

Attachment 5

Michigan Health and Safety Coalition Joint Hospital Survey 2006

SMALL AND RURAL HOSPITAL Q & A

Why should small and rural hospitals participate in the Joint Hospital Survey?

Both the Michigan Health and Safety Coalition (MH&SC) and The Leapfrog Group (Leapfrog) are interested in small and rural hospitals responding to the 2006 Joint Hospital Survey as a way to improve patient safety practices in all hospitals across Michigan.

In 2005, 100 of 138 hospitals, or 72%, participated in the survey – so there is room for many more hospitals to participate. Remember: you can participate in the survey even if you do not perform one or more of the procedures or treatment areas contained in the survey. If your hospital did not complete this survey in previous years we strongly encourage you to take another look at this year's survey and **complete only the sections that are relevant to your hospital.**

Benefits of Participation with MH&SC

ALL hospitals that participate in the survey:

- demonstrate their commitment to improving patient safety to consumers and purchasers in Michigan;
- receive a CD containing individual performance data and aggregate data segmented by peer group and geographic region;
- have their results published on a consumer report on the MH&SC Web site;
- have their results sent directly to health plans (HMOs) with which they contract, minimizing the need for a hospital to respond to individual health plan requests for the data;
- provide information – the survey data - that many health plans and/or purchasers are beginning to use as one piece of information when making hospital contracting decisions
- are eligible to participate in targeted MH&SC patient safety expert clinical collaboratives.

The MH&SC is planning to form patient safety expert collaboratives around the areas of care that have the biggest gap between performance and the hospital guidelines. In 2004, MH&SC convened such a group around the topic of hospital Intensive Care Units (ICUs), and produced an electronic ICU brochure and tool-kit, which, in part, provided momentum for the formation of the Michigan Health & Hospital Association Keystone ICU project.

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MH&SC's Position on Small and Rural Hospitals

The MH&SC believes that both rural and urban hospitals, whether small or large, should provide safe care to their patients. Since the MH&SC implemented its survey in 2002, it has asked ALL hospitals, regardless of size, to participate if they electively perform any of the procedures included in the survey or have an Intensive Care Unit. *Some small or rural hospitals do not meet these criteria and, thus, in past years, have elected not to participate in the survey.*

In the past two years, the survey has become more meaningful to all hospitals regardless of size or location due to the addition of the following sections:

- In 2004, Leapfrog added questions related to the 27 National Quality Forum (NQF) Safe Practices not already included in their survey, all but one of which are relevant to rural hospitals.
- In 2005, MH&SC added questions related to the use of Patient Safety Tools, including Root Cause Analysis (RCA) and Healthcare Failure Mode and Effect Analysis (HFMEA).

These new survey sections apply to all hospitals regardless of size or geographic location. **For this reason, we strongly encourage hospitals that have elected not to participate in previous years to reconsider.**

The MH&SC is interested in using the Patient Safety Tools results to determine the extent to which hospitals are utilizing these important safety tools to learn from errors and near misses and prevent future harm to patients. A major reason for MH&SC's interest in this topic area is what the MH&SC, acting as the State Commission on Patient Safety, heard from consumers at three public hearings held in November 2004.

Specifically, consumers (or their family members) who had experienced harm or a near miss were NOT seeking legal recourse – but rather were seeking assurance that hospitals learn from the adverse event or near miss and share that learning with other clinicians, hospitals and health care organizations so that the mistake is not repeated.

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In Michigan, with hospitals' cooperation in completing this survey section, we will have information on how hospitals, in aggregate, use patient safety tools such as RCA and HFMEA to improve the safety of patient care. With this information, MH&SC can determine if there is a need:

1. for education regarding the availability and usefulness of these tools; and/or
2. to implement a collaborative effort with the hospital community to identify barriers to the use of these tools and the subsequent sharing lessons learned across the hospital community to achieve overall patient safety improvement.

MH&SC is also considering adding an additional section to the survey to make it more applicable to small and rural hospitals in 2007. MH&SC will work with these hospitals and other health care leaders to identify appropriate areas of care.

Leapfrog's Original Position on Rural Hospitals

Leapfrog believes that patients who use rural hospitals should be assured of a safe environment, consistent with urban institutions. However, Leapfrog recognizes that rural hospitals face different challenges than do urban hospitals and healthcare markets (e.g., different patient case mix, different clinician composition, and different service offerings). As a result, when Leapfrog fielded its first two survey versions, it did not proactively seek to collect data from rural hospitals related to its three safety practices. However, rural hospitals have always been welcomed and encouraged to submit their data voluntarily and several have done so including those throughout Michigan.

There are two major reasons Leapfrog did not proactively invite hospitals from rural areas to participate in the survey initially. First, Leapfrog wanted to focus its data collection efforts on areas where consumers had a choice of hospitals and where there was more hospital competition (i.e., access isn't a big issue). Second, Leapfrog did not want to raise public expectation that rural hospitals should invest in implementing the original three leaps given the implementation costs and low volume of patients in most rural hospitals.

Some rural hospitals complained that it was unfair not to hold rural hospitals to the same standards as their urban counterparts and that the current approach didn't allow them to "show their stuff". Additionally, many Leapfrog members have employees in rural communities and have expressed an interest in expanding Leapfrog's scope to include rural hospitals.

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Rural Hospitals are Targeted (2005)

Having been specifically invited in 2004 to complete at least the NQF Safe Practices (NQFSP) section of the survey, rural hospitals in 2005 were targeted to complete both NQFSP and evidence-based hospital referral (EHR) sections of the survey, the latter only to the extent that those services are electively offered at the hospital. Leapfrog agreed not to require that rural hospitals complete the computerized physician order entry (CPOE) and the ICU physician staffing (IPS) sections of the survey. Those leaps are still considered a stretch for rural hospitals because of the staffing and resource barriers involved in fully complying with them. However, rural hospitals may still complete the CPOE and IPS portions if they wish to do so.

The decision to target rural hospitals for EHR and NQFSP was made by the Leapfrog Board of Directors based on the fact that the Texas Medical Institute of Technology (TMIT) Rural Task Force and the Leaps and Measures Expert Panel Chairs indicated that those sections (EHR and NQFSP) were appropriate for rural hospitals to complete.

Leapfrog's Current Definition of a Rural Hospital

Leapfrog recognizes that there is no standardized definition of the terms "rural" or "urban", so it has traditionally defined a rural hospital the same way that OMB/Medicare does, by geographic location according to whether a facility is located in a county outside a Metropolitan Statistical Area (MSA), or outside a Micropolitan Statistical Area that is part of a greater metropolitan area that includes at least one MSA. Leapfrog treats Critical Access Hospitals as rural regardless of where they are located. *(MH&SC, for consistency, uses these same definitions.)*