

SHIP Grant 2012-2013

Examples of SHIP Hospital Activities and Networking

It is expected that grant funds will be used to purchase computer hardware/software, training/education, consultant services/assessments in any or all of the funding categories.

1. Prospective Payment Systems (PPS) - Activities that support PPS implementation:
 - Staff training for transition to ICD-10.
 - Implement /update chargemaster systems
 - Training in billing and coding

See CMS ICD-10 webpage for overview of ICD-10, <http://www.cms.gov/ICD10/>. Also see training and resources from American Health Information and Management Association (AHIMA) website, <http://www.ahima.org/ICD10/faqsall.aspx#56>

2. Accountable Care Organizations (ACO) - The ACO concept is heavily focused on improving quality outcomes. Any activities that support quality improvement such as reduction of medical errors as well as education and training in data collection, reporting, and benchmarking are a good fit in this category.
 - Staff-wide cultural competency training to improve health outcomes
 - Assessment, data analysis, training on avoidable re-hospitalizations
 - Purchase of wireless technology to reduce medical errors
 - Purchase subscription to performance management program
 - Participate in a national benchmarking system to improve patient outcomes
 - Purchase software for reporting tools to reconcile and track medication error reduction
 - Purchase hardware/software to connect EKG results directly into patient's EMR for physician review
 - Purchase educational materials for staff training to reduce medication errors
 - Purchase services to survey patient satisfaction
 - Purchase solution software that provides access to clinical results in real-time
 - Training in safe patient handling to decrease patient falls
 - Staff QI training
 - Consultant services - Joint Commission Standards to include a comprehensive assessment of current hospital practices with Joint Commission Standards
 - Purchase defibrillators to ensure quality in treating heart attack victims
 - Purchase infection control training manual to assist with benchmarking and outcomes measurement
 - Purchase hardware to track discharge instructions from providers
 - Purchase hardware and software to enable the collection and reporting of quality outcomes such as medication errors, infection rates, etc.

3. Payment Bundling - One of the concepts behind bundled payment is building accountability across the continuum of care. SHIP funding could be used to improve care transitions between ambulatory and acute, acute to upstream acute and acute to step-down facility. This could be done in the form of training, clinical care transition protocol development or data collection that documents these processes. Examples of activities include:
 - Extension of wireless network to physicians' offices to improve accountability across continuum of care

- Staff education on palliative care transition
 - Staff training on improving care transitions and case management services
4. Value-Based Purchasing (VBP) - One of the key challenges facing small rural hospitals in the area of VBP is improving data collection activities in order to facilitate reporting to hospital compare. So, grantees could use funds to assist participating hospitals in Hospital Compare. Examples of activities in this category include:
- Staff training on Hospital Compare
 - Staff training and education on streamlining data collection
 - Purchase software for patient care tracking
 - Purchase a Lean Six Sigma performance software
 - Updating revenue cycle management procedures
 - Purchase management and patient safety program to evaluate and track medication errors, adverse drug reactions, drug usage, drug purchasing, drug storage/inventory, and drug distribution
 - Update ECG machines to transfer images to network hospitals for cardiology interpretation
 - Purchase analytics software to automate data collection and the development of metrics (financial, clinical, and operational) and staff training
 - Pay for costs related to HCHAPS and CMS data collection. This includes vendor fees for HCHAPS data collection and analyzing as well as hardware to submit CMS quality standards data. This also includes advancement of hospital staff proficiencies in data collecting and reporting
 - Purchase subscription to Joint Commission Quality Measures
 - Staff education to improve surgical care

Examples of Network/Consortium Activities by Funding Category

1. PPS:
 - Educating / Training staff and health care providers in coding and billing

2. ACO:
 - Provide technical assistance to hospitals in evaluating and redesigning clinical workflow processes to ensure improved patient care. Once a workflow process has been completed on the future state, SORH staff will work with the hospital to improve the flow, reduce waste, and ensure accuracy and efficiency. Medication reconciliation is one example of this type of workflow process redesign. SORH staff will provide education, training and assistance for clinical staff with the application of technology to improve the quality of care.
 - Provide opportunities for sharing best practices, lessons learned, and challenges regarding quality improvement efforts through webinars and in-person meetings
 - Purchase access to web-based system that assists hospitals in identifying areas for improvement through comparative data and trend reports as well as outcome measures required by The Joint Commission (TJC) and CMS.
 - Statewide CAH QI/PI program. Support state subscription and per hospital fees to the Quality Health Indicators (QHI)
 - QI network project focused on the pneumonia Hospital Compare indicators
 - Network training on team strategies and tools to improve patient safety
 - Participate in the quality improvement and benchmarking system
 - Participate in benchmarking project that allows hospitals to compare themselves to their peers around the nation for performance improvement initiatives
 - Participation in benchmarking project, education on Balanced Scorecard, Core Measures, Peer Review and shared Benchmarking

3. Payment bundling:
 - Technical assistance to develop strategy for more efficient interface with other providers within the community such as EMS, nursing home, physician offices, etc
 - Technical assistance to develop a clinical care transition protocol for smooth and patient-centered transitions. This system will integrate patient data from multiple sources including the hospital, physician offices and independent laboratories with the goal of integrating all community physician practices and hospitals.

4. VBP:
 - Technical assistance, education and training in understanding CMS public reporting measures, conducted through one-on-one assistance as well as group education through quality improvement networks, onsite visits, email, and phone.
 - Technical assistance and support for hospitals to utilize Hospital Compare in support of 2011 meaningful use objectives such as reporting hospital quality measures to CMS and recording smoking status. SORH staff in collaboration with the QIO will provide these efforts.
 - Group purchase performance improvement software
 - Report and analyze as a network the outpatient and inpatient Hospital Compare indicators