists of an eight month in-depth quality evaluation and subsequent training of the six critical access hospitals to enhance Quality Health Indicators. A trained consultant will travel to each of the hospitals once a month for six months to provide hands-on support for data entry and implementation of QHI.

## Project Plan

The project will consist of support to enhance Quality Health Indicators at each of the six critical access hospitals. Although all of the hospitals in the Wheat Plains Health Network wish to participate in the QHI project, many are strapped for time and lack the knowledge needed. The consultant will provide hands-on support and the expertise to implement the project. Each hospital will identify the individual who will be the contact person, complete the hospital profile and assign hospital users and determine if any additional measures other than "core" and "WPHN specific" will be collected. A consultant will be identified in the first month. The consultant will work with each facility to determine where to find the information to be collected and to develop processes for data collection and data entry on an ongoing basis.

At the completion of the project, the consultant will compare findings and make a presentation at the Wheat Plains Health Network meeting. The results will allow the critical access hospitals to view their level of performance and learn from each other.

## Results

It is expected that there will be full participation in the QHI program from the six Critical Access Hospitals in the Wheat Plains Network by October 2008. All of the data entry of the QHI Core Measure Set and Wheat Plains Health Network specific measures will be completed by April 2008.

The benefits of this project will be the Network wide benchmarks for understanding of level of performance. It will also increase knowledge of "best practices" from others in the Wheat Plains Network.

## Conclusion

It is increasingly important for hospitals to implement Quality Health Indicators and communicate best practices with each other in an effort to improve quality healthcare. The overall goal of this project is to provide support in these areas to each of the critical access hospitals in the network. At completion of the project, the consultant will compare findings and make a presentation to the WPHN Advisory Board. The resulting information will be beneficial to all of the critical access hospitals by enabling them to evaluate their own practices and compare the information with others in the network.



# NW Kansas Health Alliance

Submitted By: Jodi Schmidt

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## History

The Northwest Kansas Health Alliance began in 1991 in response to the federally created Essential Access Community Hospital/Rural Primary Care Hospital (EACH/RPCH) Program. The Alliance is composed of twenty three critical access hospitals and Hays medical center which is the supporting hospital. This network is now the largest formal CAH network in the United States.

### The twenty-three hospitals are:

Hays Medical Center  
Cheyenne County Hospital  
Citizens Memorial Hospital  
Clara Barton Hospital  
Edwards County Hospital  
Gove County Medical Center  
Graham County Hospital  
Grisell Memorial Hospital  
Harlan County Health System  
Kiowa County Memorial Hospital  
Lane County Hospital  
Logan County Hospital  
Minneola District Hospital  
Norton County Hospital  
Ness County Dist. #2 Hospital  
Phillips County Hospital  
Rawlins County Health Center  
Rooks County Health Center  
Rush County Memorial Hospital  
Russell Regional Hospital  
Scott County Hospital  
Sheridan County Health Complex

Smith County Memorial Hospital

Trego County Lemke Memorial Hospital

## Introduction

The Northwest Kansas Health Alliance identified financial and operational benchmarking as the logical next step in its participation in the QHi benchmarking program. A sub-committee of CFO's and CEO's met to review the national benchmarks and existing QHi options as they related to critical access hospitals. The need for spreadsheet tools designed to assist CFO's in the calculation of appropriate benchmarks was also noted.

## Project Plan

In the months of January and February, a pilot group of CAH's submitted their data to Steve Thompson of Wipfli to test several indicators for applicability and usefulness. Network members of different volumes, with and without RHC's and nursing homes, etc. were identified in order to better understand the impact of these differences, as well. Based upon analysis of this pilot data, Steve will make a recommendation to the sub-committee for a final set of indicators in March. And will present the pilot data, and other keys to CAH financial management, to the entire network at an April 9 training program. Steve will also identify some appropriate na-

tional benchmarks CAH's may use for comparative purposes.

## Results

A training session will be conducted for the entire network in April for their use and interpretation. The program will also be supplemented by individual CFO's receiving training with the consultant in the areas of spreadsheet calculations and QHi benchmarking. In this manner, members of the Northwest Kansas Health Alliance will build a firm foundation upon which additional benchmarks may be added.

## Conclusion

It is the hope of the network sub-committee that these financial indicators will demonstrate that CAH's are efficient, effective providers of care and are guided by the same solid financial principles as other hospitals. But at the same time we recognize that size and reimbursement structure do make a difference. And therefore are working to establish a more appropriate set of indicators against which CAH's can be measured, both for federal agencies and our own financial/operational improvement.



# Sunflower Health Network

Submitted By: Heather Fuller

## History

The Sunflower Health Network, Inc. (SHN) was founded in 1994 as a not-for-profit organization. SHN's mission is to improve the effectiveness and efficiency of healthcare in the region. The seventeen member hospitals, in conjunction with their medical staffs, have developed a network that fosters cooperation and coordination. The priority has been to enhance the integration of health related services among SHN member communities while respecting local autonomy. SHN has created an infrastructure that has facilitated the improvement of access to health services, improved quality of health services, and increased the cost effectiveness of the delivery of health services.

### The seventeen member hospitals are:

Anthony Medical Center  
Cloud County Health Center  
Clay County Medical Center  
Ellsworth County Medical Center  
Herington Municipal Hospital  
Hillsboro Community Medical Center  
Jewell County Hospital  
Lincoln County Hospital  
Lindsborg Community Hospital  
Memorial Hospital, Abilene  
Memorial Hospital, McPherson  
Mitchell County Hospital Health Systems  
Osborne County Memorial Hospital  
Ottawa County Health Center  
Republic County Hospital  
Salina Regional Health Center  
Smith County Memorial Hospital  
Health Center

## Introduction

The current project is focusing on mental health transfers which is an area where there seems to be challenges across the continuum from hospitals, to EMS, providers, and mental health hospitals. A transfer committee has already been in place for several years regarding ED to ED transfers. This committee will continue to evaluate issues related to transfers such as: transfer time, number of calls made, as well as other specific issues to try to standardize and streamline the transfer process. The network supports the small hospitals that are not always equipped to keep mental health patients who have trouble getting consults/screenings and hospitals to accept the transfers.

## Project Plan

To begin to address the challenge of managing mental health patients and transfers, we are planning to host a workshop for medical providers on this issue. They will also receive information on the transfer process. The workshop, "Making Sense of the Chaos: Managing Mental Health Transfers," will be held on April 9, 2008, at the Rolling Hills Conference Center. The overarching goals of the project are to help providers become more comfortable with treating mental health patients, knowing what resources are available beyond their facility, and knowing when to transfer the patient. Some of the measurable objectives include:

Determine if a patient is suffering from a psychiatric disorder

1. Discuss the challenges in treating patients with mental illness

2. List behavior management strategies that can be utilized with mental illness
3. Determine when a patient can be transferred to another facility.

## Results

There has been a lot of interest in this workshop. To date, we have received 16 registrations. Participants will be asked to complete a written evaluation of the workshop. Transfer committee members will also provide input at a wrap-up meeting following the workshop.

## Conclusion

This workshop will be a great start to addressing the challenging topic of mental health transfers. It will help educate those people who are directly involved with patient care and facilitating transfers. This workshop could be easily duplicated in other networks or regions. It helps to have a knowledgeable person to make recommendations on potential topics and presenters. The biggest challenge to date has been getting presenters to develop learning objectives for their sessions. This can be addressed by drafting potential objectives for them to edit or approve. The Sunflower Health Network would be happy to share information or lessons learned with other networks that might be interested.



# NE KS Healthcare Network

Submitted By: Steve Granzow

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## History

The Northeast Kansas Healthcare Network was founded in 1997 when St. Francis Health Center became the "Support" hospital for Nemaha Valley Community Hospital in Seneca. The network currently consists of five critical access hospitals and one supporting hospital. The mission of the network is to enhance the quality of health and healthcare for all of our communities by working together.

The six member hospitals are:

Hiawatha Community Hospital

Holton Community Hospital

Jefferson County Memorial Hospital

Nemaha Valley Community Hospital

Northeast Kansas Center for Health & Wellness

St. Francis Health Center

## Introduction

The current project grew out of the network's multi-year effort at developing the ground work for the introduction of the electronic health record (eHR) to Critical Access Hospitals (CAHs) in Northeast Kansas. The developmental work included a two day planning retreat and subsequent planning assessment. It was felt, however, that a more substantive assessment of each facility and its culture was needed before the next steps could be taken. Questions such as: "Will what we have now be able to be used or, will we need new hardware/software? How will current processes have to change or be adapted? How long will it take; how much will it cost?" needed to be answered definitively.

## Project Plan

The basic goal of the project was to assess each hospital's cultural and technological readiness for implementing an eHR. Based on past interactions with member hospitals ICE Technologies of Pella, Ia. was chosen to do the assessments once the KRHOP grant was secured.

ICE recommends looking first at the IT infrastructure, keeping in mind any added functionality or capability a facility is planning to add over the near term. The infrastructure is first because it is the foundation of the healthcare facility's operation and the platform to develop an eHR, improve patient care and patient safety. Healthcare software laid on top of an old/outdated/weak foundation will eventually fail – a risk no healthcare facility should take.

For these reasons, ICE conducted what they term a "full network assessment" at each of the five facilities to give them a baseline plan for improvements/changes that would be required before implementing Electronic Medical Records. The network assessments would give each facility the foundation required to be able to craft a strategic IT plan for eHR implementation.

ICE worked with the CEO of each facility; the facilities' IT people were involved as well. The assessments were conducted by a Senior Healthcare Consultant and a Senior Systems Engineer working on-site for approximately 2 days at each facility. They collected information with regard to the network environment, network standards, network security, user and systems policies, IT self-support capabilities etc. The Senior Healthcare Consultant also worked with the CEO and key staff to develop inventories of

applications currently in use at each facility.

## Results

The comments of the CEOs regarding the project and the product were generally positive. They agreed that while the final reports showed no surprises, the information provided was useful and would serve as a good base for future development. A common worry was concern over funding future hardware and software support for an eHR. It was also felt the results would be easily replicable in other networks.

## Conclusion

The final product/project recommendations were delivered to the leadership team at each facility in person by the consultants/engineers who gathered the information. Some of the information reported included existing best practices on infrastructure and culture from facilities that have implemented an eHR. Also included were recommendations about IT infrastructure and systems improvements that will benefit users both now and in the future. These points included recommendations on improving the confidentiality, availability and integrity of the data and data systems as well as recommendations on improving system throughout.



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**Kansas Rural Health Options Project (KRHOP) is dedicated to helping Kansas rural health care systems.** KRHOP is federally through the Kansas Department of Health & Environment-Office of Local & Rural Health Rural Hospital Flexibility (FLEX) Grant H54RH00009. The FLEX program is managed by the Health Resources and Services Administration Office of Rural Health Policy (ORHP).