SMALL HOSPITAL IMPROVEMENT PROGRAM GRANT REPORT

Funding period: September 1, 2007-August 31, 2008
Fund number: 6 H3HRH00035-06-02
Facility: Center for Rural Health, University of North Dakota,
                       School of Medicine and Health Sciences
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I.   GRANT EXPENDITURES

1. Dollar amount of grant award: $295,185 + $26,141 carry forward from 2005-2006 = $321,326 Total

- 29 direct hospital awards @ $9,237 = $267,873
- 4 hospitals released funds to SORH = $36,948
- **Total Hospital Award = $304,821**
- **Other/Administrative Cost: $16,505**
- **TOTAL UNSPENT = $21,185**

2. Identify the dollar amount and percentage of total grant expenditures by hospital applicants in your state for:

a. PPS activities	$ 0	0%
b. HIPAA activities	$ 66,288	23%
c. QI - Reducing medical errors and supporting QI activities (including $36,948 released to SORH for QI)	$219,455	77%
TOTAL Hospital/SORH Expenditures	**$285,743**	**100%**

Describe (if any) significant differences between the total dollar amount and percentage of total grant expenditures <u>budgeted</u> for PPS, HIPAA and QI in the SORH grant application and the <u>actual</u> dollar amount and the percentage of total grant expenditures as noted in #2 above.

2007-2008 Application Projection

a. **PPS activities**	$ 7,920	3%
b. **HIPAA activities**	$ 62,816	21%
c. **Reducing medical errors and supporting QI activities (including $36,948 released to SORH for QI)**	$226,264	76%
	$297,000	**100%**

There was a difference of 3% between projected and actual funds used for PPS activities because the hospital that was going to complete a PPS activity did not spend the funds; a difference of 2% between projected and actual funds used for HIPAA activities; and a difference of 1% between projected and actual funds used for QI activities.

Overall, there were minor changes between projected and actual expenditures. Seven hospitals contacted our office during the SHIP year and said that due to changes in administration and needs, and due to the increased funding available, they needed to amend their method of achieving their scopes of work. Each request was reviewed and approved by the Project Director.

Unspent SHIP Funds

Six of 32 hospitals ended the fiscal year with outstanding grant balances totaling $17,642. Two hospitals *(Jacobson Memorial Hospital, Elgin and Richardton Health Center, Richardton)* did not spend any of their SHIP grant awards, and four hospitals had balances of $300 or less. All of North Dakota's SHIP recipients receive an e-mail reminder half way through the grant cycle of their balances and are encouraged to discuss any challenges they might be experiencing. Two months prior to the end of the grant deadline, hospitals with significant grant balances are contacted directly by e-mail to discuss their situations. Both of the facilities with fully unspent awards have the same administrator. The administrator had said he had thought during the year that he would be able to use the funds, but found that with a number of changes occurring in his facilities, he was unable to meet the goals.

4. Describe the use and outcome of hospital grant expenditures to:

a. Pay for costs related to implementation of PPS

None. One hospital had planned on using the funds for PPS activities (financial analysis) but did not complete the goal or spend the funds.

b. Comply with provisions of HIPAA

Fifteen hospitals used funds to pay for costs associated with HIPAA compliance.

The use of funds falls into three categories, namely:
1) equipment purchase
2) education and training, and
3) software purchases.

Examples of each follow. The exact number of equipment purchases is not included as some reports are specific and others are more general.

Equipment:
- New servers, flat screen monitors, computers, laptops, and laser printers
- Security cameras and a recorder
- Key pad locks
- AVG Update on all computers
- Secure wireless router
- Enhanced server memory
- Copy/fax machine
- Paper shredders
- NetEnforcer appliance

Education and Training:
- Training and travel costs to attend Health Information Management conference
- HIPAA newsletters, manuals, and other training materials
- Educational DVD containing HIPAA security and privacy information
- Electronic Medical Records training
- Microsoft Server 2003 online training to information system staff on how to install, configure and secure network servers and network clients for hospital and clinic data needs

Software:
- Software maintenance contract to enhance security and HIPAA compliance
- Secure email spam filter/virus protection
- CISCO ASA 5510 firewall to protect servers and infrastructure
- Guardian HIPAA Security Software Support
- Comply Accounts Receivable software as interface to existing program
- Virus protection software

OVERALL OUTCOMES (HIPAA):

- Met the need for ongoing training (including online training) on HIPAA related requirements for HIPAA director and employees
- Enabled hospitals to fax and transmit medical records securely, run HIPAA compliant software, dispose of protected health information, increase security of patient information, and view PACS system images
- Provided wireless access in critical parts of the facility
- Increased server memory, secured the network, and protected patient information
- Increased hospital security and safety
- Facilitated a common registration process
- Upgraded e-mail spam filter/virus protection
- Installed billing interface to submit cleaner claims by screening for correct coding, eligibility, and edits, thus increasing HIPAA compliance

c. Reduce medical errors and support quality improvement (QI)

Twenty-five hospitals used funds to pay for costs associated with the reduction of medical errors and quality improvement.

The use of funds falls into three categories, namely:
1) training and education,
2) equipment, and
3) software.

Training and Education:
- Staff QI education: ACLS training for nursing staff, risk management and QI education, dietary manager course, TNCC Course expenses and materials, state and regional seminars, training DVDs from Costal Training
- Staff Conference Attendance: Dairyland Healthcare Solutions Fall Conference on Clinical Computer Module, Hospital Conference, ND Long Term Care Association Convention, State Trauma Conference, and other conferences
- Board education including a national conference for small rural facilities and a regional trustee conference
- Patient education: TV, VCR, DVD, and cart
- Patient education material
- Patient exercise software camera and case
- Manikin
- Case Management for Hospitals seminar
- Clarity Safety Zone Portal Project
- Computer station in the ER to generate discharge instructions and educational materials on various disease processes
- Educational materials relevant to improving patient quality
- Educational materials for pediatric emergencies and for nursing assistants
- Used "My Innerview" to determine staff satisfaction
- Compliance Education subscription
- Created a new position (ADON/QA)

Equipment:
- Variable density mattresses
- Broda chair/glider
- Wireless panic/call buttons
- Viewing stations
- Bariatric bed, wheelchair, and recliner
- Child Immobilizer and Two Step Tilt-N-Roll Ladder for Radiology Department
- Thermal Angel Blood and IV Infusion Warmer
- AED Rapid Response Kits for Hospital and Emergency Services Departments
- Medical record binders
- EZ IO Intraosseous Devises
- 3 refurbished Advanced Hill ROM beds
- Isolation stations
- Stethoscopes
- NetEnforcer Bandwidth enhancement
- Computers, monitors (dual screens), laptops, carts, printers, and workstations
- Heavy-duty networkable scanner
- Projector
- A biofeedback system and ultrasound/e-stim unit

Software:
- Dairyland Online Medication Administration Record (OMAR)
- Dairyland Clinical Scanning software
- Electronic Medical Records system, trained staff on use of EMR
- Implemented the digital transcription system
- Policy Management software
- CareMedic Billing software
- Upgrade billing office to access new patient scheduling/accounting software
- Dictation/Transcription System – software, digital recorders, and foot pedals
- 3M Coder Software
- Computer system software
- Exit Writer software

OVERALL OUTCOMES (Quality Improvement):

- Provided risk management and QI seminars, and board, staff, and patient education
- Trained nurses to be Advanced Cardiac Life Support certified and provided training scenarios using Manikins
- Improved nursing staff communication ability from any location within the facility
- Increased efficiency of document retrieval
- Accelerated radiology image transfer
- Reduced potential medical errors and enhanced the online patient medical records
- Increased physician efficiency and convenience in viewing PACs system
- Assisted pharmacist in dispensing medications at appropriate doses

- Provided automatic determination of drug interactions and medication charting
- Increased ability of the Emergency Staff to administer medication
- Implemented electronic medical records
- Improved process for the collection and reporting of quality indicators
- Increased transcription staff computer access for dictation
- Provided satellite clinics access to patient information to increase continuity of care
- Provided access to the Q-net website to report quality indicators and to participate in an interactive site between healthcare providers and the North Dakota QIO
- Increased provider efficiency with access to x-ray viewing in the ER and OR areas
- Decreased medication errors and provided the most current information on medication administration through installation of the OMAR program
- Improved nurse's station access to medical information and educational materials
- Increased efficiency of physical therapy and exercise program documentation
- Improved policies and procedures through document tracking
- Enhanced discharge planning, ER instructions, and education for patients and families
- Improved patient comfort and decreased risk of skin breakdown
- Insured safety and comfort for patients at risk for falls/injury
- Allowed for the accommodation of bariatric patients
- Increased accessibility of patient records for medical staff
- Improved quality of care for patients and protected staff against injury
- Improved infection control practices

III.   CONSORTIUMS / SYSTEMS / NETWORKS

1. Describe any <u>new</u> SHIP consortiums, systems or networks that formed during the grant year and what they did with grant funds.

The North Dakota Critical Access Hospital Quality Network was established in 2008 through the voluntary work of critical access hospitals throughout the state of North Dakota. The executive committee, comprised of seven critical access hospital representatives, serves as a decision making body and provides leadership to the members and oversight of the coordinator's efforts. An advisory committee represented by five statewide stakeholder organizations provides feedback and a link to partner organizations.

The Network serves as a common place for North Dakota's critical access hospitals to share best practices, tools, and resources related to providing quality of care. The Network supports quality improvement activities of CAH Network members and assists them with the Medicare Conditions of Participation. A goal of the Network is to improve information sharing, networking at the regional and state level among tertiary facilities and stakeholders to help prevent duplication of efforts. It is hoped that SHIP funds can be used in the future to help support the Network goals. The Network currently has 33 of the State's 35 CAHs as members.

2. Describe any significant differences between what existing SHIP hospital consortiums, systems or networks planned to do with grant funds and what they actually did.

None.

3. Describe what SORH did with any funds "released" by hospitals to SORH.

Four hospitals released their funds to the State Office of Rural Health in the amount of $36,948. The hospitals were: 1) Unity Medical Center, Grafton, ND, 2) Linton Hospital, Linton, ND, 3) St. Luke's Hospital, Crosby, ND, and 4) Pembina County Memorial Hospital, Cavalier, ND. The following explains the use of these funds, all of which were approved by the aforementioned hospitals. **A total of $36,948 was spent of the released funds.**

a. Costs covered for two individuals from SHIP eligible hospitals and the newly hired CAH Network Coordinator to attend National Rural Health Association Quality and Clinical Conference in San Diego, CA. The ADON, QA from McKenzie County Health Care Systems, Watford City, ND, and the Nursing Services Director and QI Director/Manager for Southwest Healthcare Services, Bowman, ND attended. **Total cost: $6,891**

b. SHIP funds were used to support an analysis by John Snow, Inc. on behalf of ND small rural hospitals and other components of the healthcare delivery system. In 2007, North Dakota's governor acknowledged a statewide Health Information Technology Committee which is coordinated through the SORH with representation of SHIP facilities on the Steering Committee. A HIT environmental scan has been completed with information used to inform a statewide strategic plan. **Total cost: $3,800**

c. Twelve SHIP hospitals participated in a Rural Health Innovations WebEx related to Medicare Conditions of Participation (January 30, 2008). SHIP funds were used to pay for the WebEx fees. Following the WebEx, hospitals used their statewide videoconference system to discuss their reactions and share resolutions. **Total Cost $1,089**

d. SHIP released funds were used to support a new initiative offered to hospitals – TeamSTEPPS Training for Critical Access and Tertiary Network Hospitals. TeamSTEPPS (*Strategies and Tools to Enhance Performance and Patient Safety)* is an evidence-based comprehensive system to train health care workers in the skills needed to function as a safe, effective team. 12 participating SHIP hospitals participated in the TeamSTEPPS training along with three network hospitals. Costs associated with the training were paid for with SHIP funds for the 12 eligible facilities. **Total Cost: $3,877**

e. The ND SHIP and Flex Programs have been working with North Dakota's critical access hospitals with the development of a statewide CAH Quality Network. SHIP released funds were pooled to purchase the technical assistance of a quality consultant to assist the Network. Accomplishments of the Network between May (the official start of the Network) and August 2008 include: membership development, brochure, listserv established with over 100 users, pilot project to collect shared "events" data and benchmark, and TeamSTEPPS Training. **Total Cost: $21,291**

4. **Description of why hospitals did not pool SHIP funds by participating in a consortium, system or network?**

Four hospitals did release their funds to benefit all of North Dakota's SHIP facilities. As described earlier, a statewide network to work on shared quality-related issues has been developed. Further pooling of SHIP funds has been encouraged, and in 2008-2009 22 SHIP facilities released a portion or all of their funds to support the Network.

5. **Describe the length of time it took to complete making all awards to your hospitals and any difficulties you experienced.**

Length of time to complete making all awards:

The NGA was received August 29, 2007 and hospitals were notified immediately via e-mail that the grant contracts would be forthcoming. Award letters and subcontracts were sent to each of the 33 hospitals on October 5, 2007; the awards were processed within 5 weeks of the grant cycle beginning, leaving the hospitals 11 months to expend SHIP funding and fulfill their projected goals. A second letter was emailed April 28, 2008 notifying hospitals that carry-forward funds were available. A contract amendment was sent to each hospital immediately.

Explanation:
We did not experience difficulties in relation to this process. Two hospitals (Richardton Health Center and Jacobson Memorial Hospital) did not return the contract amendments and did not use the carry-forward funds.

IV.   **GOALS**

1.   **Describe your SHIP Program goals and how SORH did (or did not) accomplish them.**

Goal One: To administer and manage the funds allocated to the University of North Dakota (as the State Office of Rural Health) through the SHIP grant. UND is the fiscal agent for the grant. Subcontracts were developed between the university and the hospitals within 5 weeks of receiving the NGA. Goal completed.

Goal Two: To provide SHIP related technical assistance to the hospitals. Information and direct technical assistance was made available to the rural hospitals and their network partners. Information dissemination occurs through two instruments. The Center for Rural Health has developed the following information documents; under the SORH program grant, "Center for Rural Health Updates" which are distributed to rural providers (a listserv of about 3000

e-mail addresses), and under the Medicare Rural Hospital Flexibility Program (Flex), "Flex Updates" which are distributed to all hospitals (N=44) in North Dakota.

Information provided by ORHP, NRHA, TASC, the six Rural Health Research Centers, and other sources related to the three SHIP program areas (i.e. PPS, HIPAA, and quality) was disseminated to the participants in the SHIP program.

The Center for Rural Health has a website that features the SHIP Program, including its history, grant program information, staffing, and impact throughout the state, including a list of QI, PPS, and HIPAA activities that have been funded through SHIP in previous grant cycles.

Through the newly-developed online Center for Rural Health Activity Tracking System, SHIP technical assistance activity is able to be recorded and monitored. SHIP related technical assistance is offered mainly via e-mail and telephone in response to new grant guidance, requests for applications, conference and WebEx funding opportunities, application and report deadlines, reminders about remaining funds and unmet goals, and replies to requests for changes in the scope of work. Each SHIP hospital received a minimum of 4 technical assistance e-mails throughout the year regarding these topics.

Information was also disseminated at the Dakota Conference, statewide Rural and Public Health Conference held in March, 2008. A pre-conference workshops included "CAH Cost Reports to Decision Making: What CEO's, CFOs, and Controllers Should Know to Manage a CAH," "Attributes of Successful CAHs," and updates regarding the ND Flex Program, the ND CAH Quality Network, and the Healthcare SafetyZone Portal. Approximately 50 people attended.

Goal completed.

Goal Three: Conduct an evaluation of the SHIP program.
The ND SHIP program administered the progress report updates required of SHIP grantees and the impact and satisfaction from this program has been included in sections of this report. Goal completed.

Goal Four: Increase our promotion of SHIP consortiums and networking over the course of this grant cycle (2007-2008).

Both the director of the SHIP/Flex and SORH grants for North Dakota have promoted network activities and highlighted the use of SHIP funding for same. Upon release of the SHIP applications for the 2007-2008 grant cycle, special attention and promotion was paid to ideas related to consortium use of SHIP

funding. Efforts resulted in the planned increased use of SHIP funding for consortium activities for the following grant cycle.

Goal completed (but ongoing).

2.   **Describe any problems and how we overcome them.**
The 29 hospitals that received direct funding are good to work with, and most communicate their needs for changes and further guidance readily. Two hospitals communicated their plan to spend their funding until the end of the grant period, but

found that they were unable to complete their goals.

Considerable effort was expended in relation to the released SHIP funds. While the need to address quality improvement continues for North Dakota's critical

access hospitals, with motivation and participation by most, the time needed to coordinate and assist with the allocation of SHIP released funds exceeds the 5% administrative fee allowed for the grantee.

3.   **Describe any recommendations about how the SHIP program could be more effective.**

North Dakota's hospitals are very satisfied with the SHIP grant and are appreciative   of this program's assistance. Comments from their progress reports are as follows:

- *The award notices could be sent out earlier.*

- *SHIP is very beneficial for allowing small hospitals access to QI training and purchasing equipment and software to ensure appropriate levels of HIPAA.*

- *SHIP is a fabulous program and extremely beneficial to rural ND. It allows small facilities to obtain things that otherwise might not be affordable. It allows the facilities a great deal of flexibility in what is a priority within their specific facility as every facility has very different needs and concerns.*

- *We have not had any difficulties finding ways to spend this money. The staff is easy to work with, the grant paperwork simple to file. Of course we could always use more money. I would like to see additional funds centered on the required e-prescribing. I am not the most technical person, but if all hospitals are required to do this and if everyone did pool their money and purchase a system that works well for the smaller hospital and retail pharmacies, I would think this would be put to*

good use. But, in order for it to work well I also understand it needs to come out of an electronic medical record and that is pricey.

- *Sharing the other projects funded by hospitals in our state to give us ideas of what others are doing and what we could do in the future would allow us all to learn from each other's projects. Might give us an opportunity to join with another hospital or group to promote better care for all our facilities.*

- *It was a good idea to allow us to release some of the SHIP funds in the current grant cycle. That allows us to collaborate in statewide endeavors as well as meet some of the needs our facility has.*

- *Keep the program going. We were able to send four Board Members to a well respected Trustee Conference that we would not have afforded otherwise.*

- *The SHIP Grant program has helped our facility better comply with HIPAA guidelines. The ease of applying for this grant through e-mail has helped keep the cost of postage down and the application process much easier. Thank you!*

- *I think that the SHIP grant program is handled very well. It allows facilities to focus on issues that are priorities to them. It has also allowed us to work together, to be cost effective in our purchasing. I have no specific recommendations at this time. Thank you for the effort put into this program.*

- *Good program. Poor administration by hospital administrator. (administrator said this of himself)*

- *The program has really made a difference in allowing us to purchase items needed or incur expenses which we may not have purchased without the availability of the SHIP funds. Because of needs that are facility specific, it is not always conducive to be able to join a consortium; however, continue encouraging consortium participation – if facilities can join forces it is more economical. Overall no suggestions for improvement, but feel it is important the program continues.*

- *This is a great grant program to financially assist with the huge costs of implementing electronic medical records.*

- *Currently the process you have in place works well. We appreciate the opportunities that the grants have given the organization in many areas of healthcare. We have been centering in and focused on EMS and believe that this is the best direction for healthcare to go. Safety and Quality are a direct result of those actions. Thanks for all you do!*

- *It seems the SHIP grant program works well. There is minimal application process and is easy to use. Thank you for supporting this grant program!*

COMMENTS FOR THE NATIONAL OFFICE

The North Dakota Center for Rural Health is home to the SORH, SHIP, Flex, AHEC, HRSA/ORHP funded programs. Being a university-based center does not allow the SHIP to maintain indirect or administrative costs associated with facilitating the program. The SHIP guidance changes over the 2008-2009 grant cycle have prohibited North Dakota SHIP facilities from pooling funds for the Quality Network as the coordinator is an employee of the university. Not allowing for an "other" category or internal personnel will prohibit network support as it exists. The university's only way to manage released funds to the SORH is to subcontract with another entity outside of the system, which in a small and very rural state is not optimal.