



REGIONAL NETWORK



**The Foundational Years
2017 - 2020**



Proof of Concept

PREFACE

This report tells the story of the Foundational Years of the U of U Health Regional Network, LLC. It has been written to document the history of the Regional Network’s purpose and formation, to report the demonstrated success of the Network in defining goals and priorities, and to highlight the achievement of measurable progress above and beyond the vision and expectations of early adopters and their collaborative efforts. The challenges, and resulting accomplishments, of building strength and creating the momentum of this Regional Network collaborative have been grand in scale.

The rewards to date have been achieved through focused coordination of management and clinical initiatives, with resultant incremental performance and quality improvements, which demonstrate that systems of varying size and scope, operating across five state boundaries in the rural and frontier expanse of the Mountain West, can come together to achieve synergies and provide mutual benefit and support. Truly Better Together.

This visionary undertaking has required diligence and grit, operating in a dynamic landscape, while providing optimal care and health outcomes - **how, where, and when people (and communities) need it.**

The future is bright for the Regional Network, building on the established strong foundation. We offer our most sincere appreciation to all who have contributed time, effort, and expertise to chart our progress and achieve the milestones shared in this report. The journey has only begun. There is much work ahead.

2017 – 2020 Implementation Team



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MANAGING BOARD
REGIONAL NETWORK



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Chairman, Managing Board of U of U Health Regional
Network

Rachel Gonzales
Chief Executive Officer, Madison Memorial Hospital
Co-Chairman, Managing Board of U of U Health
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Alan Garrett, CEO
Huerta, CEO
Carson Tahoe Health
Board Member



Jeremy Lyman, CEO
Blue Mountain Hospital
Board Member



Brad
Lost Rivers Medical Center
Board Member



Wade Johnson, CEO
St. Peter's Health
Board Member



Michael Jensen, CEO
Utah Navajo Health System
Board Member



William Wagon, CEO
St. John's Health
Board Member



Jordan Herget, CEO
Portneuf Medical Center
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I. EXECUTIVE SUMMARY

This three-year progress report of the University of Utah Health Regional Network provides an overview of the planning and organization, goals and initiatives, and accomplishments of a unique period in the history of the Network. During these transformative “Foundational Years,” the Network has moved from an informal and collaborative consortium of hospitals and health systems in the mountain west, to a formal organization, with focused governance, committed membership, and an increased scope of strategies to improve the health of rural and frontier populations and communities in one of the largest health service regions in the United States.

The formal Network organization is the result of successful collaboration among a wide variety of hospitals, health systems, and clinics—and their respective leaders and caregivers—over a period of many years. Leadership and coordination have been provided through the leadership and resources of University of Utah Health, which overall has facilitated more than 30 affiliate relationships in the service region to improve access to high quality, cost-effective care.

Regional Network “early adapters” worked together to accomplish a variety of clinical and managerial initiatives by leveraging many regional health care resources for the benefit of rural and frontier communities and underserved populations. In 2017, the need and potential for greater collaboration was recognized, and the leadership of six rural hospitals and health systems joined with University of Utah Health in bringing the formal Network into being, with defined governance, policies, and strategic goals and objectives, which are detailed hereafter. The University of Utah Health Regional Network is pleased to report that substantial progress has been made to address both strategic and tactical issues facing health care organizations and providers:

- Improving access to quality health care
- Enhancing coordination of care and related resources
- Elevating a variety of quality improvement activities
- Leveraging education and training resources
- Building and sustaining a competent health care workforce
- Strengthening Network members through collaboration
- Exploring changing payment and reimbursement plans



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This report highlights accomplishments in many strategic initiatives, as well as the realization that many challenges await in the future. The Network’s Managing Board has thoughtfully reviewed the progress of the past three years and has set priorities for the future to focus the resources of the Network members in an optimal manner.

The Regional Network is committed to continued excellence and innovation to meet the challenges of the future. The “Foundational Years” have been exciting and rewarding, demonstrating that continued collaboration is one of the critical success factors for success in the future delivery of health care for the mountain west region.

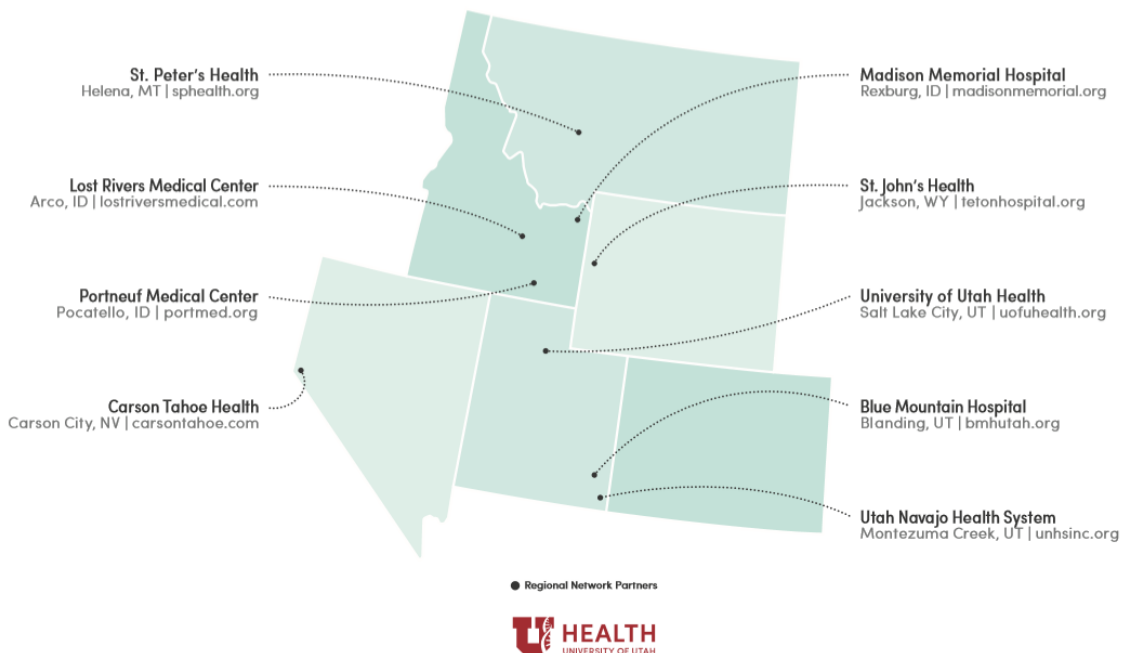
II. BACKGROUND

As a leading Academic Medical Center, the University of Utah Health system supports the delivery of health care in eight States, covering ten percent of the geographic area of the continental United States. This support is based on four mission categories of education, research, clinical care, and community engagement across the mostly rural and frontier Mountain West region. As part of clinical care, the University of Utah provides long established telemedicine services to hospitals and clinics across this vast landscape.

Since its inception in 1850, the University of Utah has been committed to developing cutting-edge research to enhance the lives of local, national, and international communities. Since the humble beginnings of the two-year medical school in 1905, many of the best minds in science have been enticed to join and grow with the University. Accomplishments include securing the first-ever NIH research grant, to presently leading more than 850 research projects annually; inventing and implanting the first artificial heart; and personalized cardiac treatments and robotic prosthetics. In recent years, significant progress in creating genetic knockout technologies to innovating precision genome engineering tools have been accomplished. From the shoulders of giants, today's researchers are launching the next generation of lasting innovations, building on the legacy.

One of those next generation launches was the formation of the University of Utah Health Regional Network, LLC (UUHRN). In addition to its over 30 general affiliate relationships with rural facilities, in 2017 The UUHRN was formally organized as a true collaborative of separately owned healthcare entities. Representing health systems of all sizes, from Critical Access to Regional and Community hospital and clinic systems, the UUHRN has significant reach and impact on clinical care throughout

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the Mountain West region. In its initial three years, the UUHRN has built a solid infrastructure and strengthened the system of cooperation, serving as a vehicle to propel the collaborative forward.

The UUHRN consists of eight individual hospitals/health-systems and clinics across five states, in partnership with University of Utah Health. The Managing Board consists of the eight member CEOs plus representation of Executive Leadership from University of Utah Health.

The current UUHRN members include: University of Utah Health (Utah), Blue Mountain Hospital (Utah), Utah Navajo Health System (Utah), St. Peter's Health System (Montana); Madison Memorial Hospital (Idaho), Lost Rivers Medical Center (Idaho), Portneuf Medical Center (Idaho); Carson Tahoe Health (Nevada), and St. John's Health (Wyoming). Six of these hospitals/health-systems have patient catchment areas that are completely HRSA (Health Resources and Services Administration) designated rural health care areas; and two have significant census tracts that are designated rural. The University of Utah Health has significant tracts of catchment areas designated as rural and frontier health care areas and serves as a tertiary and quaternary hospital referral resource for all of the UUHRN hospitals/systems.

<https://physicians.utah.edu/regional-network/index.php>

III. INTRODUCTION

The U of U Health Regional Network (Regional Network) was formally organized in November, 2017, as an operating Limited Liability Company, uniting independent hospitals/health systems in an unprecedented manner, in order to improve the effective and efficient delivery of high-quality health care services in the Mountain West region.

In 1910 William J. Mayo stated, "The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary".

Setting the Regional Network apart from other collaborative operations are a few key factors that include; (1) the member organizations vary in size and scope from an Academic Medical Institution to Critical Access Hospitals to Clinics, (2) the collaborative is based on rural geography and not a specific health care specialty or payer group, and (3) there is no primary driver to membership outside the pure desire to collaborate and improve health care delivery outcomes and efficiencies through learning and growing together as a formal consortium. For several years prior to the formation of the Regional Network, executive leaders in a number of hospital

Regional Network Early Adopters



Union of Forces - Brainstorming 2016-2017

organizations across Utah, Idaho and Wyoming would get together and explore ways they could collaborate on common themed challenges. Over time, drawing upon each other for support led to the interest in formalizing a more focused relationship with the potential for greater synergy, strength in numbers, improved health outcomes, improved communication with health plans and payers, and potential cost savings. Prior to officially organizing the Regional Network, this group framed several goals that would become the startup guiding principles. The goals were presented formally in summer of 2017.

REGIONAL NETWORK GOALS

- Elevate quality and scope of care in member communities
- Enhance and improve coordination of care
- Deliver appropriate patient care in the appropriate setting
- Strengthen the individual members and ensure independence
 - Achieve economies of scale
 - Strengthen individual network members through collaboration
- Increase/improve training and research opportunities



Regional Network Early Adopters

Delaware registered LLC legal entity formed November 2017

Regional Network Current Members

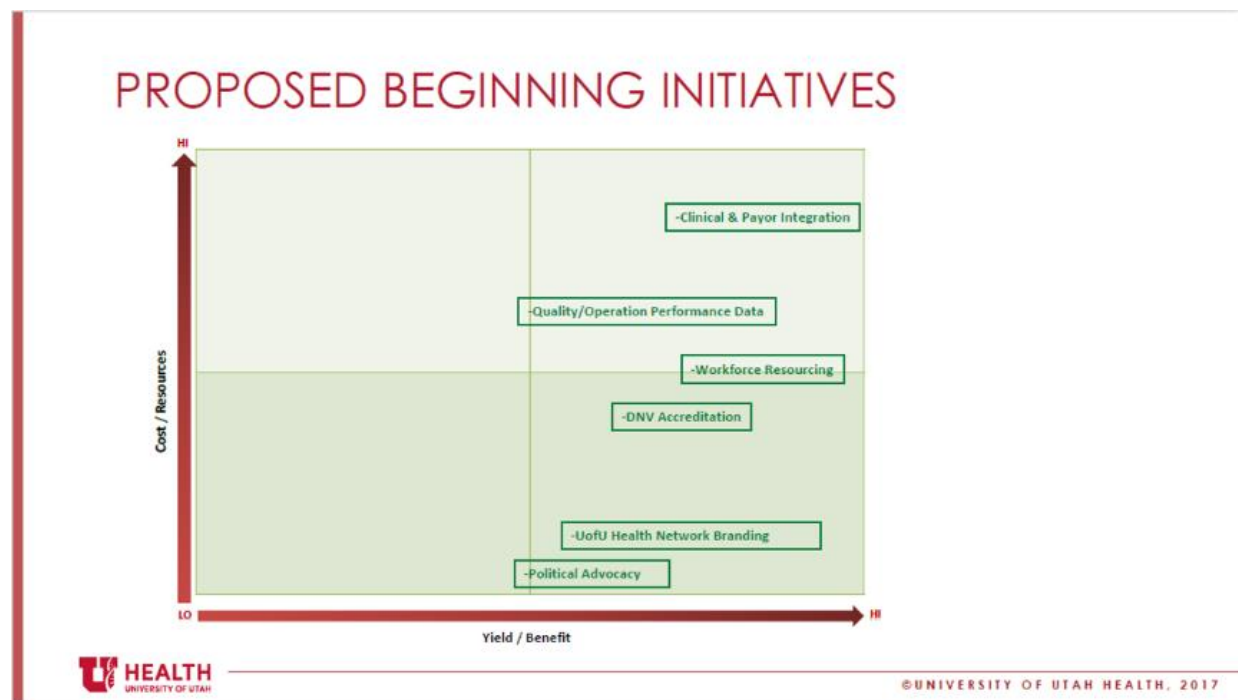
Portneuf → January 2018
St. Peter's → August 2019

By the fall of 2017 early adopters were ready to formalize their relationship. A group of seven early adopter organizations formed and funded the new entity, the U of U Health Regional Network, LLC. The Managing Board was established with the Chief Executive Officers of the six non-University members, and a member of University of Utah Health Executive Leadership. It was decided that the initial path forward would be to focus on key activities that would demonstrate greater collaboration and result in establishing operating goals. Rather than considering secondary formal arrangements, such as a CIN or ACO, or possibly both, after much research and deliberation, the clear consensus was

to move forward under the legal structure of the LLC, with supporting contracts, statements of work, and specific business operating agreements. An additional member joined in 2018, and another in 2019, bringing UUHRN to a total membership of nine hospitals/health systems.

In addition to framing early goals, a handful of key initiatives were selected as topics of high interest, priority, and potential for the initial scope of work for UUHRN. These initiatives were proposed and approved at the first meeting of the Managing Board and various work plans were formulated for the approved initiatives. This formal action set the wheels in motion for testing and proving the Regional Network collaborative concept. The guiding concept being that the Network could be Better Together.

Initiative results, as presented in this report, are mapped back to applicable desired outcome goals, and both individually and collectively demonstrate success in testing and proving the Regional Network concept.



IV. PROPOSED BEGINNING INITIATIVES

IV.1 Workforce Resourcing

Pre-adopters to formalizing the Regional Network determined that a top priority issue was workforce recruitment, stabilization, and retention. In the summer of 2017, prior to the formal organization of UUHRN, a Workforce Discovery Team was formed by the University

Of Utah Health Office Of Network Development and Telehealth, in order to prepare a proposed work plan for the UUHRN Managing Board immediately following its formation. It was understood that this proposal would be presented to the Managing Board, along with several other topics for consideration, as the new entity prioritized and approved initial projects. The Workforce Discovery Team consisted of senior leadership, including HR managers, and CNO's from each of the anticipated members of the proposed new LLC. It was understood that if approved by the Managing Board, the proposal document would define core elements for development of a formal business plan.

During its development, this initiative became known as the Workforce Program, and the title has stuck. As the Team worked on the topic over the summer and fall of 2017, it was decided that while similar issues of recruitment, stabilization, and retention applied across the spectrum to physicians, mid-level providers, technicians, and nurses, the priority and initial focus would center entirely on nursing. It was agreed that the Workforce Program, once established and viable, would be able to expand to address other identified staffing needs. This narrowed the scope of the initial work plan, based on agreement that nursing recruitment, retention, and stabilization was the highest priority to be addressed.

In the Fall 2017 first formal Managing Board meeting, the Workforce Program topic remained a top priority and the Discovery Team was tasked to make a formal presentation in January 2018. A significant amount of Workforce Program discussion continued in the subsequent April Board Meeting, with the Project Team being tasked to put together a detailed plan with greater depth of market information, successful



existing models to follow, and financial metrics for principal functions. The detailed plan was scheduled for presentation at the August 2018 Managing Board meeting. Following approval by the UUHRN Managing Board, in the Fall of 2018 the Workforce Program was implemented, including recruitment and hiring of a Workforce Product Manager with nursing background. This was an early win for the Regional Network, as one of its first initiatives was approved and launched.

In 2019-2020, Workforce Program achievements included recruitment and hiring of nurses, establishment of improved traveler relationships, creation of the internship for new graduating nurses program, creation of partnerships with the University of Utah School on Nursing, implementation of The RN-BSN program and the DNP program, evaluation of the *Thrive@theBedside* retention program was conducted, a nurse hiring



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referral program was established, a staffing repository website was developed, and a partnership with Medical Solutions was solidified.

Staffing Repository:

<https://affiliate.uhcapps.med.utah.edu/regional/wfm/Pages/RegionalNetworkJobs.aspx>

Nurse Internship Program Application:

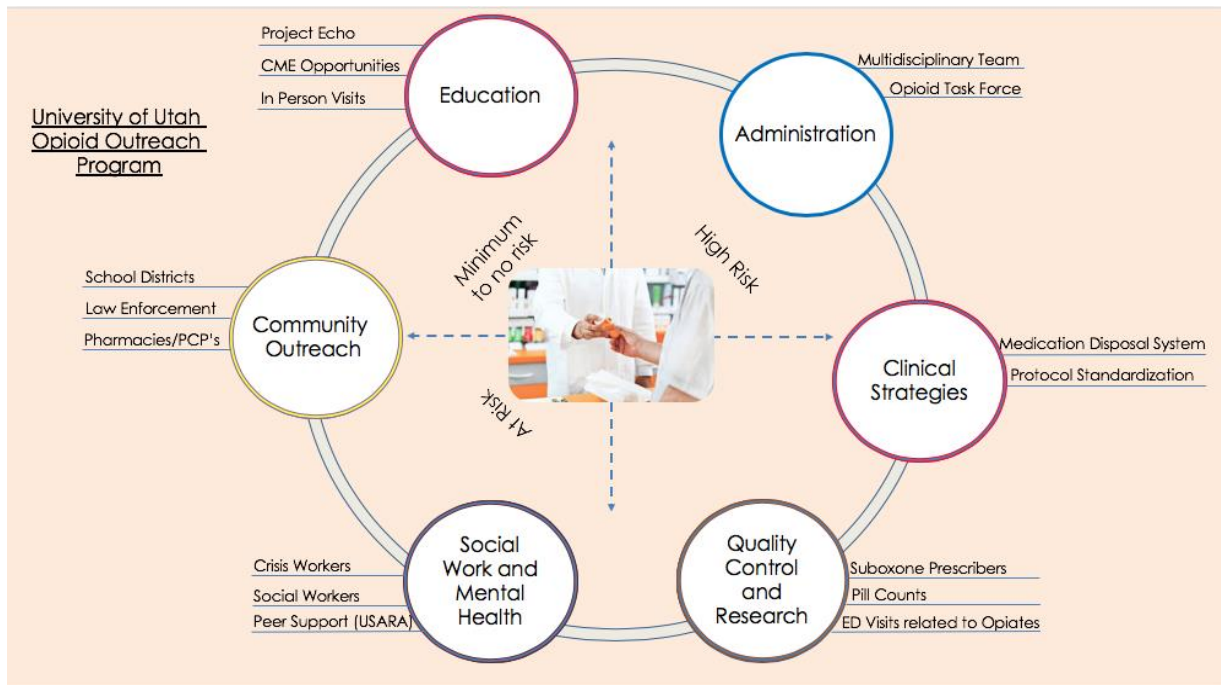
<https://app.smartsheet.com/b/form/1c1716af310e4e2cb51fdf278b9ae176>

IV.2 Clinical and Payer Integration

As the approved Workforce Program was progressing in accordance with its business plan in the spring of 2018, the UUHRN Managing Board members, representing their respective hospitals/health systems, were polled to determine their top interests and priorities regarding potential clinical initiatives. The results were summarized in the following bullets.

- Identify disease states that the Regional Network could demonstrate care pathways and affect clinical care. Movement towards improving care pathways and towards population health.
- First pick for pilot project important but first topic itself less important than actual activity of the Network members engaging and trying.
- Two sides of integration - administration and care delivery. General interest in both areas.
- End of day patient care is priority and focus but learning how to share data across disparate EMR systems must be equally important. Assure at the end of the day all members are measuring the same thing the same.
- Economies of scale with reporting and protocol types of administration functions as well as standardizing care best practices.
- Enhanced payer relationships.
- Unified movement towards ACO type of future climate changes in the delivery approach.
- Everyone benefits in a very large-scale system with all the autonomy of a small-scale system.

By the summer of 2018, it was determined by the Managing Board, after review of available information, and much deliberation, to pursue a pilot clinical initiative focusing on the topic of the national crisis surrounding Opioid Use Disorder. The first goal of the pilot initiative was to prove that members could rally around such a topic and develop a pattern that could be replicated with other future initiatives. From this bold decision was born what is now known as Opioid 360 in the Mountain West: an integrated prevention, treatment, and recovery program (known as "Opioid 360").



By the fall of 2018, Task Force Champions were identified at each member hospital/health-system and each member was initiating or strengthening a Task Force Team.

In 2019-2020 Opioid Task Force Teams met regularly. State regulatory prescribing requirements were compiled; a first and second annual Task Force Champions conference was held in October each year; all locations completed or made progress to complete the EMR One-Click initiative; University of Utah implemented a test disposal bag initiative; data collection options were explored; Regional Network grant applications were completed; community outreach efforts were completed by Task Force Teams; and member Hospitals/Health-Systems implemented opioid awareness campaigns. In addition to Opioid 360 implementation, Value Based Purchasing interest and activity was also explored, and a possible CMS payment model pursuing migration to a capitation approach was evaluated.



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IV.3 DNV Accreditation

From the early start, one of the initiatives of highest interest was to migrate from existing accreditation programs (primarily JCAHO/Joint Commission on Accreditation of Health Care Organizations) to the DNV Accreditation system. In 2008, Det Norske Veritas Healthcare, Inc. (DNV Healthcare) was approved by the Centers for Medicare and Medicaid Services (CMS) to award “deemed status” to acute care and critical access hospitals found to be in compliance with the Conditions of Participation (CoPs) for hospitals.

Believing that the current accreditation programs in the United States had little positive impact on business practices responsible for improving quality and controlling costs, DNV GL's NIAHO® standards are directly related to the CMS CoPs and apply to hospitals of all kinds and capacities.

To focus efforts on the fundamental aspects of the Conditions of Participation, the DNV standards are less prescriptive than JCAHO'S, and the survey process supports CMS' quality initiatives with focus on continual improvement prioritized by the organization, allowing organizational innovation to determine the most effective means for compliance using best practices.

DNV Promoted Benefits


DNV GL's approach to accreditation is designed to allow organizations to be innovative, as the standards are less prescriptive and best practice is encouraged. Through testimonials on the DNV GL website, some organizations appear to be seeing a transformational change to their quality management system as well as improved communication between leaders, staff, and physicians. Hospitals report that the most helpful ISO standards concern internal auditing, making the quality oversight committee central to hospital functioning, analysis (not just collection) of data, and required contract review. Because hospitals are given leeway to achieve compliance over time, they can avoid the rush to make corrections that are not sustainable.

Early Adopters of the Regional Network saw the DNV migration as a long term strategic objective that would achieve desired benefits, congruent with Regional Network goals.

Madison Memorial Hospital	DNV since 2009
University of Utah Health	DNV since 2013
St. John's Health	Migrated to DNV 2017
St. Peter's Health	Migrated to DNV 2018
Lost Rivers Medical Center	Migrated to DNV 2019
Portneuf Health Partners	Migrated to DNV 2020
Blue Mountain Hospital	Migration to DNV Anticipated 2021
Carson Tahoe Health	CIHQ
Utah Navajo Health System	Joint Commission

Carson Tahoe Medical Center has opted to continue with CIHQ accreditation, based on specific advantages, but is fully committed to participate in the ISO 9001 Standards, supporting the Regional Network's goal of common language, common framework and common culture as it applies to Regional Network programs and projects.

In 2019, a strategic opportunity was proposed to DNV North American leadership to place stand-alone clinic accreditation on their strategic roadmap using UNHS as a pilot model. The Regional Network felt this was a strategic proposition due to the operational maturity and advanced data structure of UNHS when coupled with the DNV mission and objectives in healthcare accreditation plus the opportunity to do so with a Federally Qualified Health Center. Throughout 2019, UNHS leadership conferred with DNV leadership in an effort to consider a possible test case for clinic accreditation. After several months of due diligence, it was mutually agreed not to pursue a beta test, after DNV determined that a clinics-only accreditation program was not available in the immediate future. The hospitals/health-systems with owned/managed clinics determined that the DNV accreditation program can be extended to their clinics, but a free-standing clinic does not have the DNV option at this time. UNHS chose to continue with Joint Commission (JCAHO) Accreditation, while fully participating in the ISO 9001 Standards, congruent with Regional Network's goal of common language and culture.



St. John's Health is pleased to announce it has received ISO-9001 certification, recognized as the most widely accepted system for quality management worldwide. The accomplishment of ISO-9001 certification marks the culmination of a multi-year goal of CEO Paul Beaupre, MD. "When Paul came on board four years ago, he challenged us to commit to a long-term roadmap for maintaining a high level of performance," said communications officer Karen Connelly. "As Paul moves on to his next adventures upon his retirement, his leadership around this achievement will be a legacy that benefits St. John's and our community well into the future."

ISO 9001 certification is the gold standard for quality and safety in multiple industries and is a foundation for quality and patient safety programs among US healthcare providers.

"By earning this certification, we have developed a culture of quality and safety that sets us apart from other healthcare systems," said St. John's Health CEO Paul Beaupré, MD. "We now have a roadmap that will allow us to remain a high performing healthcare system into the future."

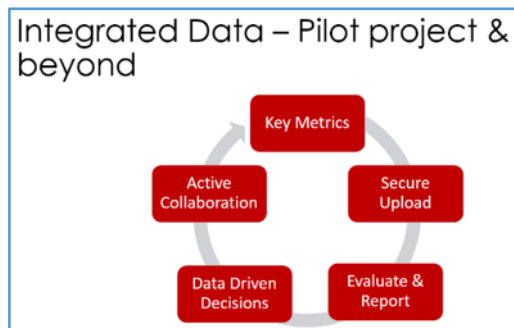
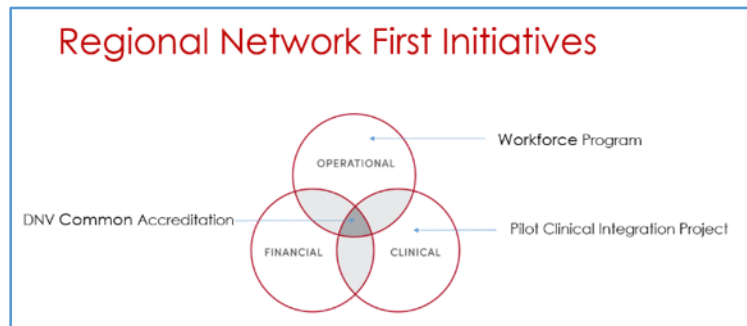
Hospitals must become ISO 9001 compliant within the first three years in the DNV program, and those that wish to go the extra mile become ISO 9001 certified. Currently, about 180 hospitals are now formally ISO 9001 Certified. ISO 9001 organizations have existed in fields such as engineering and logistics since the 1980's and have recently been gaining traction in healthcare. The Regional Network has adopted the ISO 9001 Standards as its framework of common culture and common language with the goal of achieving ISO 9001 status.

In 2019-2020, DNV migration was completed for six of the seven hospitals which chose to pursue DNV accreditation, with the seventh member targeted to complete the transition in the near future. Substantial ISO 9001 training has been completed, including two separate in-person Regional Network workshops presented by DNV. The Regional Network received national recognition from DNV, with special interest from DNV's North American senior leadership in following the case model of the Regional Network's implementation of DNV as a platform. Mock surveys were completed, with members conducting surveys at other member's sites (generating quantitative cost savings and qualitative collaboration). Lessons learned and resources were shared across the network, with ISO 9001 becoming the baseline standard.



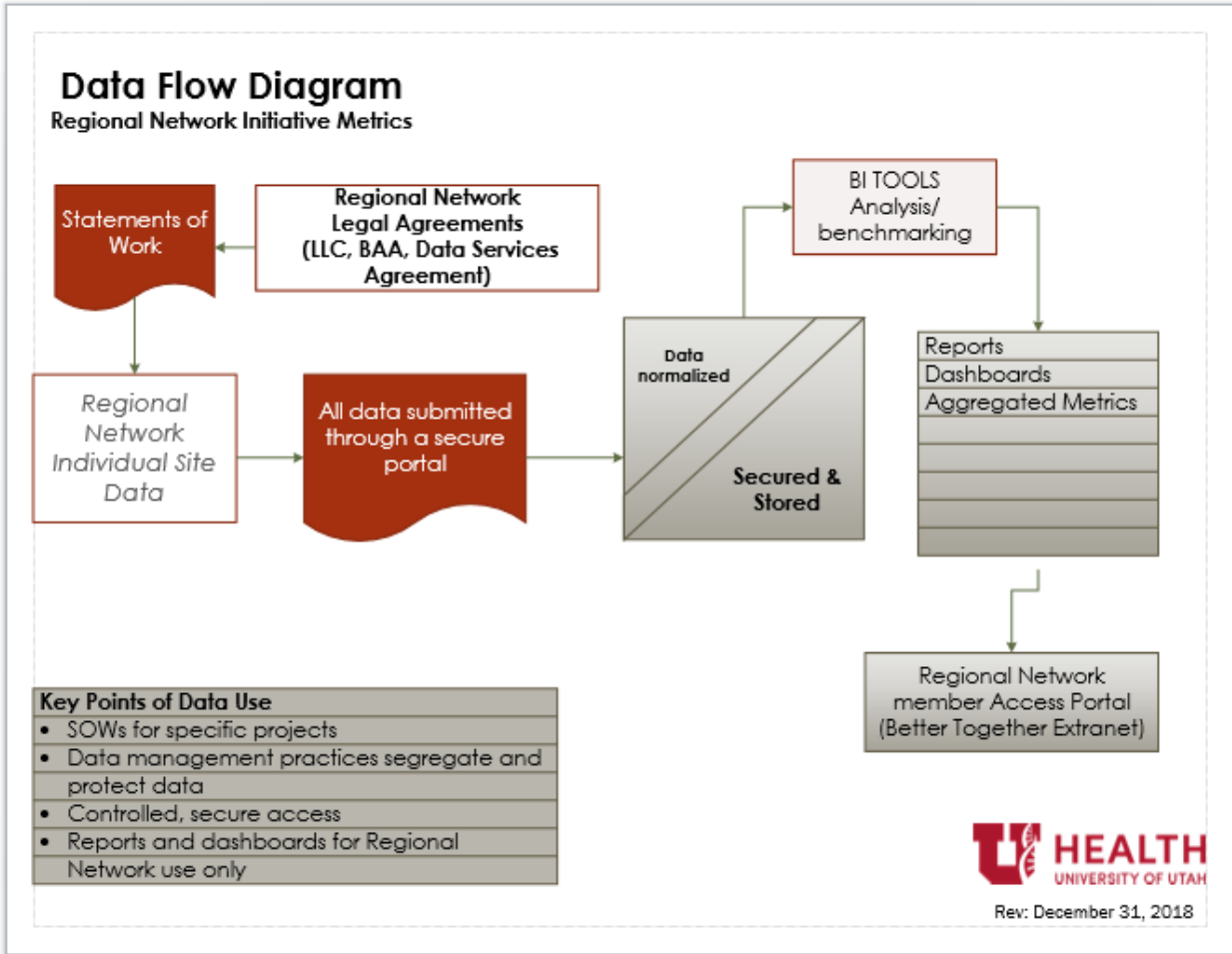
V.4 Quality/Performance Operation Data

As other early initiatives began gaining momentum, it became clear to the Network's leadership that Quality/Performance Operation Data was not only a specific stand-alone goal, but that all initiatives should be quality initiatives. It was determined future endeavors would all be deemed quality driven or partnered, in one or more of three categories of Financial, Operational, or Clinical. Each of the early initiative efforts fit this mold as well.



In 2017-2019, substantial effort was put forward to examine different data sources and collection sets, as well as methods for sharing and comparing, as offered by possible IT vendors. The Regional Network's goal of data-driven decision making was affirmed, reinforcing the need to demonstrate healthcare outcomes and improvement trends, with a robust benchmarking capability. Collecting quality metrics together and sharing with the purpose of exposing opportunities and identify strengths of individual members would allow strategic collaborative decision-making.

This effort included evaluating the possibility of a "home-grown" data tool or contracting with a performance data vendor(s). The purpose of evaluating data was to drive strategic decisions in demonstrating collaborative outcomes within the Regional Network. Benchmarking capability within the collaborative was also a priority. The evaluation of data collection and benchmarking metrics started with a data-flow diagram proposal:



Considerable due diligence was conducted with Vizient, given the already long-established and positive relationship with University of Utah Health. Review criteria included cost-feasibility for community and rural hospitals/health systems, as well as working experience outside of large Academic Medical Centers. At the time, Vizient was in its beginning efforts to branch out into systems outside of Academia, including community size operations. It was determined at the time that it was not feasible for the newly organized Regional Network hospitals/health systems to take on the added expense of the Vizient proposal, and a later time when Vizient developed more community size operational experience, and the Network would be more mature, might be more feasible and appropriate.

Other vendors, similar to Vizient, were cost-prohibitive and/or not flexible enough for the startup status of the Regional Network. Other vendors were considered but were not large enough to meet projected needs.

DATA AND METRIC BENCHMARKING SOLUTIONS

- Conducted discovery discussions with several third-party healthcare informatics solution vendors
- Concluded and recommend data be managed internally for phase 1

 **CitiusTech**

KaufmanHall

vizient.

cortex



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As reported in the Regional Network Board Meeting in February of 2019, no proposed vendors met our limited budget requirements, nor did any have experience in data collection and aggregation with a collaborative like the Regional Network LLC. Ultimately, a third-party option was not found that would meet the needs of the Network, which led to considering the feasibility of building an in-house data collection, storage, and evaluation model within the University of Utah infrastructure.

The data-flow diagram was then proposed through the IT and Datawarehouse at University of Utah. While they were supportive of our innovative efforts, they simply did not have the resources and capacity to take on the pioneering efforts of data and metric benchmarking within the Regional Network. With the support of our Decision Support team, an entry-level, simple spreadsheet solution was created. For the calendar year of 2019, seventeen quality metrics were collected from all members. This proved the

Value Management System - Regional Network VMS Taskforce




- Common Accreditation = framework (ISO9001)
- Value Management (VMS) = achieving best outcomes for patients by increasing performance and lowering cost
- Metrics/Data = measuring quality and impact of Regional Network initiatives

concept that: 1. Members were willing to share their quality data; 2. The University was prepared to securely receive the data and; 3. With some additional definitions and criteria specificity, that indeed data comparisons and benchmarking together is an operational possibility.

Data collection was a focus of the Opioid Initiative, exploring the collection and reporting of data from different EMR's, with the objective of uniform reporting. A specific set of data relative to the opioid disposal bag project led to questions and solutions regarding how to work with PHI, authorized access to data, and desired reports and report formats. In the end, the data effort portion of the disposal bags was suspended for further review how to accomplish.

Many alternative data systems were evaluated, with consideration for cloud solutions and programs for transferring and sorting of data. Other criteria, such as licensing, were also reviewed. After significant effort and foundational work, it was determined to revisit data system needs and consider possible third-party solutions as the Regional Network reaches a more mature state. Quality/Performance Operational Data continues to be a top initiative priority and will be a critical success factor for the Regional Network's next level of success.

In 2019-2020 data sets were defined for beta testing, regulatory compliant methods were identified for transfer and storage of data (including PHI), testing of transfer and storage was completed, reporting methods were explored, and data agreements were maintained. Additionally, Quality Executive Teams were fully integrated into Managing Board meetings, and Quality Teams were also fully integrated into the Opioid Clinical Pilot Initiative and the Workforce Program.  **Proof of Concept**

IV.5 UofU Health Network Branding

At the first few meetings of the Managing Board, the concept of U of U Health Regional Network branding was discussed as a topic of high interest. Questions such as how the Regional Network itself would be branded, as well as cooperative use of the individual logos of each member were part of the conversation, and co-branding with the University of Utah was also discussed. It was determined in 2018 that the topic was not actually an initial initiative requiring action, but rather it was an important element of the Regional Network that would, at the appropriate time and maturity, require formal resolution. It was agreed to keep branding as a key focus, with the goal to eventually address and formally adopt. University of Utah Health Branding and U of U Health Regional Network Branding continue to be a high priority. As the Network matures beyond the foundational stage, branding will receive further review and action.





In 2019-2020, the Regional Network “watermark” was adopted and approved by the University of Utah for Regional Network related documentation and correspondence. The University of Utah Health Logo was also approved for use with the Regional Network Watermark for correspondence and documentation.

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IV.6 Political Advocacy

Advising, advocacy, lobbying and activism



Similar to branding, at the first few meetings of the Managing Board, Political Advocacy was discussed as a topic of high interest. While not an initial initiative, the importance of political advocacy was acknowledged, with the potential for the Network members to have a stronger voice. Political Advocacy will be further addressed as a high priority topic of interest and future action as the Network matures.

In 2019-2020, discussions were held within the Opioid Task Force Teams regarding potential influence the Regional Network could exercise with State Regulatory Bodies and with Best Practice Prescribing Policies. Discussions were also framed during development of the CMS CHART Model conversation, and the HRSA Opioid Grant Application, regarding the potential advantages and opportunities to implement some type of Capitated Pay Model and the HRSA Core Activities throughout the Regional Network.

Such projects, implemented across state boundaries in multiple hospitals/health-systems, could inform faster and more efficient implementation of known best practices to rural locations, facilitating lessons learned and dissemination of information to external oversight and support agencies, as well as other healthcare delivery education forums. A fully mature Regional Network of the future has significant potential to influence political and regulatory discussions.



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V. REGIONAL NETWORK GOALS

Within each of the proposed Initial Initiatives (as described above in Section IV), several tasks have been undertaken, with notable impact. The strategy (as described above in Section III) of the foundational building phase of the Regional Network has been to weave the operational fabric of the Network by working on specific tasks together. Many tasks have been completed, marking demonstrable progress for each of the Regional Network goals (introduced on Page 4).

As the Network matures from this foundational stage, the framework of the goals and progress made in each initiative can be used to develop a more structured and targeted strategic roadmap moving forward, reflecting a concrete and dynamic vision and mission.

Initiative results, as presented in this report, are mapped back to applicable desired outcome goals, and both individually and collectively demonstrate success in testing and proving the Regional Network concept. *



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* Some of the initiative tasks reported below map to more than one outcome goal; for simplicity, each task has been assigned to a single goal, even though many apply to multiple goals. Further, in Section VI each initiative task is reported in greater detail.

V.1 Elevate quality and scope of care in member communities

- **RN to BSN Program** [*Workforce Resourcing Initiative*]: The Regional Network aims to improve patient care in our region, by expanding nursing education. We are focusing on elevating our nurses by helping our Network RNs obtain their online BSN degree through the University of Utah at a reduced rate. We offer one-on-one appointments to enroll, with a simplified application process. Research results also show raising nursing education raises operational and care outcomes.
- **Partnership with College of Nursing** [*Workforce Resourcing Initiative*]: A direct success of the Network collaborating with the College of Nursing has been the creation of an educational hub concept at Utah Navajo Health System's site to assist their clinical team and community, with support for U of U DNP students in the area. This program will be able to grow from the beta UNHS site as the program gets more established.
- **Opioid Disposal Bags** [*Clinical and Payer Integration Initiative*]: An opportunity to improve patient safety by decreasing misuse of opioid medications was presented to the Regional Network Managing Board by physicians from the University of Utah Department Of Surgery. Small-scale clinical pilot projects were planned, but full-scale implementation was suspended due to the COVID-19 pandemic and related priorities. The Network plans to still move forward with this project, with opioid disposal bags as important tool of the Opioid 360 program. In its 2020 pilot, the University of Utah has distributed over 10,000 bags with prescriptions. Preliminary data is showing positive impact in reduction of leftover medications available for diversion or other inappropriate use.
- **Integrated Data** [*Quality/Operations of Data Initiative*]: An early and on-going priority of the Network is to collect and evaluate quality data, in order to identify strategic improvement projects, foster collaboration, and provide benchmarking opportunities. 17 key metrics were considered, and using these metrics the Network members tested and evaluated data collection and sharing. The commitment to data-driven patient care and decision making has been affirmed and will be a continuing hallmark of the Network's culture of value.

V.2 Enhance and improve coordination of care

- **Opioid One-Click** [*Clinical and Payer Integration Initiative*]: The “Opioid 360 Program” implementation group identified the need for a more efficient method of accessing state-controlled substance data bases, in order to assure regulatory compliance and optimal prescribing practices. With differing EMR systems, it was agreed that IT vendors would be researched for a “one-click” access to the needed external data bases from the EMR. UNHS conducted a successful pilot project, developing relevant metrics and achieving improved compliance, while reducing time for clinicians to complete required tasks. Two additional member hospitals have also implemented the “one-click” functionality and have seen similar improvement results.
- **Opioid State Prescribing Requirements** [*Clinical and Payer Integration Initiative*]: A request by the Managing Board led to a review of state-level regulatory requirements, development of a comparative table, and the potential for common prescribing practices. The Network members continue to collaborate with the University’s Department of Surgery, focusing on narcotic prescribing practices and potential opportunities for improving patient safety in member hospitals/health systems. A beta prescribing protocol has been underway in small scale, in the University of Utah during 2020, and will be looked at for possible Network integration in 2021.

V.3 Deliver appropriate care in the appropriate setting

- **Medical Solutions Company** [*Workforce Resourcing*]: As part of initial instructions to the Workforce team to support stabilizing the nursing workforce, a critical topic of concern was how to obtain consistent high quality traveling nurse staffing at an affordable cost. The Workforce team evaluated all staffing vendors that members had utilized, or were utilizing, as part of a substantial due diligence review for options. At the completion of a nearly yearlong process, Medical Solutions was selected as a partner organization, based on its performance, size, capability, and a senior leadership that was interested in, and understood the vision of the Regional Network. Medical Solutions has proven to be a valuable partner to the Network who aims to help grow and foster innovation for the Network. Medical Solutions is essential in providing support for the Nurse Internship Program, national marketing campaigns for our open featured positions, recruiting full time staff, providing high quality travel nurses.
- **Nurse Referral Program** [*Workforce Resourcing Initiative*]: To focus on building our workforce, the Regional Network aims to recruit and retain as many nurses as possible through the Regional Network referral program. Any staff member who refers a nurse to the Network gets free swag! If the referred nurse continues to be employed after 6 months, that referring staff member receives a \$500 recruitment bonus! The referring staff member must notify the Workforce Product Manager at the beginning of the hiring process, for that employee to be eligible for the swag and bonus. Six staff members at Madison Memorial have made nurse referrals augmenting the overall recruiting efforts.

- **Nurse Staffing Repository** [*Workforce Resourcing Initiative*]: Nurses interested in employment at one of the Regional Network member organizations can access and view many of the featured open job postings on one webpage. The *Regional Network Staffing Repository Website* was created so outside nurses can obtain job opportunity information for all Network member hospitals/health systems on one website, without having to search multiple websites. It has been used as a public media tool to both work to fill positions, as well as to provide more awareness around the Regional Network and its purpose.

V.4 Strengthen the individual members and ensure independence

- **UNHS DNV Study/Proposal** [*DNV Accreditation Initiative*]: An early focus of the Regional Network was the potential for all member hospitals/health systems to utilize and share the same accreditation program. A shared accreditation program would foster a common culture, language, and framework for quality improvement and achievement of industry standards. A consensus was achieved to implement the DNV accreditation wherever possible, and to adopt the ISO 9001 Standards in all facilities, to strengthen collaboration and identify best clinical and managerial practices. Part of the Accreditation Initiative included nearly a year of due diligence and exploration between the senior leadership of DNV North America and UNHS to see if a stand-alone program could be developed for a clinic/FQHC not directly tied to a hospital system. In the end DNV concluded it was not a product they were ready to develop, and UNHS was not able to migrate over. UNHS has however, been able to participate with the fundamentals of ISO 9001.
- **Nurse Sourcing** [*Workforce Resourcing Initiative*]: As a Network, we have many workforce needs, especially nursing. Many of our featured positions are hard to recruit for various reasons. Network members have come together to identify and recruit qualified nursing candidates across our five states and all member organizations.
- **Transitions to DNV Accreditation** [*DNV Accreditation Initiative*]: The Regional Network committed to DNV as the preferred accreditation program, beginning in 2017. Three network members were existing clients of DNV, and four others migrated to DNV accreditation by the end of 2020. Two other members made the decision to continue with their established accreditation programs, each for facility-specific reasons. Implementation of DNV accreditation, combined with adoption of ISO 9001 Standards for all members, has been highly successful. UUHRN's collaborative culture has been enhanced, increasing synergy and economy of effort in meeting emerging CMS requirements, while sharpening the focus on delivery of quality care.

V.4.a Achieve economies of scale

- **Value Based Care** [*Clinical and Payer Integration Initiative*]: An emerging CMS model (CHART) for capitated payment designed to meet unique needs of rural providers and

communities was thoroughly explored by the Network leadership in 2019-2020. Additionally, the shared experiences of U of U Health and Network members involving existing value care programs, and exploratory programs in general, provided further exposure for evaluation of opportunities. The Regional Network benefited from this extensive evaluation and identified critical success factors for future endeavors in Value Based Purchasing/Care and Population Health.

- **Medical Analytics and Benchmarking** [*Quality/Operations of Data Initiative*]: The early Network goal of data collection, evaluation, and sharing has received a considerable amount of time and effort during these foundational years. Internal and external information needs have been identified, including legal and regulatory requirements. Medical analytics services and vendors were reviewed, while continuing to leverage the resources and expertise of the Network member hospitals/health systems. After ruling out the option of an internal University of Utah solution build, selection and engagement of a medical analytics provider is a goal for 2021, building on the current metrics and benchmarking developed experience.

V.4.b Strengthen individual network members through collaboration

- **Value Management List Serve** [*Quality/Operations of Data Initiative & DNV Accreditation Initiative*]: One of the first successful collaborative efforts was to establish a List Serve for Network members. A variety of policies, procedures, guidelines, tools, templates, and other resources have been shared. The information sharing has been invaluable, fostering the desired culture of innovation and support. It has become common practice for Network Quality and Accreditation team members to reach out to one another via the List Serve looking for help from their peers with specific questions.

- **Nurse Internship Program** [*Workforce Resourcing Initiative*]: This program was built through a strong collaboration of the Network and Medical Solutions, providing an innovative 6-month rotating internship in a variety of member facilities. The Program is a “win-win” for the nursing intern and member hospitals/health-systems in need of quality nurse staffing. Nurses that enter this competitive program as newly or recently graduated RN's receive excellent training and the hospital/health-system cost is comparable to the estimated \$37-\$58k onboarding cost of replacing a single nurse. In exchange for the program, the new hire also signs a two-year contract.

- **Individual Support Requests** [*Clinical and Payer Integration Initiative*]: The Regional Network, with its commitment to collaboration and mutual support, fosters an ideal environment for individual support requests among its members. The foundational years have seen a wide variety of such support requests, including clinical care protocols, internal auditing standards, peer review, and leadership development. Network staff have facilitated communication and tracked responses to requests, addressing needs and identifying resources.

- **V.5 Increase/improve training and research opportunities**

- **Grants and Clinical Trials** [*Clinical and Payer Integration Initiative*]: The Regional Network has partnered with University of Utah Medical School researchers on a variety of grant proposals, including opioid addiction treatment and recovery, CMS alternative payment models, and telemedicine patient outcomes. The Network member hospitals/health systems provide a rich and diverse rural setting for innovation in patient care delivery, and the resources of University of Utah Health will continue to support opportunities for productive research and improvements in health outcomes.
- **Mock Survey Program** [*DNV Accreditation Initiative*]: Leveraging the Network's commitment to a common accreditation program, the Network's leadership identified the opportunity to implement a "mock-survey" program, utilizing the staffs of other member facilities to conduct a simulated survey experience. This program avoids the high costs of external survey services, while maximizing the learning and collaboration of all Network members. Initial experience with the "mock-survey" approach in 2020 has been positive, exceeding expectations, and preparing the facilities for actual accreditation surveys.
- **Value Management Conferences** [*Quality/Operations of Data Initiative & DNV Accreditation Initiative*]: Collaboration and achievement of plans and goals is only achieved through communication and understanding. Conferences of the Network members, and their key players, are essential to accomplishing desired results. In-person annual conferences focused on accreditation and quality improvement, implementation of ISO 9001 Standards, and integration of quality and value initiatives. The 2020 conference agenda was modified for virtual presentation of topics relevant to the COVID-19 pandemic and its impact on health care delivery. Conference survey feedback has been very positive towards the learning experience and use of time at very reasonable cost.
- **Value Management Taskforce** [*Quality/Operations of Data Initiative & DNV Accreditation Initiative*]: The first Task Force formed after formal Network organization in 2017 was the Value Management Taskforce. Key value leaders from each member hospital/health system came together to develop a Vision and Mission to guide the Task Force forward. The Value Management Taskforce (VMT) is engaged in every step, and involved in all initiatives, to assure achievement of desired results. The VMT provided guidance for all of the Conferences previously mentioned. The VMT has also been very instrumental in the success of the transitions to DNV.

VI. TASK ACCOMPLISHMENTS ONE PAGE SUMMARIES

- RN to BSN Program
- Partnership with College of Nursing
- Opioid Disposal Bags
- Integrated Data
- Opioid One-Click
- Opioid State Prescribing Requirements
- Medical Solutions
- Nurse Referral Program
- Nurse Staffing Repository
- UNHS DNV Study/Proposal
- Nurse Sourcing
- Transitions to DNV Accreditation
- Value Based Care
- Medical Analytics and Benchmarking
- Value Management List Serve
- Nurse Internship Program
- Individual Support Requests
- Grants and Clinical Trials
- Mock Survey Program
- Value Management Conferences
- Value Management Taskforce

REGIONAL NETWORK Leads Out:

RN to BSN PROGRAM

RN to BSN Summary

The University of Utah's College of Nursing strives to improve patient care by educating nurses across the Mountain West to the baccalaureate level.

Regional Network members have access to 1:1 meetings with the University of Utah's College of Nursing (CON) for aid in the application process. The CON staff members review transcripts, identify classes that might be needed before applying, and assist in applying to the RN to BSN program.

- U of U College of Nursing selected as one of seven programs to offer capped tuition for online degree completion beginning Fall 2020
- Flat fee of \$260/credit hour (\$7,800)
- No additional costs for out-of-state students
- Online format ideal for working nurses
- Program can be completed in 2, 3, or 4 semesters
- Admission cycles Summer, Fall, and Spring semesters
- Learn from expert nursing faculty

Results and Impact

- Since 2019
 - 27 Nurses have inquired
 - 11 Nurses still working on their pre-application requirements

2 Nurses have already applied to the Fall 2021 program!

Story

-Blue Mountain Hospital RN

I feel truly blessed for the opportunity. This will be a life changer for my kids and I. I love being a registered Nurse so much, but I'm so excited to further my career and make hopefully an even greater difference in my community. Its exciting! I never thought I could have an opportunity like this!
❤️ Have a blessed weekend!

Goal V.1 Elevate quality and scope of care in member communities



REGIONAL NETWORK Leads Out: PARTNERSHIP WITH COLLEGE OF NURSING

Summary

A direct result from the Regional Network collaboration with the College of Nursing has been the creation of an educational hub concept at Utah Navajo Health System's site to assist their clinical team and community, and to provide support for U of U DNP students in the area. The education hub is in the early planning phases with goals of helping UNHS staff, community healthcare providers, and local students become better trained and educated.

Other areas of partnership have included the RN to BSN program, grant opportunities for supporting rural education and training, rural health studies, and support taking education and training best practices from the Academic Environment to the Rural Healthcare Environment.

The partnership is growing, strengthening, and also expanding to combined efforts with adding in College of Medicine resources and opportunities.

Results and Impact

The education hub in Southern Utah will prevent clinical staff from having to travel long distances for education and training. The goal is to be able to keep staff local and still access excellent learning and training opportunities.

Story

Fall 2021, the U of U College of Nursing and the Regional Network U of U staff are planning to travel to UNHS and host an introductory event! The CON will be demonstrating new and innovative technology to the community and UNHS staff, and fostering creative thinking of the future of education in South Eastern Utah.

Goal V.1 Elevate quality and scope of care in member communities



REGIONAL NETWORK Leads Out: OPIOID DISPOSAL BAGS

Summary

In the summer of 2018, Dr. Lyen Huang was invited to meet with the UUHRN Managing Board to present his pilot work in using disposal bags, post-surgery, for excess opioid dosage disposal. These simple, inexpensive bags deactivate drugs and make it easier for patients to dispose of highly addictive medication. This initiative was identified as the first clinical pilot effort under the overall topic of the opioid crisis, for the Network to engage collaboratively. During 2018-2019, efforts were made by member organizations to implement the program, including education, development of data collection processes, and attempts to implement small scale pilot operations. With the onset of the Covid-19 pandemic, the project was suspended in the Regional Network, but piloted on a large scale at the University of Utah. 2021 goals include resuming the project in the Regional Network, applying lessons learned by the University. Disposal bags will continue to be a tool of Opioid 360.

Story

In 2018, Dr. Huang and Sean Stokes, M.D., currently a chief resident in general surgery, conducted a pilot drug disposal project at University of Utah Health. It demonstrated that providing patients with the bags made a significant difference.

Here's how it works: when patients fill an opioid or benzodiazepine prescription at any of the 17 University of Utah Health pharmacies, they also receive a disposal bag. More than 10,000 patients have received the bags since the program began in August 2020.

Without the bag, about 35 percent of patients said they were disposing of unused opioids after surgery. After the hospital distributed the bags, that number improved to 55 percent.

"We were happy," Dr. Huang said. "That difference is higher than any other intervention we were seeing in the research literature."

Studies show that about two-thirds of patients typically report having unused opioids after surgery. A portion of those patients — about one-third — say they share the leftover medication with family or friends. About 9 percent of patients in other studies report properly disposing of unused opioids after surgery.

Drop boxes at pharmacies and "take back" events for drug disposal — while useful — have not eliminated the problem. Not everyone is getting rid of their extra drugs, even when they know they should.

"We want that number to be 100 percent," Dr. Huang said.

REGIONAL NETWORK Leads Out:

INTEGRATED DATA

Summary

An early objective of the Regional Network was to gather quality data in order to identify strategic quality improvement projects for collaboration. Additionally, the mutual collection of data would open opportunities for benchmarking and shared rankings.

17 key metrics were identified by the quality department at University of Utah Health. Each metric was defined for both acute care hospitals and critical access hospitals in order to assure the Regional Network was utilizing a uniform set of metrics.

Once collected, evaluation of the data could be completed, and new conclusions drawn to develop strategy for years to come.

Results and Impact

Using basic tools and resources, we achieved 100% participation across the network in sharing 17 quality metrics. Every organization submitted results for calendar year 2019, proving the concept of data collection and aggregation within the Regional Network.

Story

Connecting data with purpose is at the heart of the Regional Network. The entire focus of the Value Management Taskforce is for patients throughout the region to benefit from high-quality healthcare.

Early efforts at proof-of-concept have laid the foundation for data-driven decisions for future programs. Further, we have exposed many more opportunities for collaboration. This effort has accelerated knowledge-share within the Value Management Taskforce and has continued to strengthen the culture of value through data sharing.

Goal V.1 Elevate quality and scope of care in member communities
Goal V.2 Enhance and improve coordination of care
Goal V.4 Strengthen the individual members and ensure independence



REGIONAL NETWORK Leads Out: OPIOID ONE-CLICK

Problem Statement: Under certain conditions, a provider is required to check their state narcotics controlled substance database when issuing an opioid prescription. A major hindrance to this requirement is the provider needs to exit their Electronic Medical Record (EMR) system, log into their state narcotics controlled substance database, check for prescription history, log a prescription, and then proceed. This can be cumbersome and time consuming, and compliance among prescribers is inconsistent and/or low.

Compounding the problem, state border cities have no way of seeing prescribing history from a neighboring state.

Proposal: Each member hospital/health-system has an EMR, provided by a third party, which may or may not have a plug in module to access the state database directly from their EMR. Identify vendor options, pros and cons, and make recommendations. The initiative will be referred to as the "One-Click Project".

As members come on line, interstate checking functionality can be added.

Results

UNHS kicked off this project and functioned as a pilot site with the federal government creating "one-click" functionality within the Department of Justice narcotics database system. Successful roll out was completed and metrics were established, which conclusively showed improved compliance, and a much less time consuming provider experience.

Madison Memorial and St. John's Health also completed integration with their EMR's and state providers, producing similar measurable results as UNHS.

Personal Impact Story

During post installation interviews, one provider told of almost prescribing to a well-known patient, but given the ease of the "one-click" opted for compliance, to surprisingly learn there was an unknown prescribing history of concern, which led to a different and better prescribing and pain management approach. This outcome precisely matches the bigger picture hope of the project.

Big Picture: The hope is to expose areas of process improvement to help address excess prescription/diversion of opioids. Perhaps most important to ask is if we can better understand how to utilize the state prescribing and tracking systems for the intended purpose - to identify opportunities for potential or actual opioid use disorder patients, that could benefit from education, community, and rehabilitation support type of networks to help break out of the narcotic abuse cycle ("Opioid 360"). This is a "higher" objective beyond simple compliance.

Goal V.2 Enhance and improve coordination of care
Goal V.3 Deliver appropriate care in the appropriate setting

REGIONAL NETWORK Leads Out: OPIOID STATE PRESCRIBING REQUIREMENTS

Summary

A specific request was made at a Managing Board meeting to compile a complete list of each state's regulatory requirements around opioid prescribing protocols.

An exhaustive search was completed and the results were published to each member's opioid task force team.

Results and Impact

The only common requirement across states was the regulation to check and record a narcotic prescription in the applicable state narcotic database. This led to an idea presented in the 2019 task force champions conference that each Regional Network member team look into options to integrate functionality into their electronic medical system to directly access their state database without having to enter into a separate program. This became the genesis of the 2020 One-Click Project.

Also of note, as many quality teams became engaged with this project, that led to internal conversations and procedures in general how to follow up and stay on top of all the many state requirements in all areas of medicine as they are ruled and amended.

Story

One of the early ideas of this effort was that possibly a common prescribing protocol across states could be identified through identifying regulatory requirements.

It was determined that the varied prescribing guidelines and regulatory requirements mimicked the varied prescribing practices from provider to provider amongst variations from one specialty to another.

Rather than take arbitrary prescribing guidelines from the regulatory bodies, another approach was looked at in the Department of Surgery in the University of Utah Medical School by looking at the number of narcotic prescribed dosages that were taken while in patient, and sending home twice that amount, including zero if none were prescribed.

This holds significant potential and will be a topic of possibly expanding the research and model to other members of the Regional Network in 2021.



Proof of Concept

REGIONAL NETWORK Leads Out: MEDICAL SOLUTIONS

Story

St. John's Health has been partnering with Medical Solutions over the last several years, beginning their relationship prior to the organization of the Regional Network, and shared their successful experiences with the Workforce Team. In 2019, Blue Mountain Hospital had an immediate need for travel nurses, and did not have an existing company that could fill their needs. Medical Solutions was provided the opportunity, answered the call, and is now their primary travel nurse company; Blue Mountain has been very satisfied.

The Network then collaborated with Medical Solutions for the Nurse Internship Program. Since 2020, Medical Solutions has been the nurse interns' employer during the internship program as nurse interns rotate through member hospitals/health-systems for training and education before arriving at their full time position within the Network.

Due to the success of this partnership, discussions of a Travel Nurse Resource Pool once again reemerged. In order for this to be successful, the Network realized that Medical Solutions needed to be the primary travel nurse company for all Network members.

St. Peter's Health was the next to move to Medical Solutions, and signed their primary staffing contract with them in 2020. As we go forward on this innovative path, Medical Solutions is expected to continue providing positive partnership value to the Regional Network.

Results and Impact

Hospitals that partner with Medical Solutions

- Blue Mountain Hospital
- St. John's Health
- St. Peter's Health

Summary

One of the primary focuses of the Regional Network Workforce team is to improve the stability of the nursing workforce. This led to deliberations and alternatives for obtaining consistent high quality travel nurses at an affordable cost, and only when needed to most effectively utilize workforce balance with third party support. After significant due diligence, it was determined that Medical Solutions was the right fit for the Network because their leadership team had a creative vision congruent with Network goals, and a proven track record with network members and other organizations.

REGIONAL NETWORK Leads Out: NURSE REFERRAL PROGRAM

Referral Program

- Any staff can refer a nurse to the Regional Network and get free swag and \$500.
- The referral needs to be emailed to the Workforce Product Manager starting the hiring process.
- If the referred nurse gets an interview at any Regional Network organization, the referring staff member gets swag!
- If the nurse is still employed at that organization after 6 months, the referring staff member gets \$500!

Story

Heather has referred 4 nurses to Madison Memorial Hospital! 2 of those nurses have been working there for over six months, therefore, Heather received \$1,000 for her two referrals!

Results and Impact

- Madison Memorial
 - 6 nurses have made RN referrals
 - 2 nurses received referral bonuses



Proof of Concept



Goal V.3 Deliver appropriate care in the appropriate setting

REGIONAL NETWORK Leads Out: NURSE STAFFING REPOSITORY

Program

This website has featured job postings from all Regional Network member organizations.

Nurses interested in working within the Regional Network can access one website and search for posted nursing positions.

Results and Impact

This website is meant to aid nurses in their search to be a part of our Network. Accessing all Network job opportunities through one website improves nurse satisfaction, reducing time spent to search multiple individual member websites.

REGIONAL NETWORK Leads Out:

UNHS DNV STUDY/PROPOSAL

Summary

One of the first objectives identified by the Regional Network was for all members to share the same accreditation program. Through a vote of the Regional Network Board on these goals, DNV was selected as the preferred accreditation program.

The one exception is that UNHS is a clinics system without a hospital attached. After a few inquiries, it was revealed that DNV does not have an accreditation program for stand-alone clinic systems.

In an effort to further the interests of the Regional Network, a strategic discussion was started with DNV North American Leadership and its CEO, Patrick Horrine. Several meetings and discussions occurred during the summer, fall and winter of 2019, culminating in a face-to-face meeting during the DNV Symposium in November 2019.

The advantages for all involved were clear, and DNV took a serious look at their strategic roadmap and opportunity to move into this area of accreditation.

Although ultimately DNV decided they could not take on a stand-alone clinic accreditation at this time, the opportunity remains open for future consideration.

Results and Impact

Using DNV Accreditation and ISO9001 standards to create common culture, common language and common framework amongst a strategic collaborative is an innovative use of DNV as a tool. To the knowledge of DNV, this has never been done previously. DNV is monitoring Network efforts with interest in Network successes and strategies for future development. DNV has proven an effective program to support commonality, even with members who do not use DNV for accreditation. Through these efforts, relationships between Regional Network Members and DNV have been strengthened. Possibilities are being nurtured for national recognition of Regional Network successes.

Story

Ground-breaking ideas are part of the culture of the Regional Network. This is one example of leveraging existing tools for a new and innovative use. Through the creativity of staff throughout the Regional Network, more innovative ways to work together are integrated into the collaborative culture.



Proof of Concept

Goal V.4 Strengthen the individual members and ensure independence

REGIONAL NETWORK Leads Out: NURSE SOURCING

Sourcing Goal

Identify Nurses who want to come and work at Regional Network Hospitals.

Focus on finding experienced nurses to fill our hard-to-fill positions.

#whyinursethewest

Website:
<https://affiliate.uhcapps.med.utah.edu/regional/wfm/Pages/def.aspx>

Sourcing Results and Impact

2019

- o 24 Nurses Sourced to the Network
- o 2 nurses hired at U of U- NAC
 - 1 of those nurses was a referral from a nurse at Madison Memorial Hospital

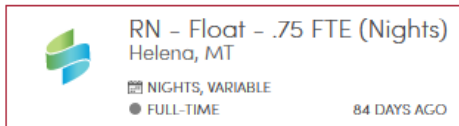
2020

- o 17 Nurses Sourced to the Network
- o 1 nurse hired at the U of U – Surgical Transplant Unit 11/2020
- o 2 nurses have been hired in October 2020. They were hired at St. John's Health and St. Peter's Health through Nurse Internship Program

2021

- o Nurses Sourced to the Network
- o 2 nurses hired by St. Peter's Health through Nurse Internship Program

FEATURED JOBS



RN - Float - .75 FTE (Nights)
Helena, MT
NIGHTS, VARIABLE
FULL-TIME
84 DAYS AGO



RN - Float - .75 FTE (Nights)
St Peters Hospital
Helena, MT

Apply

Personal Touch

Dear Ms Bailey - I wanted to write and thank you for any role you might have played in my getting an interview with the University of Utah Health System. Last Tuesday before Thanksgiving, I interviewed for a Med-Surg position. I am pleased to share I received an offer from the Surgical Transplant Unit the same day as the interview! Yesterday, I accepted the offer from the Surgical Transplant team with a planned start date of either Jan 25th or Feb 1st, depending on the scheduling of my NCLEX exam. I am not sure if you had reached out to these teams about me or not as they did not mention, but the timing sure aligned so I thought might have had something to do with their contacting me.

So thank you! I am grateful my path crossed with yours and although it did not work out for me to come to your program, I do feel like I landed where I am supposed to be! So happy to have met you and hopefully we will actually meet some day at the hospital. Thank you again for all your assistance.

Take care and God bless this Christmas season! Lauren Yoss

Goal V.4 Strengthen the individual members and ensure independence

 Proof of Concept

REGIONAL NETWORK Leads Out: TRANSITIONS TO DNV ACCREDITATION

Summary

One of the first objectives identified by the Regional Network was for all members to share the same accreditation program. Through a vote of the Regional Network Board, DNV was selected as the preferred accreditation program.

The motivators for DNV Accreditation were many, but primarily focused on bringing a supportive value culture to every organization in the Regional Network. Further, using the same accreditation program, would provide foundational framework and culture to the Regional Network and establish within the membership a “common language”.

At the founding of the Regional Network in 2017, only 3 members were DNV Accredited, with one member (St. John's) having newly transitioned to DNV only months before the formation of the network. At the end of calendar year 2020, all members are either completely transitioned or in the process of transitioning the DNV accreditation except 2. UNHS cannot move to DNV due to the lack of an accreditation for their clinic structure. Carson-Tahoe has made the strategic decision to remain with CIHQ at this time.

Accreditation has been an effective tool for establishing the foundational efforts of the Regional Network.

Results and Impact

As members have transitioned to DNV, the goal of creating a structure for the Regional Network that supports a “common framework, common language and common culture” has been highly successful.


No member of the Regional Network ever “starts from scratch” when having to evaluate new CMS requirements or update guidelines and policies.

Story

Every year as the “common findings” are identified by the accrediting bodies, members of the Regional Network are able to work together to address these common findings in their own organizations. One example of this is in the Ligature requirements in the ED. In the past 3 years, several new Conditions of Participation have been identified by CMS with regard to ligature risks and suicidal patients in the ED.

Cooperatively, the Regional Network has shared policies, operational tools, work flows, and other process improvement efforts. This has allowed all members to address common findings within their own organizations, improve care for their patients, and avoid non-conformities on annual Surveys.

REGIONAL NETWORK Leads Out: VALUE BASED CARE

<p>Summary</p> <p>Several of the Network Hospitals/Health-Systems participate in various components of value based care in the form of bundled payments, capitated models, HHS incentives, etc.</p> <p>During the fall and winter of 2019-2020, an exhaustive review was conducted of interest and capacity to pursue a Regional Network common activity on the topic of Value Based Care.</p> <p>This included reviewing pros and cons of programs already in service at member locations, as well as a deep review of pros and cons with University of Utah experience in Value Based Purchasing Programs, including bundled payments.</p> <p>After discussions with the Quality Leadership teams, contracting experts at the University of Utah, and the Managing Board, it was determined to continue the conversation but hold on any specific activity while monitoring for future opportunities.</p>	 <div style="float: right; text-align: right;"> <small>CHART Model Community Transformation Track</small> </div>
<p>Results and Impact</p> <p>Groundwork has been laid for continued Value Based Care and Population Health discussions for future endeavors.</p>	<ul style="list-style-type: none"> • The Community Health Access and Rural Transformation (CHART) Model is a voluntary capitated payment model designed to meet the unique needs of rural communities. • The CHART Model will test whether aligned financial incentives, increased operational flexibility, and robust technical support promote rural health care providers' capacity to implement effective health care delivery system redesign on a broad scale. • The Center for Medicare & Medicaid Innovation (CMMI) will evaluate the impact of the CHART Model on Medicare and Medicaid expenditures, access to care, quality of care, and health outcomes for rural residents. <p>Proposal: A world class University of Utah Team has been identified to apply for the CHART Model grant, and upon award, develop in partnership with participating rural hospitals, a Transition Plan from traditional health care reimbursement mechanisms such as volume-based Fee for Service (FFS) to a capitated-based Alternative Payment Method (APM). Then work with the participating hospitals in implementing the Transition.*</p>

*After a few months of due diligence, research, and discussion, CMS CHART was determined not the right fit for the time, but a significant learning exercise resulting in valuable brainstorming, documentation, and information has been acknowledged by the Regional Network.

REGIONAL NETWORK Leads Out:

MEDICAL ANALYTICS & BENCHMARKING

Summary

One of the earliest goals of the founding Regional Network members was to collect data and benchmark key metrics together.

Discussions included the appropriateness of forming a CIN, ACO, or other legal entity. The type of organization would drive the type of metrics collected.

Early efforts to analyze the benefits and obstacles to benchmarking and data collection included a deep-dive into medical analytics services and companies. A few of the services considered were:



As a new organization, the strategic value was clear, but the investment required was cost-prohibitive for the Regional Network members.

Results and Impact

Metric Benchmarking with a medical analytics service provider is a key tenant of the Regional Network placed on the strategic roadmap to be achieved in Fiscal Year 2022,

Legal framework for sharing data together was established through the Data Sharing Agreement.

Story

Data and medical analytics has been part of the foundational discussions of the Regional Network. As initiatives are undertaken, Statements of Work governed by the Data Sharing Agreement, are approved by each member and data and metrics are collected for every effort.

This has created a “culture of data” which carries the Regional Network forward with the ability to measure success in each initiative.

REGIONAL NETWORK Leads Out:

VALUE MANAGEMENT LISTSERVE

Summary

In 2018, the Value Management Taskforce was formed as a key component of the Regional Network. The taskforce consists of the quality officers of every member organization.

In the spirit of a true collaborative, one of the first things established was the ListServe. ListServe provides a secure space for members to ask for and share templates, tools, tactics, guidelines, policies and other document assets.

It is the goal of the Regional Network that no member has to start with a blank document when meeting the documentation requirements of CMS or ISO9001.

Any member can request any needed information to meet regulatory requirements and any member can respond to any request. The teaching and learning that occurs is invaluable. The ListServe facilitates ongoing interaction among fellow-experts who are informed and invested in the success of one another.

Additionally, the ongoing connection strengthens the culture of innovation and support among members.

Results and Impact

To date over 185 document assets have been exchanged or shared through the ListServe. This is in direct response to requests made from members.

- Operational & Quality processes
- Policies, Guidelines & Best Practice
- Accreditation tools
- Innovative solutions (i.e. recipe for clinical-grade disinfectant wipes during Covid-19 response)
- New regulations or legal rulings
- General questions/answers

Story

As Covid-19 began to ravage the Intermountain Region, CMS waivers and guidelines were changing rapidly. Using the already established cooperative relationships and tools, every Regional Network member was able to share and utilize policies and guidelines from other members in order to adapt to their own. One example is patient education packets for Covid-19 patients discharged from the hospital. Each member shared their Covid-19 packet, allowing all members to create or enhance their own patient education early and quickly in their pandemic response.

Goal V. 4. b Strengthen individual network members through collaboration

REGIONAL NETWORK Leads Out: NURSE INTERNSHIP PROGRAM

Program Summary

A full time 6 month nurse internship program is marketed to nurses with less than a year of experience. During the internship, the interns will rotate through Regional Network member hospitals for their training, and after 6 months, will be hired at one of the Regional Network hospitals. They will have a 2 year contract with that hiring hospital. The intern is credentialed, paid, and receives full benefits by Medical Solutions. Housing and travel expenses are established and paid for by the Regional Network.

Program Results and Impact

Four Nurses Recruited and Hired

- March 2020
 - Two Nurses Hired
 - Moriah hired at St. John's on L&D unit
 - McKenzie hired at St. Peters Health on medical with plans to move into their step-down unit.
- March 2021
 - Two Nurses Hired
 - Melissa and Kady hired at St. Peter's Health upon completion of the program, specialties unknown at this time.

Program Background

The University of Utah Health Regional Network developed a nurse training program to improve the quality and flexibility of newly graduating nurses to help staff Regional Network member hospitals. An increase in the national shortage of experienced nurses has led, in part, to the creation of the Internship Program.

The goal of the Internship Program is to train nurses to a higher level than a new graduate nurse, requiring minimal supervision after completion of the Internship Program. This will enable the nurse to be placed on higher skilled nursing units. Further, the Internship Program aims to reduce nurse vacancies and increase staffing by creating a pipeline of employable nurses for the Regional Network member hospitals/health-systems.



Goal V. 4. b Strengthen individual network members through collaboration

 Proof of Concept

REGIONAL NETWORK Leads Out:

INDIVIDUAL SUPPORT REQUESTS

Summary

Over the course of our 3 year history, each member has reached out as needed for help and support from the Regional Network as they build their own internal systems of quality and value.

Individual needs are addressed through a coordinated network of subject-matter experts who have mature systems and experience to support and mentor those who are improving or re-evaluating their systems.

A few examples of this are:

- Madison Memorial – Documentation review for OB Patients
- Portneuf - Internal Audit system framework meeting ISO9001 and DNV Requirements
- St. John's – RCCS for multi-services in a single episode of care
- Carson-Tahoe and Madison Memorial – Cooperative Peer Review
- St. John's and Madison Memorial – Collaborative Leadership meetings

Results and Impact

The interconnectedness of the Regional Network affords every member access to peers and experts in the region to share knowledge and best practices, thereby accelerating achievement of their strategic objectives.

Story

Rural healthcare facilities are sometimes challenged with executing Peer Review. Often there is a limited provider base to review each other or a lack of a true "peer" in the area to review medical cases.

When Madison Memorial and Carson Tahoe mutually identified a need to refine their Peer Review process, they found a unique opportunity to exchange these cases for review between their organizations. This was not only a cost-effective solution, but an exciting opportunity to leverage the collaboration of the Regional Network for the benefit of both organizations.



REGIONAL NETWORK Leads Out:

GRANTS AND CLINICAL TRIALS

Grants

The Regional Network provides a significant partnership opportunity for University of Utah Medical School researchers and Rural Health Care studies.

As it continues to mature, there will be opportunities for the Network to apply for grant programs and other grant funding opportunities. To that end, the Regional Network has established its own presence with Grant. GOV, various funding sources, and registration for a DUNS number.

The Regional Network team has worked on several potential grant and funding opportunities, including a HRSA opioid addiction treatment study grant with PARCKA, a CMS alternative payment model implementation grant, and an NIH funded telemedicine patient outcomes with the Department of Surgery.

Results and Impact

The Regional Network is growing in its exposure to grant funding sources and research opportunities, to provide financial resources for Network members, as well as a shortened path from research results and best practice findings to rural health care. In time, on its current path, this will flourish and be yet another element of taking the Regional Network to a level as a nationally recognized, leading organization.

Clinical Trials

The Greater Intermountain Node (GIN) was founded and awarded in late spring 2019 to expand the existing National Institute of Drug Abuse Clinical Trial Network infrastructure by developing and testing innovative interventions for opioid use disorder, preventing overdose, expanding the settings for Network research, and bringing new research expertise to the Network. GIN is housed within the Program for Addiction Research, Clinical Care, Knowledge, and Advocacy (PARCKA) within the Division of Epidemiology, Department of Internal Medicine, University Of Utah School Of Medicine.

Through its partnership with PARCKA, in summer 2019 Regional Network members had access to apply for the Rural Expansion of Medication Treatment for Opioid Use Disorder (NIH HEAL Initiative)

The University of Utah, UNHS, and Carson Tahoe all explored the opportunity. In the end, the U of U Emergency Department was awarded participation in the study, UNHS concluded the opportunity not a fit, and Carson Tahoe did not meet the tight application deadline.

Through PARCKA and the GIN, future opportunities will continue to arise for similar prestigious and revenue generating trials.

REGIONAL NETWORK Leads Out:

MOCK SURVEY PROGRAM

Summary

Mock surveys are a best practice to keep hospitals and clinics at a “stay ready” state for accreditation. Mock Survey Services are both expensive and resource intensive. One important strategy for the Regional Network is to provide collaborative Mock Surveys for all members resulting in deep collaborative learning as well as individual cost-savings.

In 2019, The Regional Network and its leadership proposed Mock Survey program with Regional Network participants which was approved by the Regional Network Board. The concept is to work collaboratively with a 3-4 Regional Network member team to survey another member site. In addition to helping the site surveyed, teams would take operational learning back to their own organizations.

Additionally, the Mock Survey Pilot program helped to determine long-term value and provided operational inputs to formulate a mature operational plan for Mock Surveys.

Mock Surveys are centered on the CMS Conditions of Participation, not a specific accrediting body. Therefore, all members, regardless of the accrediting body benefit from the Mock Survey Program.

Results and Impact

This proof-of-concept provided an opportunity to perform a survey at Blue Mountain Hospital in February of 2020 in preparation for their transition to DNV Accreditation.

More than 15 templates and forms were exchanged among participants; several policies and guidelines were shared and reviewed and all participants reported a high-value experience in shared collaborative learning.

Story

Quality and Accreditation leadership from St. John's, Madison Memorial and University of Utah visited Blue Mountain and performed a 2-day survey.

The benefits to Blue Mountain were to identify areas of focus for their upcoming accreditation survey. The benefits to the staff of other Network member participating sites was that they were able to see the ways that Blue Mountain demonstrated agility and process effectiveness, and they were able to take that learning back to their own organizations.

REGIONAL NETWORK Leads Out: VALUE MANAGEMENT CONFERENCES

Summary

Annual in-person conferences are a key strategy to maintaining collaborative alignment. Meeting in person reconnects the group personally and professionally and supports the networking relationships that are key to the ongoing transparency and sharing of expertise that happens regularly within the Value Management Taskforce. All training expenses are covered by the Regional Network, members cover travel expenses only. This provides all facilities with access to training that often is difficult to obtain independently.

Conferences generally combine DNV training with other trainings facilitated by the Regional Network members.

In addition to the annual fall conferences, in 2019, the Value Management Taskforce was invited to the UUHRN Board Meeting for a special quality focused workshop. This workshop furthered alignment of Network members with Network objectives and was highly successful.

Results and Impact

VMS Conference Contents & Trainings:
2018 – Comprehensive Accreditation Training by DNV plus facilitated Quality Discussion/collaborative learning by UUH

2019 – Healthcare Management Overview, ISO9001 for Healthcare; Regional Network workshop on LLC strategic priorities and alignment

2020 – Due to Covid-19, the conference focused on timely topics specific to Quality and Value during the pandemic. Speakers from across the region and on a variety of topics provided rich and actionable content for all members.

Story

Quality and Value Management touches every corner of a healthcare organization. Conferences and networking provide opportunities to exchange expertise in all areas.

During the Covid-19 Pandemic, topics included Patient Experience as it relates to Quality, Evidence-Based Practice for Quality Leaders, System responses to a global pandemic and other high-value topics.

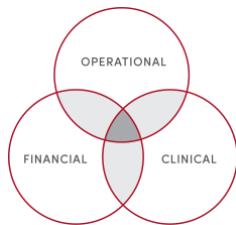
REGIONAL NETWORK Leads Out: VALUE MANAGEMENT TASKFORCE

Summary

The Value Management Taskforce was formed as the first Task Force of the Regional Network. Each member brings their quality officers, accreditation managers and other value leaders from their organization.

Success was defined early as:

1. Every member brings at least 1 person to the taskforce
2. Annual goals/topics are identified and accomplished through monthly meetings.
3. A forum for sharing individual experience and expertise to support divergent thinking about quality and value.
4. Tools, templates, tactics, policies, guidelines and any other assets would be shared as needed.



All initiatives in the Regional Network, at their core are “Quality” initiatives. The VMS team is engaged at every step to assure success. Every initiative addresses either a clinical, financial or operational opportunity.

Results and Impact

Vision: Cultivate a common process of value

Mission: Support high-collaboration and high-quality throughout the Regional Network

Monthly collaborative working meetings include strategic discussions on timely topics and collaborative knowledge-share and learning. The team is high-performing and successful in proving value to members.

Story

FY2019 – focused on the foundations and framework of ISO9001. Each member had an opportunity to host a mini-workshop on an ISO9001 clause.

FY2020 – focused on Document Control and Internal Audits plus other hot topics. Collection of key quality metrics also commenced. *(See section on “Integrated Data”)

FY2021 – focused on Internal Auditing and Process Improvement Tools until February, then focused on response to Covid-19.

