

IOWA HOSPITAL ASSOCIATION

2022 Advanced **Leadership** Academy Project Summaries

*DISCOVERING NEW
HEIGHTS IN LEADERSHIP*



IOWA HOSPITAL
ASSOCIATION

We care about Iowa's health

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About IHA's Advanced Leadership Academy

IHA launched the Advanced Leadership Academy to help Iowa hospitals develop the next generation of leaders to serve and guide Iowa hospitals. The academy provides a blended approach to learning with six in-person learning sessions combined with distance education over 12 months. IHA provides each organization with the opportunity to customize the academy to the needs of the participant and hospital. Participants must have mentors from their organizations and complete learning projects. Mentors are important to advising and guiding participants as they seek successful project completions while strengthening their leadership talents and industry knowledge.

Besides projects, students were asked to complete and submit project summaries outlining the goals and results of their projects and including any supplemental materials. Project reviews and handouts are compiled in this summary of all class projects. This summary highlights the work done by the graduating class throughout the course and is being shared as a resource for future academy students and hospital leaders.

Succession planning is vital to the long-term survival of any business in any industry. Hospitals are encouraged to identify capable people in their organizations and consider the academy as a resource in succession planning to vet emerging talent or further develop leaders already moving up the ladder. The academy ensures that decisions about the next generation of leadership are based on performance so the successes of the past can continue well into the future. Visit IHA's website at www.ihaonline.org for more information about the academy.

Registration for the 2023 Advanced Leadership Academy is still open. Those interested in participating must be nominated by a hospital CEO. Nomination forms must be submitted by **Thursday, June 5, 2023**.



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Age-friendly health systems: implementing a care model to improve the care of hospitalized elderly patients at UnityPoint Health-Des Moines

Description: The population is aging, with those 65 and older in the U.S. accounting for 16.5% of the population. Iowa's 65 and older population is 17.5%. How does this translate to hospitalizations? Patients 65 and older in the U.S. represent 40% of hospitalized adults. At UnityPoint Health-Des Moines, 43% of inpatient discharges are 65 and older. The aging population has more comorbidities, leading to increased complexity and risk of complications or unfavorable outcomes. Implementing a model of care that better supports this growing number of hospitalized older adults will reduce harm, waste and inefficiency, improve outcomes and increase patient and family satisfaction.

Goals:

- Consideration of age-friendly principles with all remodeled and redesigned patient care spaces.
- Decrease the incidence of hospital-acquired delirium in patients 65 and older.
- Increase patient satisfaction scores for patients 65 and older.
- Increase recruitment of volunteers to the HELP program to expand to more units at UnityPoint Health-Des Moines.
- Reduce falls and falls with harm for patients 65 and older.
- Reduce the average length of stay for patients 65 and older.
- To explore the implementation of age-friendly principles of care using the four Ms at UnityPoint Health-Des Moines.
- Use the four Ms on the adult medical-surgical units.

Results:

- Development of a What Matters tool & Completion of Education of 4 M's to the adult Medical Surgical Units – In process
- Increase Volunteer numbers to 50 by April 2023, which will allow expansion to all Medical Surgical Units at Iowa Methodist Campus – Currently at 23
- Schedule a Geriatric Review Course and identify a RN from each med-surg unit to attend – planning in process
- Implement Geriatric Consultation Service with Trauma Services by May 2023 – discussions and planning have begun. APP less costly than using a Geriatrician
- Metrics to measure and monitor: LOS for patients 65 and older, readmission rate, falls with and without harm, incidence of hospital acquired delirium, sitter use in patients 65 and older, patient satisfaction scores for those 65 and older, mortality in patients 65 and older, staff satisfaction survey.



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Change management for daily huddle implementation

Description: UnityPoint Health is beginning to put in place a new management system, which are used by large organizations with multiple sites and locations to align operations and strategies. A management system is a set of policies, processes and procedures used by an organization to achieve goals and objectives. Tiered huddles are one of the new processes that will be implemented throughout the enterprise. Some departments in the Des Moines region now participate in huddles, but there will be new elements and different connection points as part of the enterprise initiative. All areas will have changes to implement as a part of this transition. As with any change, there are risks of implementation failures, not meeting project objectives and disrupting employee morale. Although project management addresses the technical side of a deployment, change-management techniques guide and support people through changes.

Goal: The objective of this project is to apply the ADKAR (awareness, desire, knowledge, ability and reinforcement) model of change management to the Enterprise Tiered Huddle implementation. The measurable goal of this project is to meet or exceed the True North target for huddle audit compliance by employing the ADKAR framework.

Results: TBD – Go-live date set for Tuesday, September 13.

Next steps:

- Readiness Survey – September 8, 2022.
- Go-live – September 13, 2022.
- Observation and Assistance – 2-3 weeks post go-live.
- Coaching Plan Developed – October 7, 2022.



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Medication safety and scanning compliance

Description: With the Radonda Vaught case fresh in everyone’s mind, there is no better time to evaluate medication safety in the workplace. To help safeguard our staff and patients, we wanted to take this opportunity to work with various department leaders throughout our organization to see how we can enhance our medication safety procedures.

Goals:

- Implement a hospitalwide incentive program focused on medication-scanning rates.
- Reduce barriers to medication scanning.
- Reduce potential distractions while dispensing medicine.

Results: Although we have only implemented one phase of our project, we are actively working on the remaining phases with the intention of being fully executed in early 2023. In meeting with several leaders throughout the facility, we discovered a few opportunities to enhance medication safety. We have gone through the process of implementing quiet zones for all units that have automated medication dispensing systems (currently Pyxis). We also have proposed moving a Pyxis machine to a less-trafficked area to promote a better quiet zone. We discovered some barriers to medication scanning, which led to submitting a proposal to purchase several pieces of equipment. Lastly, we have proposed a recognition and reward program for medication scanning that we hope to implement within the calendar year.



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Developing a comprehensive surgery workflow to decrease surgery cancellations and improve perioperative outcomes

Description: Our facility was experiencing many unplanned surgery cancellations. This was troubling for many reasons including:

- A surgery is sometimes canceled because of inappropriate patient preoperative instructions. Had the surgery taken place, there may have been an adverse patient outcome.
- In a critical access hospital, surgeries are an important revenue generator. Cancellations adversely affect the organization financially.
- It is difficult for the patient to have a surgery canceled. The patient arranges to be off work, obtains child care or postoperative home care, plans for a family member or friend to transport them home after the surgery and emotionally prepares for the surgery to then have the procedure not take place.
- The hospital staffs the operating room based on the number of upcoming surgeries. Surgery cancellations lead to excess staffing, which costs money.
- We pay for an anesthesia group to come to Greene County Medical Center on our surgical days. If no surgery occurs, the provider is paid despite no income being generated that day.

Goal: The plan was to bring together involved areas across the organization to develop a surgery workflow.

In our first meeting, we looked at the process from beginning to end to establish what was being done and determine where complications could arise leading to a surgical cancellation.

Education occurred across each department, and the initial workflow went into place. Incidents of concern were entered into our quality system for tracking. Fine tuning of the workflow and reeducation occurred based on these reports.

Results: Since instituting this new workflow, we've reduced the number of surgical cancellations from *** to ***. In June, we had *** surgery cancellations, and those were for unavoidable issues including:

- COVID-19 positive status.
- Other non-COVID-19 patient illnesses.
- Patient no-shows.
- Patients not having a COVID-19 test despite receiving instructions from the provider and operating room nurse to do so.

There is better communication among departments because everyone now understands how each area is vitally important to the success of this project. When issues occur, they are more easily identified and documented to determine where the breakdown occurred.

CRNAs review preoperative charts the week before surgery to ensure there are no same-day concerns. The providers also now have a way to request an in-depth chart review or in-person consultation with the CRNA in the weeks before surgery to ensure better safety outcomes.

The providers and operating room staff have the same information about what medicines should be taken or held the morning of surgery so patient education is consistent.



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Optimizing the patient experience through improved wait times

Description: Patient satisfaction scores in the “moving through the visit” section of our surveys have been consistently low for our rural health clinics. Because of COVID-19 and staff shortages, we have seen an increase in provider and staff frustration and burnout. Our mission is to provide compassionate and personalized health care and services and by improving our workflow, we will support our providers and staff to give high-quality care to our patients and enhance their experiences.

Goals: Enhance the patient’s experience by improving wait times in our medical clinic and improving employee satisfaction through better workflows.

Results: The average wait time in our Keosauqua Clinic for fiscal year 2022 is 68 minutes from check-in to checkout. This project focuses on our family practice providers and our specialty provider. Our highest average wait time for one provider is 91 minutes, and our shortest wait time for one provider is 35 minutes. Our goal is to be more efficient in our workflow to enhance our patients’ experiences and continue to improve our employee engagement.



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Building an organizationwide quality assurance and performance improvement strategic dashboard system

Description: Winneshiek Medical Center-Mayo Clinic Health System has attempted many iterations of driving strategy and improving quality across the organization. In the past, these two goals were viewed separately and worked on in silos. To accomplish both pertinent initiatives, we are working to build a new facilitywide system that will encompass this work. It is a CMS requirement to have a quality assurance and performance improvement program, and it’s also important that departments are working to help drive the organizational strategic plan. Marrying these two initiatives will lay the foundation for the new system build.

Goals:

- Accomplish quality-assurance and performance-improvement requirements set by governing bodies and empower staff in these efforts.
- Create a reporting system in which the strategic dashboards are shared consistently with teams (front line, leaders, board of trustees) and a standardized strategic dashboard template to be used universally.
- Develop a visual snapshot in each department where teams and department visitors can see their strategic dashboards and progress at any time.
- Assist teams identify their quality improvement metrics, benchmarks and targets, and format their strategic dashboard to align with their metrics.
- Implement touch points with departments to achieve performance improvement and drive organizational strategy through department dashboard initiatives and the use of performance excellence tools.

Results:

- Each department has identified metrics that align with the medical center’s strategic plan.
- We are building an evolutionary sharing system.
- We are developing visual snapshots to be used in each department.
- We are establishing touch points with departments.
- We are working on driving strategy and improvement through this system build.
- We have standardized a strategic dashboard template and implemented it in all departments.



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Addressing employee turnover through engagement

Description: In this time of COVID-19, it would be easy to blame high turnover on the pandemic. We want to combat high turnover by addressing employee concerns and implementing policies that lead to higher employee satisfaction and engagement. Using our annual Top Workplaces Engagement Survey, we had staff and separate middle management meetings to narrow the focus to four areas of concern:

- Accountability.
- Communication.
- Compensation.
- Paid time off.

Staff attended brainstorming sessions to identify root causes in these areas. The groups created plans and presented them to senior leadership. At least one idea from each of the four areas of concern were adopted by senior leadership.

Goals:

- Allow employees a voice in addressing areas of concern.
- Increase employee interaction with other departments.
- Increase employee satisfaction and engagement.
- Reduce turnover by implementing new policies that improve the workplace.

Results:

- Employees expressed a feeling of ownership and appreciation for participating in making the medical center a better place to work. They were very thoughtful in their ideas and didn't ask for unattainable improvements.
- Plans were presented to senior leadership.
- Senior leadership evaluated the plans and adopted at least one idea from each work group.
- Using employees to work through brainstorming sessions allowed them to own the policies and learn why some policies are necessary.
- We are hopeful this process and the implementation of the plans will help with employee engagement and turnover, which has declined through July of this year.
- We narrowed the 580 comments on the Top Workplaces Survey to four areas of opportunity.
- Work groups interacted with people they normally don't work with to develop new relations and understanding of different departments.
- Work groups were assigned one of the four areas to create a plan.



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Reducing readmissions by implementing evidence-based practice

Description: Readmissions have been a focus for health care professionals for many years. We have seen an increase in readmissions since the beginning of the pandemic. Patient and caregiver education with the right transitions of care are imperative to our patients’ success when they are discharged from our facilities. Implementing evidence-based practice around reduction of readmissions will be critical for our patients’ futures. We will implement Project BOOST in our facility. BOOST is an evidence-based practice model that stands for Better Outcomes by Optimizing Safe Transitions.

Goals:

- Bridge the transition-of-care gap by working with community agencies to ensure proper follow-up care.
- Empower patients and caregivers and decrease the risk of harm following discharge when using the teach-back method in the discharge-planning process.
- Implement a collaborative approach by implementing interprofessional rounds.
- Improve the patient-discharge process and increase patient satisfaction by using a patient-centered approach.
- Prevent readmissions by applying the BOOST evidence-based practice.
- Provide patient centeredness by developing a personalized discharge plan.

Results:

- Based on results, I would recommend implementing aspects of Project BOOST into your inpatient process.
- Engagement from front-line staff has increased throughout the implementation period as they have noted a personalized approach to each individual patient’s stay.
- This project was implemented in March 2022, at this time our readmission rate per 100 discharges was 14.29. In the following months, our readmission rates were 0, 7.14, 0, and ending with data from the month of July at 0.
- We will continue to monitor our progress and note any barriers that we encounter along the way.



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Tiered safety huddles in a high-reliability organization

Description: In a culture of continuous improvement, empowering caregivers at all levels to provide the highest quality patient care is central to the journey to zero harm. A tiered huddle system in a health care organization allows for a series of brief, focused conversations, opening lines of communication from front-line staff to executive leadership. The most-critical issues are escalated to senior levels in hours through different tiers, identifying concerns needing hospital and enterprise-level attention, supporting a high-reliability organization.

Goal:

- Create a clear, consistent, efficient method to support caregivers with daily challenges through a standardized tiered huddle system.
- Empower employees through focused discussions.
- Enhance a culture of teamwork, safety and accountability.
- Equip leaders to identify issues and support quick resolution.
- Increase reporting of safety events.
- Increase transparency and engagement.

Results:

- Employees are performing at the top of their scope.
- Issues are quickly delegated for action and completion.
- Reporting of safety events has increased.
- The tiered huddle system has been instituted allowing for enterprisewide communication and collaboration.



Expanding outpatient surgical service lines

Description:

- Expand staffing to ensure service lines are functional. Then provide financial and analytical information that predicts the next several years.
- Explore financial anesthesia and surgical service lines, trends in case numbers and physician/surgeon recruitment.
- Recap the last five years from financial and service lines perspectives.

Goal: Increase service line as well as staffing for the service line and keep a positive bottom line and continue that into the next several years.

Results: We increased case numbers by 20-30% per year from 2016-2019. This trend did not continue after this because of the loss of surgeons and anesthesia staff in 2018 and 2019 and the pandemic in 2020. But in 2021, we had a 53% increase in cases from 2020. We are on pace in 2022 to have a 24% increase compared to 2021. This would be a 4% increase compared to 2018, which was the most annual cases in the last decade. It also was the most profitable year.

We are still compiling financial data for 2021 and 2022. We also will look at statewide analytics to compare our numbers.

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Enhancing care for our diabetic population

Description: Living with diabetes can be challenging. We want to provide additional support, education and guidance to ensure our patients can live happy and healthy lives with their loved ones. We will do this by implementing a specific population health team to help mentor and manage cases.

Goals:

- A1C will be obtained every three months.
- Establish enrollment.
- Identify a primary care physician for patients in program.
- Schedule at least one session with our dietitian.

Results: Patients are drawn to how they feel rather than how good their A1C results are. Basic education is showing improvement in health. Having a support structure in place is showing a benefit to reducing emergency department visits and proper use of medical resources.

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Implementing an outpatient fall protocol

Description: When considering falls, most hospitals focus on those that occur with their inpatient population but falls also can happen in various scenarios with outpatient populations. Outpatients can fall at doorway thresholds, getting into and out of the bathroom, getting on and off X-ray tables and during general mobility throughout the hospital. Many adverse effects can happen because of outpatient falls and may include patient injury, patient embarrassment, increased cost for the facility and a negative reputation in the community. Implementation of an outpatient falls protocol will reduce the risk of patient falls and associated repercussions.

Goals:

- Bring an awareness to our staff of patients at an increased risk of falls.
- Ensure patient safety is the No. 1 priority.
- Reduce associated costs acquired from falls.
- Reduce the risk of falls for outpatients with and without injury.

Results: The fall protocol was implemented June 1, 2022. So far, staff has provided positive feedback, saying they have a good understanding of why the protocol is necessary and beneficial.



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Development of a cybersecurity task force at a critical access hospital

Description: With more health care organizations suffering cyberattacks, hospital leaders and employees must understand the scope of the threat and what they can do to prevent breaches or minimize the damage. Creating a cybersecurity task force at Regional Medical Center will allow the organization to be more prepared for an attack and increase our ability to measure our progress and readiness.

Goals:

- Create a cybersecurity task force to meet routinely to go over new risks.
- Define downtimes and have applicable processes established.
- Develop clear policies.
- Foster teamwork.
- Get providers, nurses, and other clinical staff involved so cybersecurity is taken seriously.
- Help employees understand the organization's cybersecurity policies and make them accessible and in plain language.
- Integrate cybersecurity into the culture of safety at the hospital.
- Link efforts to patient safety.
- Organize and implement quarterly drills to include cybersecurity attacks.
- See everything as an opportunity.
- Use assessment scores and situations that didn't go as planned to learn from to be better prepared in the future.

Results: The development of the cybersecurity task force has created an emphasis on continued attention on cybersecurity in our hospital. The monthly task force meetings have allowed us an opportunity to ask 'what is currently most at risk,' 'what are we doing to reduce the risk' and 'what else can we be doing to further reduce the risk.' The commitment of the task force has led us to work with an external vendor to complete an Incident Response Planning and a cybersecurity/ ransomware tabletop exercise. We have created a schedule to complete quarterly cybersecurity drills that will include all department disciplines, such as the applicable clinical departments, IT, administration, communication, etc. to be as prepared as possible if an attack would happen. One drill has been completed with the second drill scheduled for this fall. During the task force meetings, we also evaluate our routine employee security awareness education scores and evaluate what additional education needs to occur.



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Staff retention and career development

Description: In response to competitive job market for IT Analysts/Developers that included both local pressure as well as regional and national pressure with the increase level of remote work, we needed to develop a more effective retention strategy. We developed a role matrices that were self-driven by the individual staff that allowed them to gain new skills/education/and scope that then included financial reward and more valuable employees to Mercy.

Goals:

- Develop leader candidates for the organization.
- Increase cross-coverage, project-management and leadership skills across the department.
- Increase staff retention and satisfaction.

Results:

- Ability to cross cover and temporarily backfill during extended outages.
- Higher functioning analysts and developers.
- Improved retention rates.
- Increased staff satisfaction.



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Building a culture of quality and safety in the community living center

Description: The VA Central Iowa Community Living Center has embarked on a journey to implement a quality assurance process improvement program per CMS guidelines. Concurrently, the facility has moved forward with its commitment to becoming a High Reliability Organization by focusing on safety and improving psychological safety of all employees. We know these concepts are directly related because a higher degree of psychological safety among employees improves quality and patient outcomes. We recognize the importance in engaging front-line employees in these concepts and providing an environment conducive to improving psychological safety and understanding quality. To do this, we'd like to focus on communication processes that educate and reinforce safety reporting by providing education, coaching, positive reinforcement and role modeling or demonstration.

Goals:

- Improve the psychological safety of the center's front-line nursing staff and increase the reporting of safety and potential safety concerns to at least five reports per week.
- Improve the front-line nursing staff's understanding of the center's quality metrics and how their work affects the metrics. Staff will verbalize this connection in daily huddles at least six times per week.
- Improve communication with the center's front-line nursing staff about follow-up and the outcomes of patient safety incidents such as falls, medication errors and near misses for awareness and learning opportunities. At least 75% of safety concerns and report outcomes will be communicated back to staff.

Results:

Improvements and sustainment in healthcare quality and safety require meaningful culture changes that promote psychological safety of frontline staff. Culture changes can take time and are reliant on focused efforts and persistent and consistent demonstration and role modeling of the processes, communication, and behaviors the organization desires to occur. While still ongoing, enhancements and processes were implemented at the frontline nursing huddle and the frontline leader huddle with favorable results. Outcomes we are seeing are increased and earlier awareness of safety events among leadership, more timely resolving of issues- to include basic properly functioning equipment and supply needs for patient care, increased reporting of safety concerns from staff, and an increase in good catches shared which led to other improvement opportunities. We continue to adjust and make further changes while practicing the current processes daily.



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Considerations for team members and leadership from effective and efficient staff meeting before, during and after the pandemic

Description: During the COVID-19 pandemic, we transitioned to virtual staff meetings. The perceived benefit of this was consistent message sharing, dialogue and feedback. Everyone in attendance heard the information at the same time in the same fashion. The perceived challenge of this was diminished shared dialogue and networking and technology issues.

Post-pandemic, during intentional employee rounding, some staff members shared their preferences for effective and efficient staff meetings and information sharing. This prompted further investigation and leadership response to team member preference.

Before the COVID-19 pandemic, we held in-person staff meetings four days a week at four departments with similar work. The perceived benefit of this was face-to-face networking and camaraderie. The perceived challenge of this was the risk of variations in message sharing and dialogue.

Goals: Find a diplomatic approach to conduct efficient and effective staff meetings across different yet related departments with approximately 65 staff members.

Results:

- Conducted a literature review of the benefits and challenges of in-person versus virtual staff meetings.
- Conducted an inclusive employee preference survey with both closed- and open-ended questions.
- We will reveal the preference and use this information with the literature review concepts to design our hybrid for future effective and efficient staff meetings.



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Behavioral Health Intervention Services Program

Description: Implementation of the Behavioral Health Intervention Services Program in our mental health clinic to provide additional opportunities to our pediatric patient population.

Goals: Implement a BHIS program in our mental health clinic by October 1, 2022.

Next Steps::

- Obtain DHS Chapter 24 certification
- Advertise new BHIS services
- Reach out to area schools to incorporate BHIS into the school settings
- Hire additional BHIS workers as volume grows



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Implementing a respiratory therapy program at a critical access hospital

Description: Grundy County Memorial Hospital is a critical access hospital in Grundy Center, Iowa. Respiratory therapy is not available at the facility. Lower-level respiratory interventions are managed by nursing. Higher-level respiratory interventions are not available at the facility. This has become a safety concern during the COVID-19 pandemic, especially when volumes were surging throughout the state, and we couldn't transfer critically ill patients to a higher level of care. Thus, we sought to implement a respiratory therapy program at the hospital.

Goals:

- Allow cardiopulmonary rehabilitation nurses more time to grow programs, particularly pulmonary rehabilitation, in a post-COVID-19 environment.
- Consider adding related services not offered by the hospital.
- Evaluate and grow sleep services and consider adding home sleep services.
- Evaluate the feasibility and implement more cardiopulmonary-related services.
- Implement additional respiratory support to help care for critically ill patients requiring higher levels of respiratory support than typically offered at the hospital.
- Restructure cardiopulmonary-related care and testing in a single department with common leadership.

Results:

- Presented the business case to senior leadership and received approval to move forward.
- Secured an employee lease agreement with the UnityPoint Health-Waterloo region. Respiratory therapists from UnityPoint Health-Waterloo and UnityPoint Health-Marshalltown will staff the department with leadership support from the UnityPoint Health-Waterloo Regional Director of Cardiopulmonary Services.
- Developed department budget, including capital budget, operating expenses, full-time equivalent budget and projected volumes.
- Worked with UnityPoint Health Information Technology and Informatics on the department build in the electronic medical record (Epic).
- Collaborated with Grundy County Memorial Hospital's Revenue Cycle leadership to define the chargemaster.
- Collaborated with Grundy County Memorial Hospital's Manager of Facility Operations to define space for the department. Designated an outpatient treatment room and office space for the team. Working on drawings with the architect team on future renovation needs.
- Defined the scope of the department.
- Holter monitor placement's and outpatient EKGs managed by Radiology will be transitioned to the Respiratory Therapy Department.
- Outpatient pulmonary function tests managed by Cardiac/Pulmonary Rehabilitation will be transitioned to the Respiratory Therapy Department. We will add methacholine challenge pulmonary function tests, which we previously didn't to offer.
- Continue to explore additional services to be offered such as home sleep studies and overnight oximetry.
- Program launch is set for Nov. 7. The outpatient schedule will be released one week before Oct. 31.



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Improving commitment tracking in Veterans Affairs Central Iowa Health Care System’s Mental Health Department

Description: Our tracking system for assuring reports are submitted to the courts for patients under civil commitment is not working well, putting us in the position of having to request extra time from the court and, at times, risking being held in contempt of court. Some providers in our department are excellent at getting their reports in on time and others have a great deal of difficulty with this. Patient appointments do not always coincide with when a report is due, causing the report to provide information to the court that might not be up to date.

Goal: To improve the tracking process of commitments in a standardized way such that deadlines for reports are not missed and patients are scheduled consistently with when their reports to the court are due.

Results:

- We expect that including the outpatient provider along with the inpatient provider at the time of notification of the due date for the court report along with the warm hand off they receive from the inpatient provider will improve the likelihood of the providers retaining the information.
- We expect that if we have a system in the EMR that allows for a “tickler” to remind providers of due dates for reports, they will not require multiple reminders or have to explain themselves to the courts for deficiencies.
- We are currently “testing” these theories with a small number of commitments/ providers and will generalize that process to the entire department once we have confirmed that our theories are correct.
- We hope to have the new process up and running (and ready for auditing to confirm success) before the end of the calendar year.



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Outpatient specialty telehealth services in a critical access hospital

Description: Setting up and implementing telehealth specialties.

Goals:

- Identification of Specialty service lines needed in the community
- Selection of a Telehealth Vendor.
- Successful onboarding and implementation of telehealth outpatient services at Audubon Hospital by the Fall of 2022.

Results:

- Needed Telehealth specialties identified
- Vee One was selected as the company to partner with to provide telehealth specialist services
- Implementation will be completed by October 1st and appointments are to be scheduled beginning this fall.



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Researching, selecting and implementing an electronic medical records system

Description: Our organization has been tasked with updating and transitioning to a new electronic medical records system for most of our services. With our contract of our EMR expiring in April 2024, we will use this time to properly vet various EMRs, select and present the EMR we feel is the best fit to our board of directors and transition to our new EMR.

Goals:

- Ensure a smooth and seamless transition to the new EMR.
- Present our findings and recommendation to the board of directors for approval.
- Select the EMR that best suits our organization, clinically and financially.

Results:

- Scoping – achieved a high level of stakeholder and subject matter expert engagement in the scoping and selection process.
- Selection – Were able to come to a strong consensus on the proper EMR to move forward with based on all of the data received from a very inclusive group of sources.
- Selection – Solution is fiscally favorable for years to come, while gaining functionality.
- Gained the approval, and subsequently the confidence support of the Board of Directors.
- Transition – Currently avoiding mistakes of the past by facilitating and receiving a high level of engagement from all of our various department leaders, staff and SME's.
- Transition – Two months into transition project and we are still firmly on schedule for early January 2023 implementation.

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