

Proposal to
The Alliance Provider Quality Investment Fund

**Measuring Local Maternity Outcomes
and Developing Capacity for Improvement**

Submitted by the:

Rural Wisconsin Health Cooperative
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Date submitted: March 11, 2002
Funds needed: Phase I - June 1, 2002
Phase II - December 1, 2002
Project duration: June 1, 2002 – May 31, 2003

Amount requested from The Alliance:	\$76,000
In-kind support from applicant:	<u>35,000</u>
Total project budget:	\$111,000

Tim Size

RWHC Executive Director

I. PROJECT NARRATIVE

A. Overview

Hospitals in the Rural Wisconsin Health Cooperative are strongly committed to providing high quality maternity care. On behalf of these facilities, RWHC is proposing a project with a focus on labor and delivery in community hospitals. While the Alliance *QualityCounts* Report indicates potential regional problems both in and outside of Madison, additional work is needed to identify specific improvement opportunities. This multi-hospital collaboration addresses that need in the manner most effective for rural communities.

The goal of this project is to have six of the nine participating hospitals identify specific opportunities for improvement in their local maternity care, i.e. establishing the capacity to move forward with the appropriate interventions.

The three objectives for this initiative emphasize project planning and QI strategic development. They are: (1) to reach consensus on a common set of maternity care quality measures based on clinical data sets, (2) to determine, through chart reviews, the degree to which each hospital is achieving those measures and (3) to formulate specific QI strategies based on these findings. This approach best matches the purpose of the Alliance grant: "...to increase providers' capacity to measure and improve care" with known processes for successful quality improvement in rural communities.

There may or may not be overlap in the measures selected by the participating hospitals with those previously used in the *QualityCounts* report; this project is not designed to refute or affirm that report. **The *QualityCounts* report raised a "red flag" and this project is the right and responsible approach by participating hospitals to probe deeper, "to drill down," into the quality of their individual maternity services so that they may move forward with the appropriate quality improvements.**

While falling immediately after the timeframe and funding of this grant, RWHC strongly believes that the participating hospitals are fully committed to making their best efforts towards implementing the specific QI strategies once identified through this project.

B. Organization Information

Incorporated in 1979, the Rural Wisconsin Hospital Cooperative (RWHC) has received national recognition as one of the country's earliest and most successful models for networking among rural hospitals. RWHC serves as a catalyst for regional collaboration and as an aggressive, creative force on behalf of rural communities and rural health. Owned and operated by twenty-eight acute, medical-surgical hospitals, their emphasis on developing an integrated network among freestanding entities distinguishes them from alternative approaches. RWHC pursues its mission of supporting, strengthening and enhancing rural health by focusing on goals relating to: staffing,

management, networking, education, reimbursement, health care reform, and most importantly...quality improvement.

Of twenty-eight RWHC hospitals, fifteen are based in south-central Wisconsin and are providers for the Employer Health Care Alliance Cooperative (The Alliance). Of these, twelve offer obstetric services and nine have agreed to participate in this project.

It is the consensus of these hospitals that a collaborative approach to measuring and improving care be effective. These facilities invest significant resources toward monitoring and improving the quality of health care for their patients. This involves both internal and external efforts that point out areas for improvement. Attached is an example of the letter of commitment each hospital has signed with RWHC which makes explicit what is implicit in the text of this proposal.

Internally, many of these RWHC hospitals measure quality through two shared services available through the Cooperative: the Quality Indicators Program and the Outpatient Satisfaction Survey Program. The Quality Indicators Program is one of only two rural-based performance measurement systems to be accepted for JCAHO accreditation. The focus is on benchmarking performance among peer facilities; in this case, small to mid-sized hospitals. The RWHC Outpatient Satisfaction Survey also provides participants with substantive data for their quality improvement efforts. Other RWHC programs that emphasize measuring and improving outcomes include a peer review service and competency-based monitoring programs for all clinical services offered through RWHC.

There are also many external organizations (JCAHO, CMS p/k/a HCFA, WI Bureau of Quality Assurance, CAP, OSHA, etc.) that require that these hospitals monitor and improve quality as a condition for certification, licensure or compliance. Most hospitals prepare for on-site surveys at least every three years and can even undergo multiple surveys within a year's time. In some cases, the results of the survey are available to the public (e.g. JCAHO). During the past year, many of these external organizations have furthered their standards for quality monitoring, particularly in the area of patient safety. In addition, all of the hospitals interested in this study were included in the *QualityCounts* report issued by The Alliance.

C. Project Abstract

This project is based on two premises: (1) that quality improvement is a continuous opportunity and challenge and (2) that extracting data for external organizations typically raises more questions than answers, so hospital staff members respond by attempting to drill deeper into a specific process or procedure. Typically, this requires a review of the medical record(s). For example, if a comparison report from the ORYX program identifies a hospital as an outlier, hospital administration and JCAHO expects staff to explain and document this status. The hospital must also document an intervention plan if the investigation shows an opportunity for improvement. This process of "drilling down" can be very expensive and, as a result, is avoided by most private, state and federal programs. However, they are all in agreement that it provides the most useful information for quality improvement.

Recent events, including but not limited to The Alliance *QualityCounts* report, have further encouraged RWHC hospitals in the Alliance network to seek opportunities for

increasing their capacity to measure and then go on to improve their maternity care. These hospitals wish to improve their ability to document results of quality improvement efforts, which is a complex undertaking.

RWHC has over twenty years of program development with rural hospitals and RWHC hospital leadership and RWHC staff have learned “the hard way” that local hospitals must have “ownership” of a problem before moving on to solve or improve it. It is this experience that has led this initiative to take a multi-step approach, planning and measurement (Alliance funded) followed by intervention (hospital funded).

D. Project Activities

Phase I (6/1/02-11/30/02) - Alliance Funding Requested = \$26,600

1. Develop a consensus among participants for a common set of quality measures with assistance from qualified consultants
2. Develop specific plans for Phase II data abstraction
3. Confirm participants for Phase II
4. Request release of Alliance funding for Phase II

Phase II (12/1/02-5/31/03) - Alliance Funding Requested = \$49,400

1. Collect data and prepare reports
2. Formulate QI strategies based on findings from the study

A timeline indicating when these activities will occur follows the budget section.

Phase I will include the selection of consultation support regarding outcomes of patient care in labor and delivery. The participants will begin with a series of meetings that will focus on education and training regarding outcomes of care. It is critical that the group reaches a consensus on the measure(s) to be used. It is also anticipated that the selected measures will include some of the key issues outlined in the Maternity Care Safety Index outlined in The Alliance's "Quality Counts" report. Hospital participants will include quality coordinators, obstetric nurses and physicians. The RWHC staff will help manage the project and the Cooperative's conferencing network will be available to those with travel and/or time constraints. At the completion of Phase I, RWHC will submit a progress report to The Alliance that will include the selected measure(s), an implementation plan.

*(Note: RWHC will ask those hospitals that participated in Phase I to recommit to Phase II of the project. At the same time, RWHC will check the budget assumptions and make any necessary adjustments. **The Alliance will then have the opportunity to re-evaluate funding continuation for Phase II.**)*

Phase II will include data abstraction, report preparation and formulation of specific QI strategies. To facilitate hospital participation and enhance the validity of the pro-

ject, it is expected that an OB nurse with PhD/Masters level experience will be needed to assist with data abstraction, under the guidance of the project consultant. It is also anticipated that thirty (30) patient records will need to be reviewed per site. With over ten years of experience administering one of the most highly regarded quality measurement programs in the country, the RWHC staff has a high level of confidence in these assumptions. Our resident coding consultant, Sheila Goethel, has verified the data abstraction expenses based on her extensive experience reviewing medical records. Naturally, these assumptions will be reviewed at the conclusion of Phase I. The participating hospitals average approximately 14 births per month, so this project has the potential to affect over 1,500 mothers and newborns. By the end of the project, six of the nine participants will have identified opportunities for improvement and will commit taking action on these opportunities. The project consultant and OB nurse will make quality improvement recommendations based on the findings of the study.

Guidelines Re External and Public Disclosure

At the completion of Phase II, RWHC will provide a final report to The Alliance that will include blinded, aggregated data that can be shared with other providers and members of the Alliance Network. Project participants will see all of their own data but only aggregated data for other participants. Project participants will be asked to determine what if any use they may publicly make of their relationship to group results; by participating in this project, all participants agree to abide by the group's decision on this matter.

RWHC agrees that in NO EVENT will it or its consultants release any data that could be connected back to any individual hospital (however sophisticated the reader). Data representing the participating hospitals AS A TOTAL GROUP will be shared with The Alliance as would be expected by any grantor.

Consistent with The Alliance Investment Fund Guidelines, the Alliance will not release project outcomes to the press. (See the attached statement of "Feedback and Communication Between The Alliance and Grant Recipients" regarding the dissemination of information which will be shared with the Alliance.)

For this project to be successful, consultants in the areas of patient outcomes and obstetrics will be needed to assure useful data and reportable results. RWHC has learned from previous experience involving clinical indicators that experts are needed to add credibility to the project and engage participation. These experts will work with the hospitals to facilitate and implement outcome measure(s) relevant to labor and delivery. If not already included above, RWHC will also consult with the Wisconsin Association for Perinatal Care and the Wisconsin Chapter of the American College of Gynecologists.

E. Project Outcomes

As noted above, the success of this project will be determined by the degree to which the project goal stated on page 1 is achieved.

Data derived from existing quality measurement efforts yield red flags that act as a starting point for quality improvement processes. This project is designed to specifically correlate maternity complications with outcomes, which will be more meaningful

to the participants. Participating maternity departments will be able to identify why an error or complication occurred, and receive feedback on possible QI efforts from the project consultants.

It is expected that the hospitals will use the consultant's recommendations to aggressively improve quality internally, and share their best practices with the other participants. RWHC staff will work closely with the consultants in developing methods for collecting outcomes data and evaluating the impact of this quality initiative. Expected barriers include restrictions to staff time at participating hospitals - especially physicians. It is hoped that one important outcome of this project is that providers will make long-term changes in their behaviors processes regarding quality measurement and improvement. Utilizing experts in the field will add validity to the study and taking advantage of the resources available through RWHC will help maintain commitment throughout the project. Any effort to investigate clinical components of care has the potential to create professional conflicts; resolving these will also be an important element of the project.

This proposal, if funded, will represent a key investment by both the Alliance and the participating hospitals in the capacity of these hospitals to continuously improve their maternity care services.

II. FUNDING CONSIDERATIONS

Following is a projected budget for the Rural Wisconsin Health Cooperative’s “Measuring and Improving Maternity Outcomes” Project. Participating hospitals will contribute in-kind support in excess of \$35,000 in the form of staff time. The hospitals will be required to provide funding and resources for the project if they wish to continue beyond the grant period. In addition, RWHC will provide ongoing support to sustain the project.

REVENUE	Proposed Phase I	Proposed Phase 2	Proposed Total
The Alliance Provider Quality Investment Fund	\$26,600	\$49,400	\$76,000
 EXPENSES			
Outcomes/OB consultants	15,000	7,500	22,500
Data Abstraction staff	0	27,000	27,000
Program Coordination (RWHC staff)	4,000	4,000	8,000
Printing	500	500	1,000
Telephone	200	200	400
Postage	200	200	400
Supplies & Software	400	400	800
Travel	2,700	5,000	7,700
Educational Meetings	1,600	1,600	3,200
Overhead (includes administrative support staff)	2,000	3,000	5,000
Total Expenses	\$26,600	\$49,400	\$76,000
 NET INCOME (LOSS)	 \$0	 \$0	 \$0

PHASE I

Consultant expense:

- * (2) Consultants providing 4, half day meetings @\$2,500 per day plus (2) Consultants research and preparation
- * Educational Meeting Expense \$400/mtg @ 4 meetings

PHASE II

Consultant expense:

- * (2) Consultants 2 half day meetings @\$2500 plus (2) consultants report generation
- * Data abstraction (6 sites/30 records/2hrs per new born encounter- may include review of mother & baby record at \$75 per hour)
- * Educational Meeting Expense \$400/mtg @ 4 meetings two of the four meetings with consultants

III. TIMELINE

Activity	Responsible Party*	PHASE I 6/1/02 – 11/30/02			PHASE II 12/1/02 – 5/31/03		
		JUN JUL	AUG SEP	OCT NOV	DEC JAN	FEB MAR	APR MAY
Initial planning meetings	RWHC	X					
Interview and hire project consultants	RWHC/HOSP	X					
Education / Training sessions with participants	CONS/HOSP		X				
Group reaches consensus on measure(s)	HOSP		X				
Acquire firm commitments from participants	RWHC		X				
Develop plans for implementation and data abstraction	ALL			X			
SUBMIT INTERIM REPORT TO THE ALLIANCE	RWHC			X			
Data abstraction	HOSP/CONS				X	X	X
Ongoing meetings with participants	ALL					X	X
Formulate QI strategies with participants based on findings from study	ALL						X
SUBMIT FINAL REPORT	RWHC						
Local implementation Of QI strategies	HOSP						X

RWHC – Rural Wisconsin Health Cooperative; CONS – Project Consultants
HOSP – Participating Hospitals

Alliance/RWHC Grant Project
Participant Letter of Intent

I have read the proposal, "Measuring and Improving Maternity Outcomes", being submitted to The Alliance Provider Quality Investment Fund (The Alliance) by the Rural Wisconsin Health Cooperative (RWHC), on behalf of a subset of its members who are also providers for The Alliance, and agree to participate in this project.

The overall objective of this initiative is to measure and improve the quality of maternity care at participating hospitals. The specific project goals include:

- 1) Reach consensus on a common set of quality measures for maternity care, based on clinical data
- 2) Using chart reviews, determine the degree to which each hospital is achieving those measures
- 3) Formulate quality improvement strategies based on the project findings

It will be the responsibility of the participants to implement the quality improvement strategies beyond the grant period, and share best practices with the other participants.

I agree to: provide an internal "team" consisting of our quality coordinator, obstetric nurses and physicians to work with RWHC and the consultants selected by the participants for this project; report to RWHC the dollar value of the team's hours used on this project as an in-kind "match" contribution for the grant; and have the team pull medical records for data abstraction, with the understanding that the patients' confidentiality will be maintained throughout the scope of the project.

RWHC agrees that in NO EVENT will it or its consultants release any data that could be connected back to any individual hospital (however sophisticated the reader). Data representing the participating hospitals AS A TOTAL GROUP will be shared with The Alliance, as would be expected by any grantor. The Alliance has agreed to not release any information from the study to the press, but general information may be shared with the Alliance Board and membership.

SIGNATURE*: _____ DATE: _____

NAME: _____ TITLE*: _____

FACILITY NAME: _____

*Note: Letter must be signed by hospital CEO or administrator

Please mail signed letter to RWHC by Friday, March 8, 2002