Wyoming Critical Access Hospital Network
Annual Report
2010-2011

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Introduction

Since its inception, the Wyoming Critical Access Hospital Network has sought to advocate for, and provide services to, Wyoming's critical access hospitals. With the national economy in turmoil, hospital margins contracting, and no relief in sight with respect to rural recruiting and retention issues, it is as important as ever that the WCAHN continue to support these important, small hospitals.

In order to deliver value, the WCAHN must provide services and support that meet the criteria of the Flex program that funds it, and that meet the specific needs of network hospitals. At the broadest level, this means that WCAHN planning must address key elements such as benchmarking, recruitment and retention, performance improvement, community benefit and image, and information management.

Within that overarching context, planning efforts with WCAHN CEOs and other partners in Wyoming led to the development of specific areas in which the WCAHN could best support Wyoming's smallest hospitals. Those areas included:

- Intermediate Level Coding Training
- External reviews of hospital policies and procedures
- Health information technology consulting/achievement of meaningful use
- Ongoing leadership development training

During the 2010-2011 Flex grant year, the WCAHN delivered programs in each of these areas, and others, that helped Wyoming's smallest hospitals deal with the changing healthcare landscape and the realities of delivering high-quality medicine in frontier America.

Mission Statement

The Wyoming Critical Access Hospital Network (WCAHN) is a collaborative support system that synergistically strengthens member hospitals in order to sustain access to quality healthcare services.

WCAHN Member Hospitals

- Community Hospital   Torrington
- Crook County Medical Services District   Sundance
- Hot Springs County Memorial Hospital   Thermopolis
- Johnson County Memorial Hospital   Buffalo
- Memorial Hospital of Converse County   Douglas
- Memorial Hospital of Carbon County   Rawlins
- Niobrara Health and Life Center   Lusk
- North Big Horn Hospital   Lovell
- Platte County Memorial Hospital   Wheatland
- Powell Valley Healthcare   Powell
- South Big Horn Hospital District   Basin
- South Lincoln Medical Center   Kemmerer
- Star Valley Medical Center   Afton
- Washakie Medical Center   Worland
- West Park Hospital   Cody
- Weston County Health Services   Newcastle

Network Meetings and Governance

The WCAHN meets quarterly to conduct Network business; to receive updates from Network partners, including the Office of Rural Health and others; to make decisions regarding Network projects and Flex funding; and to participate in regularly scheduled education programs.

The WCAHN is governed by a five-member steering committee with one alternate member. St steering committee underwent a number of changes during the year, as a result of turnover among Network CEOs. The following critical access CEOs comprised the 2010-2011 WCAHN steering committee:

- Tom Nordwick, President
  CEO, Memorial Hospital of Converse County
- Sandy Ward, At-large
  CEO, Johnson County Health Care
- Margie Molitor, At-large
  CEO, Washakie Medical Center
- Charlie Myers, Alternate
  CEO, Hot Springs County Memorial Hospital

Network Goals and Work Plan for 2011

The following goals and work plan for the WCAHN were developed through consultation with member CEOs, the Wyoming Office of Rural Health, and the Wyoming Hospital Association, and through facilitation by Rural Health Solutions. These goals address two fundamental strategic imperatives: achieving the requirements established for receipt of Medicare Flex funding, and meeting the needs of Wyoming's smallest and most vulnerable hospitals.

Goal: Support and Sustain Critical Access Hospitals

Objective 1: Advance the goals of the WCAHN: CAH performance improvement, recruitment and retention, and quality improvement.

Strategy	Completion Date	Staffing	Outcomes	Measures	Progress Report
Update and maintain the WCAHN web site, including posting Flex program reports and documents, program opportunities, CAH best practices, meeting notes, and other information as appropriate.	4Q 2011	WHA	Simplified access for members to information about Flex funding, programs, and opportunities	Quarterly review of Flex information on WCAHN web site for timeliness, accuracy	Web site update completed in 2010; major Flex documents posted to the site; Network documents and training opportunities posted to the site
Continue funding for a fourth class of the WCAHN Nurse Leadership Training Program.	4Q 2011	WHA/ORH	Basic leadership and management training for healthcare managers	Completion of courses and certificate standards by registered participants	Leaders from 6 hospitals completed the program; avg. attendance per course was 13
Fund member travel to the Western Region Flex Conference.	3Q 2011	WHA/ORH	Education and networking with other CAH CEOs and Flex officials	Timely promotion and registration of CEOs to attend conference	Director and 2 Network CEOs attended Western Flex Conference; Director attended National Flex Conference
Fund member travel and conference costs related to meetings, training, and workshops.	4Q 2011	WHA/ORH	Education, networking, sharing of best practices	Documentation of budget spent and events attended by hospital	WCAHN funded travel to meetings and workshops
Fund on-site quality improvement reviews/consulting	3Q 2011	WHA	Quality improvement and preparation	Completion of reviews at 4 critical access hospitals	Consultant completed reviews at 4 hospitals

*Completion dates based on the Flex Fiscal Year: September 1 – August 31

Objective 2: Improve CAH performance and quality of care.

Strategy	Completion Date	Staffing	Outcomes	Measures	Progress Report
Specify a state administrator and conduct monthly follow-ups with CAHs that have not submitted data to QHi.	Ongoing	ORH	More useful reporting system as a result of improved participation	Quarterly review of participation; annual report of participation, quality improvement	ORH designed Keri Wagner to administer the program and follow-up with hospitals
Establish a standing agenda item for QHi updates during quarterly WCAHN meetings.	Ongoing	WHA	Elevate QHi across the network, ensure data capture and reporting	Documentation of QHi reports at each quarterly WCAHN meeting	Network members discussed quality issues at Network meetings
Provide intermediate coding training, to include chart audits and targeted training	4Q 2011	WHA/ORH	Improved coding and billing performance for participating members	Audits and training provided to 8 of 16 critical access hospitals	5 hospitals participated in coding audits and training

Objective 3: Improve communication/collaboration among WCAHN members.

Strategy	Completion Date	Staffing	Outcomes	Measures	Progress Report
Establish professional peer networks for member professional staff, including CFOs, human resources directors, quality improvement directors, marketing directors, laboratory managers, etc.	3Q 2011	WHA	Networking, information sharing and solution development among peer groups	Establishment and initial meetings complete for CFO, HR, and quality professionals	Ongoing initiative to be completed in 2011-2012 Flex grant year
Continually update the WCAHN web site to serve as a current, central focal point for Network and rural hospital information and training opportunities.	4Q 2011	WHA	Improved communication and valuable information resource for members	Create traffic reporting with web development vendor	Site launched in 2010 with updated news, education programs, documentation, etc.

WCAHN-Specific Flex Budget

Budget Item	Budget
Flex Budget Managed by WHA	
Staff	$55,000
Leadership Training Program	$18,000
IT Consulting	$50,000
External Policy Review	$16,000
Intermediate Coding Workshops	$2,250
Travel In-State	$8,000
Travel Out-of-State	$22,903.84
Website Maintenance	$1,200
WHA Admin Fee	$8,122.50
TOTAL WCAHN-Specific Flex Budget	***$181,476.34***

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<u>**Narrative of 2010-2011 Flex Achievements**</u>

As the elements of federal healthcare reform are phased in, critical access hospitals face implementation challenges in the form both of funding and personnel. What's more, the federal push to drive costs out of the healthcare system while improving overall quality has required that nation's smallest hospitals to review current practices and policies, and to consider ways in which they can improve their operations. As a result, the Wyoming Critical Access Hospital Network directed its efforts in the 2010-2011 grant year toward activities that helped Network members improve their current operations, while simultaneously providing funding and resources to assist with key components of the reform effort.

Intermediate Coding Training

Building on the success of coding workshops provided in the previous grant year, the WCAHN delivered a more sophisticated approach to helping hospitals understand their areas of greatest training need. Rather than a broad-brush, general approach to coding training, the Network Director worked with a selected vendor to develop a more targeted, hospital-specific approach. In the end, a program was developed in which the vendor reviewed records from each participating hospital, and, based on that audit, developed training that focused on each hospital's specific issues. The result was a deeper look into each hospital's current practices, and much more focused training.

Originally, the Network was divided in half for participation in the program: 8 were scheduled to participate in the first year, and the remaining 8 were set for the second year. For various reasons (e.g., lack of perceived need, recently completed audits conducted by the hospital itself, turnover among hospital CEOs, etc.), three of the first-year hospitals chose not to participate. Still, 5 hospitals did complete the audits and are currently preparing for their site-specific training. The 5 participating hospitals were:

- Star Valley Medical Center
- Niobrara Health & Life Services
- Memorial Hospital of Carbon County
- South Big Horn Hospital
- South Lincoln Medical Center

External Policy Reviews

For some WCAHN members, it has been years since they have been able to conduct a detailed review of their policies and procedures. Given the impact of that reality on their operations, and their ability to adapt to coming changes in the healthcare system, Network CEOs identified external policy reviews as a priority for the 2010-2011 grant year.

The budget provided funding for 4 hospitals to participate in external policy reviews. The Network Director contracted with a consultant who has conducted similar work in Wyoming

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previously to conduct these reviews. She spent two days on site at each participating location reviewing policies and working with staff. The consultant recommended follow-up reviews in the subsequent grant year, but no such funding was included in the 2011-2012 budget.

The four hospitals that participated in the external policy reviews were:

- Niobrara Health and Life Services
- Crook County Medical Services
- Hot Springs County Memorial Hospital
- South Lincoln Medical Center

Health Information Technology Consulting

The requirements for the meaningful use of electronic medical records remained a major strategic priority for critical access hospitals in 2011. The final meaningful use rules have the potential to require hospitals to scrap long-term investments in their existing systems, or to deal with the challenge of upgrading those systems multiple times in order to be eligible for Medicare incentive payments and avoid Medicare payment penalties. As a result, the WCAHN budgeted significant funding to assist member hospitals with the procurement of IT resources to move them toward meaningful use.

Ten of the WCAHN's 16 member hospitals availed themselves of available IT funding to help pay for expert resources. Those resources ranged from private consulting services to engagements with the Regional Extension Center to review existing infrastructure and needs. The participating hospitals and their consultants are listed below:

- Memorial Hospital of Converse County – Solany Scanning Services
- South Big Horn Hospital – Istonish; Regional Extension Center
- Powell Valley Healthcare – HIS Pros; Regional Extension Center
- Crook County Medical Services – Regional Extension Center
- Hot Springs County Memorial Hospital – Regional Extension Center
- South Lincoln Medical Center – Regional Extension Center
- Johnson County Health Care – Regional Extension Center
- Memorial Hospital of Carbon County – Regional Extension Center
- Niobrara Health & Life Center – Regional Extension Center
- Star Valley Medical Center – Regional Extension Center

The entire amount allotted for IT consulting was expended during the grant year.

WCAHN Leadership Training Program

For the third year, the WCAHN provided leadership training to managers and leaders from across the Network. The program, originally designed to provide basic management training for nurse managers, was expanded in 2010 to include leaders from all areas of the hospital. As before, the leadership training was provided exclusively via the telehealth network in partnership with trainers from Laramie County Community College in Cheyenne, Wyoming.

Based on suggestions from Network CEOs, the program was modified in 2011 to provide for greater flexibility, and to utilize new instructors with new perspectives on program topics. As expected, registration and attendance figures improved in 2011, relative to previous years, as a result of the increased flexibility. Historically, participants were required to take all courses in the program in sequence. In 2011, however, participants were allowed to enroll only in the courses that were specifically relevant to them. This modification made the program somewhat more difficult to manage, but it also introduced new hospital employees to the value of the program and the courses offered.

The curriculum was expanded from 9 courses to 17 courses, with a foundational course – Essentials of Leadership – offered twice to enable as many students as possible to attend. A variety of instructors taught various courses to provide the new perspectives and energy that Network CEOs had requested. Registrations for various courses were as high as 25 students for certain courses. Students from 7 Network hospitals attended the courses, and the average attendance per course was 13 students.

The Network Director has met with organizers from Laramie County Community College to consider improvements for the 2011-2012 program. Recommendations from that meeting will include offering another of the courses twice during the program, assigning contact personnel at each hospital to handle materials distribution, and continuing to deliver the program via telehealth from the Wyoming Hospital Association conference room.

WCAHN Web Site Maintenance

The launch of the redesigned WCAHN web site has made it an easy, effective tool to use in communicating with the Network's 16 members. Primarily, the site has served as a central repository for recent news concerning rural and critical access hospitals, as well as for information on upcoming training opportunities and other events.

The architecture of the site allows for it to be updated in real time, and therefore, news items relating to ICD-10 training, National Health Service Corps changes, and other important items are updated on the site as received. Additionally, the site lists known conferences, such as the National Rural Health Association Policy Institute and the 25th Annual Rural Health Care Leadership Conference, among others.

Because the site remains relatively new as a tool for WCAHN members, site updates are often accompanied by emails to members to let them know that new information has been posted, and to drive traffic to the site. Traffic measurement tools were not built into the original site design, but the Network Director is working with the vendor to implement tools so use of the site can be empirically measured. In the meantime, site usage is largely measured anecdotally, based on responses to new postings from Network members.

WCAHN Travel and Conference Attendance

The WCAHN Director and Network CEOs attended regional and national conferences in 2011 to stay current on the latest information regarding the impact of health reform on critical access hospitals, among other topics. Such conferences included the National Flex Conference, the Western Region Flex Conference, and the AHA Rural Health Care Leadership Conference. These conferences generated ideas that will be implemented for the Network in 2012, including a monthly brownbag luncheon delivered via videoconference to keep member CEOs apprised of key legislative and regulatory changes.

A Look Ahead: the 2011-2012 Work Plan

The success of the WCAHN depends on ensuring that the Network delivers services that meet the needs of its member hospitals and partners. To that end, the WCAHN and the Wyoming Office of Rural Health will convene the membership in 2012 to design a set of Flex-funded initiatives which provide that value.

Health Information Technology (HIT) remains a key issue for all Wyoming hospitals, but particularly for the smallest among them. Therefore, the WCAHN will once again provide funding and resources to assist Network members in planning for and moving toward the achievement of meaningful use.

The plan for the coming year will also continue funding leadership training for current and developing managers from all hospital departments. A signature program of the WCAHN, this leadership development track remains one of the most popular services conceived and delivered by the Network.

The WCAHN also plans to continue its efforts to assist members with their operations through a second year of chart audits and targeted coding training, and through a focused financial workshop. Beyond these Flex-funded activities, the Network will also deliver brownbag policy luncheons, and will work to implement an Rural and Critical Access Hospital EHR Grant Program, which the Network conceived, wrote, and successfully lobbied through the Wyoming Legislature to help the state's neediest hospitals fund the infrastructure necessary to meet meaningful use.