

## Grant Outcomes Report

### **You're Never too Small to Save a Life: Quality of Care in Critical Access Hospitals**

**This \$69,593 grant to the Northern New York Rural Health Care Alliance supported quality improvement efforts among New York's rural Critical Access Hospitals.**

#### **The Problem Addressed**

New York State has 13 Critical Access Hospitals that serve as lifelines to the communities where they are located. By definition, Critical Access Hospitals must provide 24-hour emergency care in rural regions and must be located more than 35 miles away from the nearest hospital. Critical Access Hospitals tend to have tight operating budgets, small staff volumes, and unpredictable revenue, all circumstances under which quality improvement courses, techniques, and campaigns are generally not feasible. Moreover, communication between these 13 Critical Access Hospitals is limited, with no opportunities for them to learn from each other or consult on shared concerns.

Under this grant, the Northern New York Rural Health Care Alliance directly addressed these weaknesses by designing and implementing 12 workshops based on the Institute for Healthcare Improvement's "5 Million Lives Campaign,"<sup>1</sup> a two-year voluntary initiative to protect patients from medical harm. The Northern New York Rural Health Care Alliance proposed to unite New York State's Critical Access Hospitals through this quality improvement campaign. All Critical Access Hospitals were asked to participate and receive instruction using the Institute for Healthcare Improvement's learning collaborative model and "Plan-Do-Study-Act" (PDSA) methodology. PDSA is a process for testing organizational changes by "developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act)."<sup>2</sup> Upon completion of the initial training, participating Critical Access Hospitals were instructed to develop formal processes to receive input from consumers regarding quality improvement projects.

#### **Grant Activities & Outcomes**

The main activities of this grant included monthly in-person group meetings with Critical Access Hospital quality staff, the Project Quality coach (a role filled by an existing Alliance staff

<sup>1</sup>See: <http://www.ihl.org/IHI/Programs/Campaign/>

<sup>2</sup>See: <http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/Tools/Plan-Do-Study-Act%20%28PDSA%29%20Worksheet>

### KEY INFORMATION:

#### GRANTEE

Northern New York Rural Health Care Alliance

#### GRANT TITLE

You're Never too Small to Save a Life: Quality of Care in Critical Access Hospitals

#### DATES

October 2007–October 2008

#### GRANT AMOUNT

\$69,593

person)<sup>3</sup>, and standing invitations to the Island Peer Review Organizations (IPRO). Participation in the project also included information sharing on the Institute for Health Care Improvement's 5 Million Lives Campaign.

Each Critical Access Hospital selected one of the Institute for Healthcare Improvement interventions and was grouped accordingly. Hospitals could select from a number of process and outcome types of interventions. For example, hospitals might choose to deploy a Rapid Response Team to help patients at the first sign of decline, or they might try to improve quality by delivering reliable, evidence-based care for Acute Myocardial Infarction to prevent deaths from heart attacks. Each intervention group would then attend monthly training sessions hosted by the Northern New York Rural Health Care Alliance. In addition to these training sessions and group consultations, participating Critical Access Hospitals attended three workshops on the Model of Improvement and Plan-Do-Study-Act cycles. Throughout the year, the Project Quality Coach visited each Critical Access Hospital site twice. An electronic survey was distributed to all participants to assess the spread of practices learned and the impact of the project, though NYSHealth did not receive those results.



By the close of this grant, all four of the grantees' original goals were met:

- The original goal of the project was to enlist the participation of at least half of the State's Critical Access Hospitals. The Alliance surpassed this goal by recruiting 12 of New York's 13 Critical Access Hospitals to participate in the initiative.
- All 13 Critical Access Hospitals received training and instruction regarding the Model for Improvement and the Plan-Do-Study-Act methodology; and 10 Critical Access Hospitals attended the review session. Twelve of the Critical Access Hospital representatives have used the methodology and are now teaching it to others.
- More than half of the Critical Access Hospitals began using the data collected to review their menu of services as part of the "study phase" of their PDSA cycle. For example, one of the participating hospitals conducted an extensive community survey and now offers outpatient surgery, has a new health clinic, and will send its Quality Assurance Manager to a leadership training course designed for registered nurses.
- 92% of Critical Access Hospitals representatives completed the project, used the methods taught in other areas, and shared their successes and challenges with other teams and facilities.

<sup>3</sup>The Alliance's Community Development Specialist (CDS) served as the Project Quality coach. To prepare for this role, she completed Six Sigma Black Belt classroom training and the requisite exams. The CDS also attended the Institute for HealthCare Improvement Wave 5 Improvement Advisors Program, a 10-month program that included attendance to 3 weeklong classroom trainings, monthly webinars, and the require to complete a related improvement project.

The results of this project include an active, better-educated advocacy collaborative for health care quality and improvement among New York's Critical Access Hospitals. Results from their work were presented at the Rural Health Council in April 2008.

This grant is an example of a project that attempts to spread a proven intervention across the State. In this case, the Institute for Healthcare Improvement established a quality improvement model, which the Northern New York Rural Health Care Alliance attempted to introduce and encourage among its constituents. An alliance of hospitals located in rural regions of New York State came together in a way that would not have been possible without grant funding. They learned about quality improvement interventions and then applied this newly acquired information in their hospitals.

### Lessons Learned

Though the Northern New York Rural Health Care Alliance met its expected project outcomes, the overall impact of its work on the health of New Yorkers is not quantifiable. There are no data to show whether NYSHealth's investment in this grant resulted in improved services for patients, or processes within the organization. Another measurement challenge for this program is quantifying the benefits of information sharing and collaboration between the 13 Critical Access Hospitals and the resulting impact it has on hospital system effectiveness, staff efficiency, and care delivery.

As NYSHealth moves forward with grantmaking, it should encourage applicants to define expected outcomes with measurable units. Additionally, the Foundation should encourage applicants to develop an internal assessment of how the specific intervention strengthened their programs. In this case, it would have been useful for NYSHealth to know which elements of the Plan-Do-Study-Act cycle were most applicable to the grant, the challenges of instituting training lessons into current Critical Access Hospital practices, where improvement was achieved, and how that translated to improvements in services. Actual health improvements might be more difficult to measure in a shorter timeframe, but it is possible to assess shorter-term process improvements.

### The Future

All 13 of the Critical Access Hospitals continue to meet on a regular basis to share lessons learned and models for improvement. The Northern New York Rural Health Care Alliance earmarked additional funding to support Critical Access Hospitals' continued involvement. The group is also working to secure 501(c)(3) status and creating a more formal network that will enable the participating hospitals to acquire grant funding for various projects.

### FUNDING & RATIONALE

This project was awarded under the Special Projects Fund Round 1 in 2007. Under this RFP, NYSHealth was interested in supporting special opportunities that represented a one-time chance for an organization or group of organizations to have a large impact on the health of a group of people or to significantly improve New York State's health care system. NYSHealth was especially interested in funding initiatives that service hard-to-reach underserved regions in the State. This particular project represented an opportunity to improve capacity among all 13 New York State Critical Access Hospitals that serve as the safety net providers for many New Yorkers in rural regions across the State.

## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

The Northern New York Rural Health Care Alliance started in 1993. Its main source of funding is through the New York State Office of Rural Health, though it has supplemental subcontracts with the Jefferson County Public Health Department. Northern New York Rural Health Care Alliance's mission is to facilitate a healthy community by assisting interested agencies and organizations in developing and implementing a rural health care delivery system, and improving health outcomes through coordinated services, sharing resources, and educating both consumers and providers. Under this grant, the Alliance provided technical assistance on quality improvement efforts, conflict resolution, team building, professional development, and grant-writing training.

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