Indiana Critical Access Hospital
Quality Improvement Initiative
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Disclosures

Financial Disclosure:
Nothing to Disclose

Unlabeled / Unapproved Uses Disclosure:
Nothing to Disclose
Great Working Partnerships

Indiana Rural Health Association

Health Care Excel (Indiana Medicare Quality Improvement Organization)

Indiana State Dept. of Health/State Office of Rural Health

American Heart Association

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American Heart Association
MUTUAL GOALS
Assist Rural and Critical Access Hospitals

IRHA

Indiana Rural Health Association

Indiana Critical Access Hospitals (CAH)

ISDH/InSORH

American Heart Association

HCE

Learn and Live

AHA

02/20/2007
The Needs of Indiana CAHs

• To demonstrate quality care in a host of areas
• To submit quality data to governmental, regulatory, and payer entities
• To comply with CAH status requirements
• To control costs
• To provide the best quality care possible to the people of rural Indiana
Positioned best to know the needs of member hospitals and to identify which facilities would be most successful with a pilot project.

Positioned best to know which sources of federal funding would be best to pursue to support the large-scale implementation of the initiative.

Positioned best to facilitate process improvement, sharing best practices, and application of evidence-based practices.

Positioned best to deliver the products, support, expertise, and consulting services required for successful implementation of the initiative.
September 1, 2005

- Meeting of all stakeholders takes place (IRHA, ISDH/InSORH, HCE, and AHA)
- All agreed on the pilot initiative’s concepts and high level goals and objectives
- All agreed that the IRHA would be the best entity to distribute grant dollars to CAHs and monitor deliverables
- All agreed to submit a proposal for $25,000 to assist 10 hospitals

The GWTG-HF Initiative took shape.
All Agreed:
GWTG-HF Pilot Program
Overall Goal

Improve Patient Outcomes for Heart Failure Patients in Indiana
Funding Source Approval

- ISDH/InSORH
  - September 2005 through December 2005
    • Small Hospital Improvement Grant—$22,000 ($2,200 each CAH)
  - January through August 2006
    • Flex Funding—$12,490 (Program Cost)
  - May through August 2006
    • Flex Continuance—$40,770 (additional $2500 to each CAH)
  - December 2006 through August 2007
    • Flex Funding—$50,000 ($9000 to pilot; $10,000 to Group 2)
Selection Process

- Readiness application/questionnaire
- Stakeholder meetings
- Selection—order of receipt
- Memorandum of Understanding (MOU)
Memorandum of Understanding

• Commitment with IRHA in collaboration with AHA and HCE
  – Concurrent reviews
  – Identify at least one physician champion
  – Committed data collection and/or entry person
  – Designated back-up educated and available
  – Assurance of sustained commitment
Development Process

- Signed Patient Management Tool (PMT) for GWTG-HF with Outcomes, Inc.
  - One-year lease of PMT
  - Technical support
- WebEx education
- Forms and tools
- Tracking
Implementation Timeline

- Identify teams and physician champion
- Team meetings
- Set up database pilot group with outcome
- Baseline data—December 31, 2005
- Start date—January 1, 2006
- Develop systems internally
Development

- Gantt charts
- Reference and tracking tools
- Physician order sets
- Critical pathways
  - Evidence-based practice guidelines
- Patient and staff educational tools
- Training
- Communication
Communication

- Conference calls
  - Stakeholders
  - Pilot participants
- Group face-to-face meetings
- Remedial calls
- On-site visits
  - Training - Support
- IRHA Web site
- E-mail
- CAHoots newsletter
- List discussion group
Monthly Communication

• Monthly progress reports
  – Monitor progress
  – Maintain momentum
  – Evaluate

• Six- and twelve-month surveys

• Evaluate test of change
HF-2: Evaluation of LVS Function

- Percent of Patients

Time Period:
- Baseline
- Jan 2006
- Feb 2006
- Mar 2006
- Apr 2006
- May 2006
- Jun 2006
- Jul 2006
- Aug 2006
- Sep 2006
- Oct 2006
- Nov 2006
- Dec 2006

Legend:
- 0 – 99 Bed Hospital
- Indiana Rural Health Association
HF-3: ACEI or ARB for LVSD

Percent of Patients

Time Period

0 - 99 Bed Hospital
Indiana Rural Health Association
Beta Blocker Usage

Percent of Patients


0 - 99 Bed Hospital, Indiana Rural Health Association
**HF Composite Measure:** The composite quality of care measure indicates how well your hospital does to provide appropriate, evidence-based interventions for each patient.

![HF Composite Measure Diagram](image-url)

- **Percent of Patients**
  - Y-axis: 0 to 100
- **Time Period**
- **Legend**
  - Blue: 0 – 99 Bed Hospital
  - Green: Indiana Rural Health Association
**HF Defect-Free Measure:** The Defect-free measure gauges how well your hospital did in providing all the appropriate interventions to every patient.