

KANSAS RURAL HEALTH OPTIONS PROJECT
Sunflower Health Network Final Report
April 10, 2009

Applicant Information

The Sunflower Health Network, Inc. (SHN) was founded in 1994. SHN’s mission is to improve the effectiveness and efficiency of healthcare in the region. The sixteen 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.

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Project Participants

The participants in this project will be the SHN member hospitals (including patients):
 Anthony Medical Center; Cloud County Health Center; Clay County Medical Center; Ellsworth County Medical Center; Herington Municipal Hospital; 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

Project Timeline

Date	Activity/Strategy	Lead Role
August 29, 2008	Grant application due	Heather Fuller
August 31, 2008	Receive notification	KRHOP
September 1, 2008	Grant year begins	
October 13-17, 2008	Conduct focus groups	Mark Herring
October 20-24, 2008	Supplemental interviews/follow up	Mark Herring
November 5, 2008	Presentation to SHN hospital board members	Heather Fuller, Mark Herring
March 10, 2009	Webinar for SHN hospital dept. directors	Heather Fuller, Mark Herring
Fall 2008-Spring 2009	Team 5 (SHN Quality committee) meetings	Heather Fuller, Charlie Grimwood, Roger Pearson
April 30, 2009	Grant year ends/submit final report	Heather Fuller

Project Description and Work Plan

This planning project is being conducted to address one of six fundamental strategic priorities facing the Sunflower Health Network (please see attached document for the six priorities). The six priorities were determined by starting with a “long list” of 48 questions that could potentially keep a SHN hospital CEO awake at night, narrowed through one-on-one CEO interviews to a “medium list” of 19 questions, and further narrowed to the “short list” of six priorities through objective prioritizing and a board planning session. This process took place between December, 2007 and March, 2008.

Providing quality patient care is a foundation to our success at SHN hospitals. Quality is so fundamental to the future of health care in the region that it should be considered as a primary priority

setting criterion by other SHN planning teams this year. A first issue is to establish a consensus definition of quality and measures of quality. Based on that definition, we then need to clarify where we are today and where we need to be in the future. Focus groups were conducted to obtain additional “voices of the customers.” We contracted with Mark Herring Associates to conduct the focus groups (utilizing 2 sites in the network) and interviews. Mark Herring holds a doctorate of counseling psychology from Baylor University and has over 25 years of experience as a moderator for healthcare clients including the Centers for Disease Control and Prevention.

Specific goals of this project are to:

- Talk with patients and family members, as the “voice of the customer,” to identify key features of the ideal patient care system.
- Find out what patients want in all major phases of patient care:
 - Intake – pre-registration, admissions
 - Delivery of care – interaction with doctors and staff
 - Transition – moving from department to department within a hospital, moving from facility to facility
 - Documentation – billing, patient records.
- Analyze this information to identify goals as well as specific opportunities for improvement in the quality of patient care throughout the Sunflower Health Network.

Methods

Five patient mini-focus groups (3-7 participants in each) were completed. Each group was 90 minutes in length. In addition, 14 telephone interviews were completed to ensure participation by respondents in areas that are not near the two sites (total of 35 participants). Participants were randomly selected from throughout the fourteen-county service area, with a mix of “highly experienced” vs. “less experienced” participants and patients vs. family members.

Mark Herring presented the results to the Sunflower Health Network hospital CEOs and board members on November 5, 2008, at the Salina Country Club. Approximately 60 people attended this event. The response was very positive. Many commented that this was the best event/information because it was “back to the basics.” Two webinars (with the same information) were also presented so department directors at the SHN hospitals would have an opportunity to hear the results.

Results

Data was gathered regarding the admitting process, delivery of care and services, patient transport, documentation, and access to care.

Admitting process: One of the key findings about the admitting process was having electronic records available at all hospitals. Patients didn’t want to have to continually complete the same paperwork. The use of technology to facilitate the admitting process (or being able to do it all on line) was very important. Privacy during this process was also very important.

Delivery of care and services: As expected, private patient rooms were very important. The use of technology was also important in this aspect as it was viewed as providing better communication, faster test results, etc.

Patient transport: It was recommended to create a “just in time” transport process; within the hospital and from facility to facility. This process should be accompanied by an automatic record transfer as well. Another recommendation was to bring hospital tests to the bedside to maximize privacy, increase convenience, and reduce wait times.

Documentation: Participants wanted to be able to contact a person dedicated to billing issues and who had the ability to reconcile those issues. They also wanted timely and consolidated billing. A reliable discharge schedule, discharge information on one sheet, and “value-added” discharge (filling initial prescriptions, noting follow-up appointments, activity and diet restrictions) information were also mentioned.

Access to Care: Physician recruitment and specialty clinics in rural areas were important issues. Funding for technology, having a centralized data base for patient records and access to pharmacies were also mentioned. It was recognized that EMTs are often the first responders in rural areas.

Conclusions

The most important issue (or most mentioned) for patients was improved information collection including data sharing among SHN hospitals, data sharing between physicians and hospitals, and effective data sharing across hospital departments. Two other important issues were improved nursing care and improved communication. Other items mentioned include:

- Key factors in patient satisfaction – compassion, caring, eye contact – don’t cost anything to provide but does require training and reinforcement for those having patient contact.
- Keeping patient/family members informed is crucial aspect of a positive patient experience – what is happening, what is going to happen.
- Not appearing rushed is key to patient perception of doctors and nurses as caring and concerned – patients perceive they wait all day for all-too-brief interactions with healthcare professionals.
- Staffing concerns expressed regularly
- Everybody wants private rooms
- Technology is appealing but not the answer to everything (People in rural areas still want to see specialists).
- Moving toward Electronic Medical Record is valued now, expected in future.

Next Steps

Many of the issues named above are being addressed by SHN hospitals on an individual basis (ex. customer service). The network is working to address the item of electronic patient information. Through our research, we learned about the Western North Carolina Health Network’s Data Link project. This network is similar to the SHN (16 rural hospitals, many different information systems) and has been able to share electronic patient information. We have provided a webinar for our board to learn more about this project. We have completed a survey of all of our hospitals to get baseline data on readiness, IT staffing, computer systems, programs already implemented, etc. We have also conducted interviews with key stakeholders across the state to inform them of our project goals and ask if they are willing to partner with us. It is our understanding that the Kansas Health Policy Authority is the lead agency in the state for electronic patient information. We plan to participate in their next stakeholder meeting.

Expenditure of Funds

Item	KRHOP grant	In-kind	Total
Consultant (Mark Herring)	\$13,841.70	\$10,292.30	\$24,134
Facility/Food for focus groups		\$163.58	\$163.58
Focus group participants- honorariums (\$50 each)		\$1700	\$1700
Presentation of results to SHN hospital board members	\$1158.30		\$1158.30
Team 5 (Quality) meetings: \$100 x 2 meetings: \$200		\$200	\$200
TOTAL	\$15,000	\$12,355.88	\$27,355.88