

Nine months into the project the two County systems have held organizational meetings that were attended by the network of agencies and individuals participating in the project, developed goals, objectives and planned activities for the program, organizational structures that identify and define the roles of the people overseeing the project, and submitted reports that show the progress made towards meeting their goals.



Calhoun County developed a CQI committee made up of critical access hospitals located in Calhoun, Sac and Pocahontas Counties; Trinity Regional Hospital Fort Dodge; and the Calhoun County EMS Advisory Board. They determined the types of calls to be reviewed initially and are now working on system wide CQI policies and procedures.

Currently all Calhoun County EMS service personnel are compliant with training and skills maintenance as determined by the system Medical Director. Further training on any new policies and protocols in relation to system wide CQI are in the process of development. The CQI committee has been developing and updating EMS dispatching guidelines, protocols and policies with an expected completion date of April 2014. The committee would also like to provide CQI system overview training to all program participants with targeted training specific to participant roles and responsibilities within the system by April 2014.

By June 2014 the committee would like to develop processes to review requests for new equipment and protocols in relation to certain patient scenarios such as cardiac arrest management, stroke, acute coronary syndromes, and critical trauma scene management. In addition they are making plans to review communication capabilities within the system from 911 call intake to definitive care in order to promote the improvement of pre-hospital care. They also plan to develop processes to review response resource capabilities within the system that will assist in the matching the patients needs with the appropriate resource utilization.

Recently the Calhoun County Committee evaluated and purchased new cardiac monitors for all County EMS services. Utilizing these new monitors each service will be able to get real time feedback of CPR performance and provide destination hospitals the capability to receive real-time ECG transmissions from the field.

Hardin County has established their CQI committee that consists of roughly half the EMS agencies in the county, and the Ellsworth Municipal Hospital. The committee initially determined that they would focus their CQI activities on all 911 calls and that each participating EMS agency would submit 25%, or a minimum of 5 runs, per quarter for system wide CQI activities. Patient Care Reports were copied with patient identifiers removed to comply with HIPPA guidelines and submitted to the committee for evaluation.

The first performance indicators the Hardin County committee decided to measure was response times, scene times, and call times. The committee used the response time standards for emergent response listed in section four Response & Transportation of the Iowa EMS System Standards to compare their system response to. Response times for first responders, ambulance and advanced life support were evaluated over a three month period. The results were positive with respect to statewide minimums in that Hardin County exceeded the standards for rural response used in the system standards document. The committee intends to continue this data comparison with future quarters. They will also use current data and future response data to determine if there are ways to further improve system response times. One consideration the group plans to investigate is the adoption of county wide Computer Aided Dispatch system.

The committee wants to begin selecting additional performance indicators to collect and evaluate. They have plans to contact other county EMS systems of similar size, run types, and service levels to see what kinds of performance indicators they use in their CQI activities to determine if they can incorporate them into the Hardin County system. The committee has identified Calhoun County as one of the counties they would like to communicate with.

There has been some entry level training completed for EMS system participants aimed at giving them a basic understanding of terminology and purpose for CQI. American Medical Response Ambulance, a national based private ambulance conglomerate has a presence in Hardin County and the committee has plans to leverage the experience of AMR's corporate CQI department to develop a training course for the committee. AMR's CQI department and Clinical Education Specialists have participated in several published studies and research programs, the CQI committee feels they will be a good resource for CQI information.

According to interim reports submitted to the department participating services in Hardin County were slow to embrace the CQI program but are now beginning to understand the benefits that the program will have and how it could help improve care in the EMS system. One of the participants were quoted saying "this program can help improve service across the county without making services appear inferior to other services". The committee continues to invite the other EMS agencies in the county to participate in the program and is optimistic that they will join the program as they start to see the results.

Because of this EMS System CQI Evaluation Grant Program, funded by the FLEX program, other rural EMS systems wishing to build their CQI programs will have access to the policies, protocols, training materials, and experiences that Calhoun and Hardin Counties develop. Other systems will not have to start from scratch when they begin to develop their own programs. The work provided by these two counties will be the incentive other communities will need to develop their own EMS systems CQI programs that make decisions based on facts and data rather than emotion and perceptions, improve pre-hospital patient care, encourage system planning and fully integrate EMS into the overall health care system.

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Small Rural Hospital Improvement Grant Program Application Open for the 2014-2015 Cycle

Iowa participates in the Small Rural Hospital Improvement Grant Program, a program offered through the Federal Office of Rural Health Policy. The SHIP was first authorized by the Balanced Budget Refinement Act of 1999 of the Social Security Act to help small rural hospitals (49 beds or less) meet the costs of implementing data systems required to meet requirements of the Medicare Prospective Payment System.

More recently the ACA authorized SHIP funds to help eligible hospitals meet value-based purchasing goals for their organization, enable small rural hospitals to become or join accountable care organizations or become shared savings programs, and purchase health information technology, equipment, and/or training to comply with meaningful use, ICD-10 standards, and payment bundling. In this upcoming cycle a new category entitled Care Transitions has been added to address hospital readmissions.



In the 2013-2014 cycle, 79 hospitals in Iowa participated in the program and received \$7,416 to address the programs purpose. While the current grant cycle does not end until August 31, 2014, it is already time for hospitals to start preparing for the next cycle starting September 2014 and ending August 2015. Eligible hospitals were sent the SHIP application for this program recently with a due date of March 4, 2014, to respond. Hospitals that complete applications by the due date will be entered into the grant application for the state of Iowa and submitted by the SHIP Coordinator Doreen Chamberlin.

To assist applicants, a conference call has been scheduled for February 26, 2014, from 2-3 p.m. The FORHP representative Bridget Ware will join the call to present the program and answer questions. For additional information contact Doreen Chamberlin, doreen.chamberlin@idph.iowa.gov

Health Insurance Resources for the Public

The Iowa Insurance Division continues to coordinate State efforts related to MarketPlace insurance. Below are online resources links that were recently released for the public.

[Nationwide Directory of Insurers' Consumer Assistance Numbers](#) - Instructions for how to use the directory, can be found here: [Contacting Your Health Plan's Customer Service Phone Number](#).

Consumer Tip Sheets: <http://marketplace.cms.gov/getofficialresources/publications-and-articles/publications-and-articles.html>

- [What You Should Know About Seeing Your Doctor](#)
- [What You Should Know About Getting Your Prescription Medications](#)
- [Appealing Your Insurer's Decision Not to Pay](#)
- [I Signed Up, But Don't have Health Coverage. What Should I Do?](#)
- [Getting Emergency Care](#)
- [What You Should Know about Early Renewal of Health Coverage](#)
- [What You Should Know about Provider Networks](#)
- [Appeals: eligibility and health plan decisions in the Health Insurance Marketplace](#)
- Individual with questions or problems can call the MarketPlace Call Center at 800-318-2596

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Dental Wellness Plan

In creating the Iowa Health and Wellness Plan, the State chose to include adult dental services. Iowa Medicaid Enterprise continues to work with stakeholders in developing and implementing these services by May 1, 2014. In February, IME announced that urgent dental services for IHWP patients will be payable to any enrolled Medicaid dentist until the program is implemented May 1. Additional information on urgent dental services can be found in IME's Informational Letter No. 1353 issued on February 12, 2014. More on the Dental Wellness Plan can be found at IME's website [here](#).

Message from Iowa Medicaid Enterprise Communications

Help Consumers Share their Story: The Centers for Medicare and Medicaid has announced a new feature on [HHS.gov/HealthCare website](http://HHS.gov/HealthCare), "Share Your Story", encouraging people benefiting from the Affordable Care Act to share their coverage stories, including those newly covered through the Health Insurance Marketplace. In the ongoing efforts to educate the public on the ACA, CMS has found that personal stories are a critical piece to that education. Sharing experiences can help others to be motivated to find out what is in it for them. Click [here](#) for the link to the story submission.

Iowa Rural Health Clinics Participate in National Quality Measure Data Collection Pilot

The National Rural Health Clinics Sentinel Project has worked for over one year to develop relevant quality measures and determine an effective data collection process that fit the profile and operations of Rural Health Clinics. The purpose of the project is to supplement the limited existing data on the Rural Health Clinics and to gain a better understanding of ongoing operational, clinical and quality activities, and needs of RHCs. The project has a two year timeline and is funded by [Health Resources and Services Administration, Office of Rural Health Policy](#) and is coordinated out of the University of Maine Rural Health Research Center. The Iowa State Office of Rural Health participated on the Steering Committee to determine the discrete quality indicators that are compatible with existing national measure sets.

The Quality Health Indicator Project from Topeka Kansas was selected as the data collection system. [QHi](#) is used by several Critical Access Hospitals and RHCs across the nation as a valuable data collection tool and benchmarking system. To date, there are 13 states and over 100 RHCs involved in the project. Data is available monthly to the clinic for evaluation. They can utilize the benchmarking tool to find out about successes and get mentoring with quality performance issues. The ongoing data from the pilot will be collected, analyzed and evaluated by the Maine Rural Research Center. There are two Iowa RHCs participating. They are required to collect the five following core indicators below; but can report on 13 others.

- NQF # 18 Controlling high blood pressure
- NQF # 18 Tobacco use assessment and cessation intervention
- NQF # 38 Childhood Immunization Status
- NQF # 59 Diabetes: Hemoglobin A1c poor control
- NQF # 419 Documentation of current medications – adult/geriatric

Currently, RHCs are not required to collect or submit quality measures to Centers for Medicare and Medicaid. However, due to health care transformation; government agencies and private payers are more interested in the quality of care given beneficiaries and the cost of the care delivered.

Cheers for the 2014 Iowa Healthcare Collaborative Patient Safety Award

The 2014 Iowa Healthcare Collaborative Patient Award recipients for overall Patient Safety winner and categorical areas were announced. Representatives from the hospitals will be featured at the upcoming IHC Patient Safety Conference.

Overall Winner—Lakes Regional Healthcare

Lakes Regional Healthcare was designated for the award for their exceptional work in care transitions to prevent hospital readmissions. Their efforts were reflected by their readmission rate that dropped from 7.9 percent in 2012 to 6.08 percent in 2013. Readmissions are evaluated monthly by the hospital readmissions team. Also, any patients that are readmitted are evaluated by the hospital Utilization Review Nurse and the admitting physician at the time of readmission.



Leadership & Culture of Safety—Buena Vista Regional Medical Center

Buena Vista Regional Medical Center's vision is "To be the best place for patients to receive care, the best place for employees to work and the best place for physicians to provide care". They made a commitment to continually improve the organizational culture of safety through leadership training, implementing all significant safety goals and initiatives, and invest time, resources and staff education towards their organizational culture of safety.

Care Transitions—Shenandoah Medical Center

Shenandoah Medical Center has moved from the discharge planning model to the transition planning model with an ongoing goal to engage patients and families. A multidisciplinary team was formed in August 2012 with the focus to identify opportunities and implement process improvement activities. The team focuses on the implementation of evidenced based best practices in order to improve their patient care transition from an acute care setting to a non-acute setting. They focus on the patient to ensure a successful process.

Hospital Acquired Conditions—Genesis Health System

Genesis Health System's patient falls prevention program's use of innovation, information technology and leadership role help form a culture of safety. Genesis formed a Fall Task Force Team to work with the Fall Prevention Committee to develop a plan and identify a tool that was evidenced based that is nationally recognized. The processes, assessment tool, interventions, education and monitoring system made a significant positive impact for their patients, families and healthcare team.

For questions regarding the Patient Safety Award, please contact Nancy Thompson at Thompsonn@ihconline.org.

Resources

2014 Injury Prevention in Agricultural Youth Grants

Iowa's Center for Agricultural Safety & Health is seeking proposals for its 2014 Injury Prevention in Agricultural Youth Grants. Each year I-CASH designates funds for community grants targeted at the prevention of farm-related injury in young people and their families. This year nine grants of \$500 each are available. Application packets are available at <http://cph.uiowa.edu/icash/programs/Youth-Ag-Safety-Grants/index.html> are due March 3, 2014. Approved applications will be announced by March 31, 2014. For more information or assistance with this program, contact Shari Burgus at shari.burgus@farmsafetyforjustkids.org.

Virtual Dentistry Resource Available from the Association of State and Territorial Dental Directors

A new resource on the Virtual Dental Home using teledentistry is available on the Association of State and Territorial Dental Directors website. It is accessible from the online [Mobile Portable Dental Manual](#) (click on chapter 4 on the home screen and then use the left navigation bar to click on the Virtual Dental Home and the various sections).

Great Plains Center for Agricultural Health Small Grant Programs

The Great Plains Center for Agricultural Health is accepting applications for pilot funding from both community-based and academic organizations engaged in agricultural safety and health activities. The maximum permitted budget is \$15,000 total costs per proposal. Funding is contingent on the continued funding of this program by our granting agency. Deadline for applications is March 10, 2014. For more information about applying for this grant, go to <http://cph.uiowa.edu/gpcah/pilot-grants/>

Rural Assistance Center and Walsh Center for Rural Health Analysis Launch Rural Care Coordination Toolkit

The [Rural Assistance Center](#) and [NORC Walsh Center for Rural Health Analysis](#) announced a new [Rural Care Coordination Toolkit](#) to help rural communities and organizations identify and implement a care coordination program. This toolkit contains resources to help communities develop programs that can improve quality and continuity of care, as well as patient outcomes, building on best practices of successful care coordination program models. The [toolkit is available for free](#) on the RAC website.

The US Health Workforce Chartbook

The Chartbook presents extensive data on 35 U.S. health occupations. Data in the Chartbook includes estimates on the number of individuals working in each occupation, demographic data on these workers, their work setting, and the distribution of each occupation across states, and information on the number of graduates in 2010 when applicable. The Chartbook can be found at <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/chartbook/index.html>.

Calendar of Events

“Navigating Healthcare as a Community”

Telligen QIO Team Webinar

March 7, 2014

Register at: <http://archive.constantcontact.com/fs163/1115285981590/archive/1116545449269.html>

The Iowa Healthcare Collaborative Hospital Engagement Network Learning Community

March 11, 2014

Meadows Events & Conference Center in

Altoona, Iowa

For information click here <http://www.ihconline.org/asp/eventsdetail.aspx?eid=134>

The Iowa Healthcare Collaborative Patient Safety Conference

March 12, 2014

Meadows Events & Conference Center in

Altoona, Iowa

For more information click here <http://www.ihconline.org/asp/eventsdetail.aspx?eid=135>

Iowa Governor’s Conference on Public Health

April 1–2, 2014

Ames, Iowa

For more information visit <http://www.iowapha.org>

Center for Rural Health and Primary Care Advisory Committee Meeting

Tuesday, April 22, 2014

9:30 a.m.–1:00 p.m.

State Library of Iowa, Ola Babcock Miller Building

Forrest Spaulding Conference Room 310

Des Moines, Iowa

More information can be found at: <http://www.idph.state.ia.us/ohds/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=Committee>

Agricultural Medicine Training

June 9–13, 2014

Iowa City, Iowa

For more information visit <http://www.public-health.uiowa.edu/icash>

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