



## Va-SRHP Council Work Plan

### Cover Sheet

Name of Council	Quality
Name of Person Completing Report	Edna Rensing
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  X   Year-end report

### Work Plan Goals, Objectives and Strategies

<b>Goal 1:</b>	Address the recommendations of the Virginia Rural Health Plan						
<b>Objective 1:</b>	Maintain the function of the Quality Council						
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes	Actual Outcomes
	Start Date	End Date	Start Date	End Date			
Hold a minimum of three conference call meetings during the next 12 months.	5/1/2010	4/31 2011	06/25/10	6/10/11	Council chair, all members	Decisions will be made to move the work plan forward	In progress. Meetings have been held on 6/25/10, 9/15/10, 10/13/10, 12/8/10, and 4/6/11.
Attend the 2011 Rural Health Summit (including the Telehealth Summit).	3/1/2011	3/30 2011	4/6/11	4/7/11	All members	Information about work plan progress will be shared with other council members and stakeholders	The Quality Council gave a report out on 4/6/11 to those attending the Rural Health Summit. Quality Council members also attended the Summit and attended a meeting on 4/6/11.
Record attendance at council meetings, take minutes and submit minutes to mjs Consulting.	5/1/2010	4/31 2011	06/25/10	6/10/11	Council recorder	Attendance will be recorded  Minutes will be shared with other council members and stakeholders	A recorder was identified when the Chair was appointed. Minutes have been completed, sent to mjs Consulting, and promptly posted on the website.

<p>Identify a minimum of 5 individuals and/or organizations to recommend for plan "adoption."</p> <p>Encourage those entities to adopt the plan, submit names of those identified to VRHRC.</p>	<p>5/1/2010</p>	<p>4/31 2011</p>	<p>7/1/10</p>	<p>12/31/10</p>	<p>All members</p>	<p>Plan adoption will increase</p>	<p>Through the Council members' efforts and those of the support staff, over 100 people signed up to "Adopt a Recommendation" through the VA-SRHP.</p>
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**Work Plan Goals, Objectives and Strategies**

<b>Goal 2:</b>	D.3. Host a statewide Rural Health Quality Summit.						
<b>Objective 1:</b>	Provide means for small rural and critical access hospitals to attend quality improvement conferences or summits						
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes	Actual Outcomes
	Start Date	End Date	Start Date	End Date			
Quality Council will review available data and information to determine 1-2 specific areas of need. Review of data will include breakdowns to assess different disparate groups including ethnicity, race, age and economic status.	7/1/2010	8/15 2010	07/01/10	10/1/10	Council membership	Targeting areas of need will focus efforts.	Data from multiple sources were reviewed including: VDH, US Census Bureau, County Health Rankings, and VHI. Data on disparate groups were reviewed and considered. The Council determined to concentrate on healthy lifestyles for the year and through data collected on risk factors for chronic illness from VDH, determined the geographical regions of focus would be health districts Cumberland Plateau, Lenowisco, and Mount Rogers.

<p>Based on the 1-2 targeted areas of need, research conferences, trainings and/or summits in Virginia that provide an agenda that includes quality and/or process improvement in the targeted areas. Agenda must include methods to obtain CEUs/CME where needed.</p>	<p>8/15/2010</p>	<p>9/30 2010</p>	<p>10/1/10</p>	<p>6/10/11</p>	<p>Council membership, coordinated by Mara</p>	<p>List of current offerings will avoid duplication of effort and cost.</p>	<p>Conferences and trainings were identified and shared with potential attendees. These opportunities were sent out with the information publicizing the travel grants. Travel grantees were also given the opportunity to identify conferences/trainings related to targeted areas of need and, once approved, received funding to attend.</p>
<p>Recommend which of the above will be supported by travel grants. Determine fees that will be covered per organization.</p>	<p>9/1/2010</p>	<p>9/30 2010</p>	<p>10/1/10</p>	<p>6/10/11</p>	<p>Council small group with large group criteria recommendations</p>	<p>Cost/benefit analysis of opportunities will assist in determining which can be funded.</p>	<p>Funds to be covered and the process by which to receive the funds have were finalized. The forms in which to request the funds were sent out multiple times to those in the targeted areas and then opened up to all small rural hospitals in Virginia.</p>
<p>Based on the 1-2 targeted areas of need, determine rural locations within Virginia with largest room for improvement, include disparate groups need. List small/rural hospitals within these areas as a targeted list to receive travel grants in the focus areas.</p>	<p>9/1/2010</p>	<p>9/30 2010</p>	<p>10/1/10</p>	<p>6/10/11</p>	<p>Council membership, coordinated by Mara</p>	<p>Funds to support areas of greater need.</p>	<p>Small rural hospitals within the target areas were identified and sent the information on the travel grants. By April 1<sup>st</sup> only 1 person had requested funds, so the funds were opened up to any small rural hospital in the state.</p>

<p>Determine and develop application process and requirements. Include items such as:</p> <ul style="list-style-type: none"> <li>• what agenda content must address,</li> <li>• how agenda content will be useful to the organization and,</li> <li>• method the applicant will use to spread the information to others in the organization (training other staff, program development, other).</li> </ul>	9/15/2010	9/30 2010	10/1/10	12/15/10	Council small group based on large group recommendations	Reinforces goal to spread training received from funding. Provides feedback to determine continuation in future cycles.	The final process for requesting funds was developed and disseminated.
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<p>Set up reimbursement structure through VRHRC. Requests for reimbursement should include:</p> <ul style="list-style-type: none"> <li>• Approved application</li> <li>• Proof applicant spread information to others in the organization (at minimum, plans to do so)</li> <li>• Any CEU information.</li> </ul>	9/1/2010	9/30 2010	10/1/10	12/15/10	VRHRC	Transition of funds.	Process for reimbursing has been established.
<p>Send notice of travel grant to applicable hospital contacts in the target list. Notice should include:</p> <ul style="list-style-type: none"> <li>• programs that will be included,</li> <li>• amount to be covered,</li> <li>• process to apply and</li> <li>• process to obtain reimbursement</li> </ul>	9/30/2010	10/30 2010	10/1/10	6/10/11	VRHRC	Travel grants open networking opportunities to staff within hospitals that would not otherwise be able to participate.	The application and process were approved and sent out to eligible hospitals. The process was then opened up to additional hospitals when a sufficient number of hospitals did not request the funds. A total of 10-12 individuals will take advantage of the funds.

**Work Plan Goals, Objectives and Strategies**

<b>Goal 2:</b>	D.3. Host a statewide Rural Health Quality Summit.						
<b>Objective 2:</b>	Provide means for small rural and critical access hospitals to attend quality improvement trainings <i>electronically</i> .						
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes	Actual Outcomes
	Start Date	End Date	Start Date	End Date			
Based on the 1-2 targeted areas of need determined in Goal 2, Objective 1, develop method to collect and disseminate available e-conference, teleconference and other trainings for targeted foci.	8/15/2010	9/30 2010	7/1/10	4/15/1	Council membership, coordinated by Mara	Targeting areas of need will focus efforts. Providing available electronic and/or teleconferencing will allow more staff to attend and decrease costs.	A list of web addresses from which to receive conference/training announcements related to targeted area of need (healthy lifestyles/risk reduction) were finalized. These will include other areas for quality improvement that may be transferable to targeted area of need.
Determine target audience and develop contact list for email blasts.	8/15/2010	9/30 2010	10/1/10	11/1/10	Mara/Beth with Council membership recommendations	Target audience development	All SHIP/CAH hospitals are part of the VRHA Weekly Update and will receive information on opportunities this way.

<p>Central contact will connect to receive routine emails about topics from reliable sources (AHRQ, TMIT, CDC, AHA) determined by QC. Emails with electronic and other trainings will be blasted to contact list.</p>	<p>9/15/2010</p>	<p>ongoing</p>	<p>10/1/10</p>	<p>4/15/11</p>	<p>Mara/Beth with Council membership recommendations</p>	<p>Centralized approach with incoming emails regarding focuses efforts and pushes useful trainings to targeted audience.</p>	<p>Council members identified various different conferences to include in the weekly update. When a conference was identified, they sent it to Mara who then forwarded it to Beth for inclusion in the Weekly Update. Six conferences were shared on the weekly update.</p>
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**Work Plan Goals, Objectives and Strategies**

<b>Goal 3:</b>	D.6. Increase the number of health promotion/disease prevention programs through grants to rural communities.						
<b>Objective 1:</b>	Develop "Resource Library" by coordinating with other councils to develop central site for all quality programs including all surveys, assessments, literature reviews.						
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes	Actual Outcomes
	Start Date	End Date	Start Date	End Date			
Coordinate with other councils to centralize a location for all council work. All surveys, assessments and literature reviews are linked to quality improvement, disease management and prevention.	9/1/2010	10/15 2010	9/1/10	4/15/11	Mara	Coordination with other councils will decrease duplication of effort and redundancies.	A potential location for a library was discussed during the December Oversight Committee meeting. The Council determined that it didn't have the necessary staff and monetary resources to adequately handle this request.
Assess possible host sites currently available such as the data portal website, etc.	10/15/2010	12/31 2010	12/1/10	4/15/11	Councils	Locating all information in one area will decrease the need to publicize multiple sites. Decreased confusion for expected users.	Never completed; deemed as being too resource heavy to pull off adequately.

Develop structure and content for site. Determine types of content to be included and look of website area.	1/1/2011	3/1/2011	12/1/10	4/15/11	Mara oversight, vendor assist, and VRHRC	Increased ease of submissions	Never completed; deemed as being too resource heavy to pull off adequately.
Develop template for others to use to submit content and/or links to other sites.	3/1/2011	3/15 2011	12/1/10	4/15/11	Mara oversight, vendor assist, and VRHRC	Increased ease of submissions.	Never completed; deemed as being too resource heavy to pull off adequately.
Develop communication and press about site. Send materials to potential content submitters.	3/15/2011	4/1/2011	12/1/10	4/15/11	Mara oversight, with assistance from Council members and VRHRC	Increased use of site.	Never completed; deemed as being too resource heavy to pull off adequately.

**Work Plan Goals, Objectives and Strategies**

<b>Goal 3:</b>	D.6. Increase the number of health promotion/disease prevention programs through grants to rural communities.						
<b>Objective 2:</b>	Begin the process of identifying, planning, and implementing a statewide, community based health promotion/disease prevention program.						
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes	Actual Outcomes
	Start Date	End Date	Start Date	End Date			
Develop search criteria that will be used to locate disease prevention/community based health promotion improvements that have been successful to improve care in the 1-2 areas of need determined in Goal 2, Objective 1.	9/1/2010	1/1/2011	7/1/10	12/31/10	Mara oversight and Council	List of potential programs to replicate	Criteria to be used as a determinant of a best practice are currently being gathered and were finalized in December.

Using the above search criteria, research potential community based health promotion/disease prevention programs that are defined as a best practice (replicable) that address improvements targeting the 1-2 areas of need determined in Goal 2, Objective 1.	10/1/2010	1/1/2011	10/1/10	4/1/11	Mara oversight and Council	List of potential programs to replicate	A number of programs were researched and brought forth to the table. This seemed to be beyond the scope of what the Council could assist with this year.
Identify list of 5 potential programs to research more thoroughly.	1/1/2011	3/1/2011			Quality Council	Five potential programs identified	

**Work Plan Goals, Objectives and Strategies**

<b>Goal 4:</b>	D.5. Create a database that supports rural-relevant and meaningful indicators and increased transparency of quality data.						
<b>Objective 1:</b>	Centralize currently available transparent quality data						
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes	Actual Outcomes
	Start Date	End Date	Start Date	End Date			
Determine quality data that is currently available to the public (e.g., CMS compare sites, Virginia CLABSI data)	9/1/2010	11/1 2010	9/1/10	4/15/11	Quality Council members	List of quality data sources.	A few conversations with Ken over the data currently available on Data Portal regarding Quality were held. Upon review, additional sources of data were identified.
Using a cost/benefit analysis, determine best method to show rural Virginia data. (e.g., link to CMS site vs. rural hospitals agreeing to share data vs. other organization sort data.)	11/15/2010	1/15 2011	1/1/11	4/15/11	Small group of council members/ Mara	Rural data applicable to Virginia.	Following the conversations with Ken, the Council suggested a few changes and additions to be made to the Quality Data. A memo to the Data Council from the Quality Council was sent with these suggestions provided.
Obtain space on Data Portal website for final product.	2/1/2011	3/15 2011	1/1/11	6/10/11	Mara and Ken	More rural health quality data in Virginia on Data Portal.	Suggestions for changes to data were made.

# Progress Report

**Accomplishments or Success Stories:**

The travel grants have become quite popular and Beth has received a number of requests. We are pleased to be able to offer this service to small rural hospitals and look forward to seeing what they can share with their colleagues following the conference.

**Implementation Barriers/Obstacles:**

After some conversations, it was determined that developing a Resource Library that could be staffed and updated efficiently was beyond the resources available. Therefore, the Resource Library was determined beyond the current scope of the Councils. Perhaps in future iterations of the plan, a Resource Library can be adequately planned for and funded.

**Steps for Overcoming Implementation Barriers/Obstacles:**

The Resource Library could be a future step when additional funding or an in-kind donation can be made to adequately house and staff it.

**Requests for Oversight Committee Input or Assistance:**

**Additional Comments:**