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NOVEMBER 2011 NEWSLETTER



GOVERNOR KITZHABER PROCLAIMS NOVEMBER 17, 2011 RURAL HEALTH DAY



Governor John Kitzhaber has [proclaimed](#) November 17, 2011 Rural Health Day, part of a national movement to celebrate the role of health care services in rural Oregon. Hospitals, clinics, providers and consumers will be celebrating their roles in keeping rural Oregon healthy.

Approximately 62 million people — nearly one in five Americans — live in rural and frontier communities throughout the United States. Rural Americans reside in 80 percent of the total US land area but comprise 20 percent of the US population. In Oregon, 36% of Oregon's 3.86 million people live in rural communities with 10 of Oregon's 36 counties considered frontier.


"We are very excited to help launch the first annual National Rural Health Day," said Scott Ekblad, director, Oregon Office of Rural Health. "Rural is so important to Oregon's future. Without a healthy rural Oregon, we will not have a healthy state of Oregon."

The key to rural Oregon's success is economic development. Health care plays two very important roles in that development. First, hospitals, clinics and providers are economic drivers. According to a [study by the Oregon Healthcare Workforce Institute](#), Oregon's health care industry contributed a total of 325,528 jobs, or 14% of the state's job market, in 2008 through direct, indirect and induced employment. In the same time period, the total value-added contribution to the state's GDP by the health care workforce was nearly \$23.3 billion, or roughly 14% of the state's GDP. And Oregon's health care workforce contributed an estimated \$1.98 billion to state and local taxes in 2008.

The second role of health care in the continued economic development of rural Oregon is keeping communities healthy and thriving. Whether a new business starting up in a rural community or a long established business, attracting and retaining employees is difficult if they do not have access to health care for workers and their families. The lack of access drives young families away. Rural communities are great places to live and work, but people won't stay if they don't have the necessary access to care.

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National Rural Health Day  is an opportunity for all Oregonians to reflect on the importance of health care in their lives. Make sure you thank your provider and all those that provide health care services to your community.

TEAMSTEPS: BETTER HOSPITAL TEAMWORK INCREASES PATIENT SAFETY

By Candi Helseth

Most medical errors are caused by communication breakdowns among health care teams—so the best way to improve patient safety is to improve communication and teamwork skills among health care professionals. That is the goal of TeamSTEPS (Team Strategies and Tools to Enhance Performance and Patient Safety), an evidence-based teamwork system designed for health care professionals by the Department of Defense's Patient Safety Program and the Agency for Healthcare Research and Quality.



Grande Ronde Hospital, a Critical Access Hospital (CAH) in northeast Oregon.

By implementing TeamSTEPS, Grande Ronde Hospital, a Critical Access Hospital (CAH) in northeast Oregon, has reduced patient complaints in the Emergency Department by 21 percent and the number of patients leaving ER without being seen by 37 percent.

TeamSTEPS encourages hospitals to begin with manageable projects, addressing one issue or department at a time. Grande Ronde, located in La Grande, Ore., began by targeting improvements in STEMI ("ST segment elevation myocardial infarction," a type of heart attack) care in ER. Their data indicated only one-third of patients with STEMI received the recommended administration of an EKG within 10 minutes and thrombolytic medication within 30 minutes of arrival. Using TeamSTEPS' tools, Grande Ronde developed a multi disciplinary STEMI team, which pulled together the city-owned emergency medical services and hospital staff from various departments. Now EMS does patient assessments in the field and notifies ER in advance when a patient meets STEMI team activation criteria. The STEMI hospital team assembles in ER, ready to begin treatment as soon as the patient arrives. Current data indicates all STEMI patients receive an EKG within 7 to 10 minutes and thrombolytic administration within 30 minutes or less.

"We have a defined plan of action with people inside and outside the hospital working together, and it's amazing to see how well it works using TeamSTEPS communication tools," Quality/Risk Manager Brandie Manuel said. "It sounds so simple but we had gotten really frustrated trying to find a solution on our own."

[Providing Greater Flexibility and Accessibility](#)



By implementing TeamSTEPPS, Grande Ronde Hospital has increased patient quality in the Emergency Department.

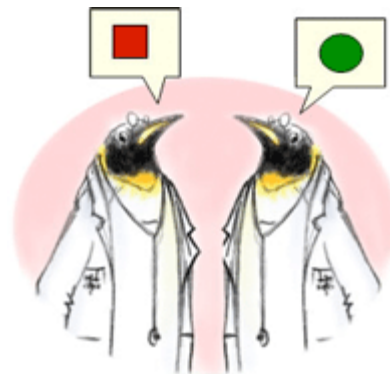
Following a hospital-wide survey of nurses, McCune-Brooks Regional Hospital, a city-owned CAH in Carthage, Missouri, implemented TeamSTEPPS to improve nursing handoff-related events such as medication and intravenous therapy errors. Handoff errors generally occurred between shift changes or when patients were transferred to other floors.

"We've decreased handoff events by 8 percent since beginning a year ago," Chief Nursing Officer Sherry Lopez said. "Our biggest change has been implementing point of care documentation for nurses. We utilize a piece of the patient's electronic medical record for a patient summary now. All nurses can immediately access that patient information. We have computers in every patient room and nurses do documentation immediately at the bedside. That makes it less likely that medication or procedural related errors happen. It also puts our nurses at the patient's bedside more rather than in a workroom doing patient records."

Manuel and Lopez praised the program's ability to take global terms like leadership and communication and associate them with concrete behaviors and skills in its training materials. Each institution receives a flexible curriculum and training kit they can adapt and modify to fit their particular needs. While basic concepts are uniform, implementation can be different for each organization.

Intensive training is another key to the program's success. Hospitals send teams to any of five Team Resource Centers for what TeamSTEPPS calls a "train the trainer" approach. These individuals, who become certified as Master Trainers, return to their communities to train others. Trained coaches also mentor and reinforce changes made within hospitals.

Grande Ronde, a member of the Oregon Rural Health Quality Network (ORHQN), collaborated with two other ORHQN CAHs to obtain grant funding that covered training costs at the University of Nebraska Medical Center in Omaha. Primaris evaluated McCune-Brooks' survey results, provided TeamSTEPPS training at the hospital, and offered additional support in enhancing the patient safety culture, Lopez said. McCune-Brooks completed a hospital-wide survey of staff perception related to patient safety and culture, identified improvement opportunities and presented their findings to hospital leadership to garner support before implementing TeamSTEPPS.



This visual, used in TeamSTEPPS training, illustrates conflict resolution options.

"TeamSTEPPS' proven tools and its easiness to use encourage administrative and staff buy-in throughout the hospital," Lopez said.

After an F5 tornado devastated Joplin, Missouri, in May, the Centers for Medicare and Medicaid Service (CMS) granted McCune-Brooks a waiver to accommodate an additional 27 patients and open a third Operating Room. The hospital's Operating Room volumes almost tripled and the daily census

more than doubled from 16 to 37 patients. Lopez said McCune-Brooks operated with existing staff until the end of June when the Talent Share Agreement was implemented with another hospital. Lopez said having the TeamSTEPPS hand-off tool in place helped McCune-Brooks accommodate the increased volumes.

“Under Talent Share, we obtained approximately 150 employees, most of those in the nursing department,” she said. “Their orientation included instruction in TeamSTEPPS tools and the bedside report we are using. We haven’t had an opportunity to do any specific data collection; however, I do believe that if this mechanism were not in place with the increased patient load and new staff, we would have seen an increase in adverse events.”

Influence of TeamSTEPPS Widening

Grande Ronde is developing a 2012 curriculum that encompasses employees in all departments. Manuel said the hospital’s efforts have shifted as they’ve progressed, relying more on coaching and mentoring as needed. “We feel strongly that our entire organization has benefited and it’s important to give all our employees these tools,” she added. “Our non-clinical areas have given us such positive feedback. They feel the training empowered them in ways they didn’t have previously. They really took hold of these tools and changed their processes for the better.”

TeamSTEPPS’ programs are being used in hospitals of all sizes in rural and urban settings. According to Battle, about 2,000 individuals from 700 hospitals have completed training at the five national training centers. The ripple effect has extended the program in immeasurable ways. For instance, with additional funding supplied by the Oregon Office of Rural Health and ORHQN, Manuel said the three CAHs that initially applied for grant funding have since trained staff in 12 additional Oregon CAHs.

A June 2011 policy brief released by the Maine Rural Health Research Center, *Improving Hospital Patient Safety Through Teamwork: The Use of TeamSTEPPS in Critical Access Hospitals*, concludes that TeamSTEPPS improves processes and reduces errors. “TeamSTEPPS builds a foundation for teamwork that is critical to improving safety and quality,” stated James Battles, PhD, an analyst for AHRQ patient safety who heads the TeamSTEPPS program. “In many community based hospitals, communication lapses or lack of teamwork are underlying factors in adverse events because there is no definitive core team in residence at the facility. Physicians and emergency medical services may be independent from the hospital and, particularly in CAHs, hospital staff may be pulled from different departments for situations such as trauma cases because many CAH emergency rooms do not have 24-hour staffing.”

“The value of TeamSTEPPS is confirmed every day when we hear and see people using these tools,” Manuel said. “At Grande Ronde, we’re going broader now to improve patient safety culture across the entire organization.”

This article was originally published in the Fall 2011 issue of the *Rural Monitor* , a product of the Rural Assistance Center .

MARY WAKEFIELD, HRSA ADMINISTRATOR, VISITS THE OREGON OFFICE OF RURAL HEALTH



Mary Wakefield, HRSA Administrator & Scott Ekblad, ORH Director


Mary Wakefield, PhD., RN, Administrator for the Health Resources Service Administration (HRSA) met with Scott Ekblad, Director of the Oregon Office of Rural Health during an October 21st visit to Portland. Dr Wakefield was visiting the area as part of a tour to get a better understanding of how HRSA programs are helping communities in our current economic condition.

“Dr Wakefield was very interested in what the ORH was doing and how it was impacting our rural economies,” said Scott Ekblad. “Rural communities across the country are facing difficult economic times and she understands that health care is key to their future economic growth.”

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. It is comprised of six bureaus and nine offices. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. They train health professionals and improve systems of care in rural communities. The Oregon Flex Program and the State Office of Rural Health grant are HRSA funded programs.

PARTNER WITH THE OFFICE OF HEALTHY KIDS!



As providers serving rural communities throughout Oregon, you know all too well the number of children that lack health care coverage. That's why the **Office of Healthy Kids (OHK)**  wants to partner with you to cover more kids.

Healthy Kids provides no-cost and low-cost health coverage for all Oregon children and teens up to 19 years of age. Coverage lasts for one full year and covers all health needs, including doctor visits, dental care, vision, mental or behavioral health services, and prescriptions. No family makes too much money to qualify. A family of four making up to \$67,200 may still qualify for the low-cost option.


Providers are perfectly positioned to help spread the word about the Healthy Kids Program and the OHK office wants to help you!

For instance, they can:

- Send your organization brochures, posters, banners and more (at no cost to you)
- Set up a referral system linking you with local organizations that can help families with the application
- Assign your facility a unique date stamp code that staff can use to assist patients filling out applications
- Provide free (required) application training to the clinic and hospital staff

Providers are vital to the continued success of the program. For more information about how you can work together with OHK, contact [Mary Falls-Staley](#) , (503) 269-7148.

AHRQ LAUNCHES REGIONAL PARTNERSHIP DEVELOPMENT INITIATIVE TO PROMOTE PATIENT-CENTERED OUTCOMES RESEARCH

The Federal Agency for Healthcare Research and Quality (AHRQ) recently launched efforts to promote [patient-centered outcomes research \(PCOR\)](#)  in patient and professional communities in all 50 states, Washington, D.C., and the U.S. territories. AHRQ has established five Regional Partnership Development Offices that are cultivating sustainable partnerships with hospitals and health systems, patient advocacy organizations, businesses, and other groups that serve clinicians, consumers and policymakers. Organizations are invited to learn more about PCOR and to partner with AHRQ by using and encouraging others to use free PCOR reports and materials, which support efforts to improve the quality of health care in communities.

What is patient-centered outcomes research? PCOR, also known as comparative effectiveness research, provides information that helps clinicians and patients work together to treat an illness or condition. PCOR compares drugs, medical devices, tests, surgeries, or ways to deliver health care. The research findings don't tell clinicians how to practice medicine or which treatment is best, but they provide evidence-based information on the effectiveness and risks of different treatments. Clinicians and patients can use this information to make informed treatment decisions based on each individual's circumstances.

AHRQ's Effective Health Care Program works with researchers, research centers, and academic organizations to conduct the research and focuses on 14 priority health conditions, including: cardiovascular and related diseases, diabetes, arthritis, mental health disorders, and pregnancy. The full research reports are made available, and findings are translated into practical patient and clinician materials, that include:


- Patient Guides (English and Spanish)
- Clinician Guides
- Executive Summaries
- Faculty Slides
- CME/CE Modules
- Podcasts

Partners can participate in a range of scalable activities such as distributing guides at meetings and in medical offices, placing articles in newsletters, and hosting Web conferences that highlight PCOR findings. Organizations that are using these materials or the PCOR findings include Mayo Clinic, the American Academy of Nurse Practitioners, and AARP, among many others.

Findings from patient-centered outcomes research can be helpful to everyone participating in health care decision-making:

- Patients are often faced with complicated decisions, such as which test is best, which medicine will help most with the least side effects, or whether surgery is the best option. Every patient is different, and each should make informed choices based on individual needs. By providing Effective Health Care Program products that summarize evidence-based, patient-centered outcomes research findings, you can help patients work with their health care professionals to make a more informed decision among many treatment options.
- Healthcare professionals use PCOR to keep current on comparisons of medications and treatments. The products developed by the Effective Health Care Program help distill the information so health professionals and consumers can review treatment options together. When research is not available to answer clinical questions, AHRQ publications highlight research gaps.

- Policymakers, business leaders, and others want to make health care policy decisions based on reliable, objective information about effectiveness. Patient-centered outcomes research helps decision makers plan evidence-based public health programs.

To learn more about PCOR or to become part of this growing partnership network, please contact [Kate Stabrawa](#)  in AHRQ's Denver Regional Partnership Development Office at (303) 382-2444.

SAVE THE DATE FOR UPCOMING EVENTS!

Breast Cancer Issues Conference
 March 9 & 10, 2012
 Oregon Convention Center
 Health Care Professional – Receive CME Focusing on Primary Care

Online registration opens January 2012 .

Upcoming Oregon Rural Health Conferences

October 24-26, 2010. Gleneden Beach →

October 23-25, 2013. Portland →

Learn more about Oregon Rural Health Events →



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