

IOWA HOSPITAL ASSOCIATION

ADVANCED LEADERSHIP ACADEMY

PROJECT SUMMARIES

CLASS OF
2021



IOWA HOSPITAL
ASSOCIATION

We care about Iowa's health



Contents

About the IHA Advanced Leadership Academy2

Adding a Financial Counselor Position.....3

Streamlining Organizational Prior-Authorization System.....3

Medicare Diabetes Prevention Program.....4

Development of a Comprehensive Cancer Center.....4

Systemwide EMR Downtime Procedures.....5

Impact of Early Palliative Care Involvement With Oncology Patients.....5

House Supervisor Mentorship Program6

Investment in Human Capital to Achieve Engagement in a Value-based Health Care Environment6

Prevent Patient Deconditioning7

EMR Evaluation Toolkit.....7

Raising Awareness of PANS and PANDAS8

Nursing Recruitment and Retention: The Good, the Bad and the Ugly.....9

Women’s Health Service Line Strategic Planning9

Licensed Mental Health Professionals in the Emergency Department: Creating Efficiencies While Providing
Compassionate and Proficient Mental Health Care..... 10

Blank Children’s Behavioral Health Strategic Alignment 11

Fibromyalgia Focused and Fit Program 12

Patient Experience: Inpatient Nurse Communication 12

About the IHA Advanced Leadership Academy

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

Besides the projects, students were asked to complete and submit project summaries outlining descriptions, goals and results of their projects with supplemental materials. Each project summary and handout is compiled in this comprehensive review of class projects 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 decisions about the next generation of leaders are made based on performance so the successes of the past can continue well into the future. Click [HERE](#) for more information about the academy.

2022 Advanced Leadership Academy

Registration for the 2022 Advanced Leadership Academy is open. Those interested in participating in the 2022 Advanced Leadership Academy must be nominated by a hospital CEO. Nomination forms must be submitted by Friday, **Feb. 18, 2022**.

Adding a Financial Counselor Position

Description: With price transparency regulations and the No Surprises Act, adding the financial counselor position is a great asset to facilities. I feel it is more important than ever to ensure patients have a direct access point and safe space to discuss sensitive financial information. We have a team assigned to ensure compliance with both acts, but the financial counselor will be the bridge to connect the regulations with patients. Medical billing can be a very confusing matter for patients, so adding this position will allow patients to discuss options before or after receiving services and will enable them to make more-informed decisions about their care. The financial counselor also can assess a patient's eligibility for charity care and financial assistance programs.

Goals:

- Improve patient satisfaction by ensuring patients understand the financial impact of their care by enabling them to make informed choices.
- Ensure compliance with the price transparency rule and the No Surprises Act by working with hospital staff and patients.
- Reduce bad debt by identifying patients who may be eligible for charity care earlier in the billing process, reviewing unpaid claims before they go to collections and working with patients to apply for charity care or financial assistance programs.

Summary of results: I am implementing this new role at our facility, so the results are limited. I have gone through the process of identifying the job description, getting the job approved and finding office space that is accessible to the public. Through this process, I found that staff outside the business office have been helping patients with their bills and financial assistance. Having a dedicated position will help those roles focus on their assigned duties, which will improve efficiency in those areas. Adding this position also should improve patient satisfaction because this office will be by the main registration area, giving patients easy access to this resource. It also will be a private office that will allow sensitive financial conversations to help determine what is best for the patient.



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Streamlining Organizational Prior-Authorization System

Description: Our organization was seeing an increase in denials because of inaccurate or missing prior authorizations. A thorough evaluation was completed to collect a better understanding of processes and where gaps were occurring that resulted in the denials. Prior-authorization processes were departmentalized, and the process of obtaining the prior authorization, documentation and confirmation varied from department to department. Evaluation information was used to recommend system improvement with implementation of a centralized prior-authorization system. This project is still in progress because our organization is implementing a substantial EMR upgrade. Our plan is to implement the centralized process after this upgrade.

Goal:

- Identify organizational improvements to the prior-authorization system to reduce denials because of inaccurate or missing authorizations.

Summary of results: Through internal surveys and discussions with department leaders and prior-authorization staff, inconsistencies were identified with the process because of departmentalized prior-authorization processes. This resulted in denial of claims, loss of revenue and staff dissatisfaction. Several options were evaluated for improvement in processes with the recommendation to move to a centralized prior-authorization process. Floyd Valley Healthcare is implementing recommended changes. Results are ongoing because of the implementation of an upgraded EMR system. The centralized prior-authorization process will be implemented following the EMR upgrade.

Medicare Diabetes Prevention Program

Description: According to our 2019 Community Health Needs Assessment, obesity ranks among the top three health concerns of our community. Based on information from the Centers for Disease Control and Prevention, obesity puts people at risk of developing diabetes. To address this need in our community, Virginia Gay Hospital began offering the National Diabetes Prevention Program to interested employees in November 2019. Now that we have achieved preliminary recognition in this program, we would like to expand our program and offer the CDC-recognized Medicare Diabetes Prevention Program to community members.

Goals:

- Offer a Medicare Diabetes Prevention Program to members of our community.
- Recruit members by providing program information to our medical staff and through a local media campaign.
- Enroll at least 15 qualified Medicare recipients for an August 2021 cohort.
- Have at least five enrolled recipients:
 - Complete the program.
 - Lose 5% body weight by the end of the first half of the program.
 - Maintain this weight loss or continue to lose weight during the second half of the program.

Summary of results:

- Our Medicare Diabetes Prevention Program was successfully added to our service offerings at Virginia Gay Hospital.
- Our recruiting campaign included a presentation to our medical staff, articles in our local newspaper and social media posts.
- Because of low enrollment (less than five) in the program by the August 2021 cohort date, we pushed back the start of the program to November 2021.
- We expanded our National Diabetes Prevention Program to include an app-based version and offered this to our employees.
- To date, we have six employees enrolled in the app-based version.



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Development of a Comprehensive Cancer Care Center

Description: Process of bringing three isolated departments together as one and embarking on a \$10+ million modernization and expansion project to continue providing top quality cancer care in southwest Iowa.

Goal:

- Modernize our existing linear accelerator and bring together our medical oncology, radiation oncology and infusion service lines into a functional, comprehensive cancer center.

Summary of results: We have combined the medical oncology, radiation oncology and infusion service lines into one area. This merger has allowed us to cross train staff in all three areas and build increased efficiencies into our workflows, improving the patient experience and expanding our oncology services. We also have been meeting regularly to proceed with an expansion of our facility to include a new 12,000 square foot cancer center. This has included applying for two certificate-of-need considerations (one for the linear accelerator and one for the building expansion) and a USDA loan, selecting a construction and engineering companies, and going through schematic design and design development processes with the architects, general contractors and mechanical engineers.

Systemwide EMR Downtime Procedures

Description: To provide guidelines throughout the hospital and clinics to follow if the event that the EMR is not accessible for documentation.

Goals:

- Define planned and unplanned downtimes and explain in detail, by department, the process for each.
- Define brief and extended downtime.
- Create a process by which to communicate EMR downtime to departments and to give periodic updates.
- Create a distinguishable downtime binder for each department that contains paper documentation forms.
- Create a uniform list of elements that need to be backloaded upon restoration of the system and assign responsibility – thereby eliminating inconsistencies/duplication.
- Create a standardized template for orders that can then be customized by each department.

Summary of results:

- We successfully defined planned, unplanned, brief and extended downtimes.
- We are in the final stages of implementing a new way to communicate downtimes so all departments will receive periodic updates, regardless of where they are on campus, with the use of the Regroup platform.
- We designed a distinguishable binder for each department that is near completion and will be distributed to each department.
- A uniform list of elements to be backloaded on restoration of the system was created with clear expectations as to who was responsible for entering each component.
- A standardized template for orders was created, which is customizable for each department. To date our Med/Surg and Emergency departments have completed customization for their areas.
- We have created a hospitalwide policy with all the elements of our downtime procedure included, which is about 90% completed. COVID-19 has caused several delays in meetings and coordination, but we are very close to completion.



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Impact of Early Palliative Care Involvement With Oncology Patients

Description: Many oncology patients struggle with pain and symptom management throughout their cancer journeys. Palliative care is not involved unless/until the patient is in a state of crisis. Establishing an early relationship with the palliative care team can help prevent uncontrollable pain/unmanageable side effects and improve the patient's quality of life.

Goals:

- Develop an electronic trigger to identify patients appropriate for palliative care referral at the time of oncology consult (Stage 3 lung, head and neck, esophageal, any Stage 4 disease).
- Improve the quality of life for oncology patients with early palliative care intervention, as evidenced by pain/symptom management.

Summary of results: TBD

House Supervisor Mentorship Program

Description: As we've seen the dramatic shift in nursing workforce, it has affected the experience and confidence in our newly hired house supervisors. We have less-experienced nurses leading shifts as house supervisors, and they need extra support and knowledge to help them be successful. This program is designed to help orient them to additional responsibilities of the role. These responsibilities go beyond the bedside and help them manage their shifts.

Goals:

- Increase the knowledge staff nurses gain during orientation activities, which allows them to be more effective as house supervisors.

Summary of results: TBD



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Investment in Human Capital to Achieve Engagement in a Value-Based Health Care Environment

Description: Myrtue Medical Center took the approach of investing in its human capital to develop strategies to deliver improved results under its accountable care organization (ACO) contracts for better population health. Commitment to a value-based care and cost environment was met with mixed feelings by practitioners and nursing staff: Quality care and outcomes were practice priorities; added time constraints to patient care were top of mind; and nursing staff was highly engaged in ACO delivery but not incentive-eligible. To address the challenges of moving forward under value-based contracts, Myrtue invested in its people through rounding, training and education, realignment of goals with scope of practice authority, marketing, and an incentive program to recognize the commitment of both practitioners and nurses.

Goals:

- A rural health care clinic work environment in which everyone is motivated and supported to achieve a shared vision of success of improved patient care and lower costs.
- Positive trend toward achievement of ACO metrics and improved patient health.
- Shared savings to invest toward the organization, rural health clinic practitioners and nursing staff.

Summary of results: Demonstrated commitment of practitioners and nurses to move the needle on ACO measures. Myrtue reports progress year to date toward meeting year-end goals in all ACO measures.* Improvement in 2021 key focus areas, including Medicare Annual Wellness Visits (AWV) and patient adherence to chronic disease management and preventive screenings. AWV-targeted marketing campaign launched in May. Health coaches have taken accountability to make AWVs a priority without slowing patient flow. AWVs have increased from less than 3% to 35% year to date and trending toward a goal of 40% by year-end. Although shared savings is not a guarantee, Myrtue anticipates shared savings will be achieved and awarded in mid-2022.

*Data updated through September 2021.

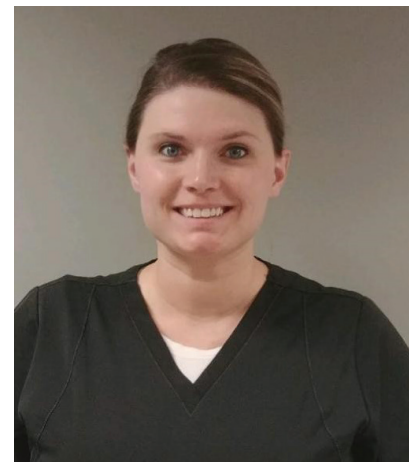
Prevent Patient Deconditioning

Description: We have identified a problem in our facility: patients are not moving enough. We suspect that this has caused problems with patients deconditioning while admitted to our facility. We do not know who owns patient walking/mobility (nursing or therapy). We have high percentages of patients who cannot return home after their hospitalization. Therefore, we have high skilled nursing facility rates. We also are seeing longer lengths of stay than targeted for some patient diagnoses. We hypothesize that by implementing an evidence-based mobility program, we can reduce skilled nursing rates and lengths of stay.

Goals:

- Reduce skilled nursing utilization rates from 25.5% to 18%.
- Increase the percentage of patients who walk three times per day from 5% to 30%.
- Reduce lengths of stay.
- Reduce fall rates (waiting on data).

Summary of results: The team has completed a strategic initiative that includes hiring a full-time “mobility tech.” The tech will work Monday through Friday. The tech’s responsibility will be to complete two walks per day with patients who can participate. Nursing staff will be responsible for one patient walk in the evening. If we can show positive movement of some of these measures, we anticipate this is something that also could be rolled out to our other nursing units.



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EMR Evaluation Toolkit

Description: Manning Regional Healthcare Center’s electronic medical record system is sunsetting their existing product in December 2022, forcing us to change systems soon. Every hospital department will be affected by this change, so it’s imperative to have input from staff and achieve buy-in from end users about the new system. There are many factors to consider when selecting a new system. These factors include cost, functionality and capability, industry ratings and peer references. An additional layer of complexity is that each vendor tends to present this information differently. Because of the large quantity of information and varying degrees of complexity in the material being reviewed, it became clear that trying to decide which solution will work best for us long term could become an overwhelming task. We wanted to create an objective toolkit that would allow our team to assess each electronic medical record system comparatively and help our decision makers reach a conclusion.

Goal:

- Create a standardized set of criteria used to evaluate each EMR system.
- Compile the criteria for each EMR in a concise format.
- Create and present an EMR solution summary to key stakeholders to help them reach an informed decision.

Summary of results:

- Utilized EMR scorecards tailored to each department to objectively score each vendor’s product during demonstrations.
- Compiled cost information on each EMR solution.
- Solicited feedback from all end-users in a standardized format.
- Created a 10-year investment analysis for the top three options.
- Presented an EMR solution summary to Board of Directors with management’s recommendation of which vendor to contract with.



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Raising Awareness of PANS and PANDAS

Description: Pediatric acute-onset neuropsychiatric syndrome (PANS) and pediatric autoimmune neuropsychiatric Disorders associated with streptococcal infections (PANDAS) are clinical diagnoses given to children who have dramatic, sometimes overnight, onset of neuropsychiatric symptoms. Although PANS and PANDAS are not new diagnoses, the understanding of these conditions and how to diagnose and treat them are not fully embraced in the medical community. Prevalence could be 1:200. Blank Children's Hospital is committed to educating our physicians, getting accurate diagnoses, proper treatment and family support that can make a profound difference for both the child's health and the entire family's well-being.

Goals:

- Develop a plan to:
 - Heighten awareness of the diagnoses
 - Educate pediatricians across Blank and UnityPoint Health
 - Support advocacy efforts
 - Develop systems of care in central Iowa to treat this population
- Launch the awareness and education phases.

Summary of results: UnityPoint Health – Des Moines/ Blank Children's Hospital is in the early stages of assessing our medical staff understanding and support for these diagnoses and evaluating our continuum of care for chronic childhood illness. This will help us discern how to best serve this population through existing services.

Nursing Recruitment and Retention: The Good, the Bad and the Ugly

Description: Nursing recruitment and retention is at an all-time low. The pandemic, as well as other factors, have thrown hospitals into crisis mode. St. Anthony Regional Hospital wanted to take a look at the open positions, the incoming applications and the why behind nurses leaving the organization.

Goal:

- The hospital wanted to evaluate open positions. Did the positions need to be filled? Could the workload be redistributed? Are there other ways to achieve the same goal more effectively? We wanted input from across the hospital system. We also looked at onboarding and marketing campaigns. How can we stand out?

Summary of results: Focused work groups revamped marketing campaigns and positions were reworked, some being eliminated and some added to the mix. Committees were formed to hear the voice of the nurse. The interview process was streamlined and formalized for standardization. Orientation and onboarding were revitalized and streamlined. We wanted to fill 10 open positions. The open positions were a moving target: Positions were filled internally leaving other openings and the new hires did not stay a year. Cross training is an option, hence some positions were pulled, but the employee was not always available for the secondary department.



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Women's Health Service Line Strategic Planning

Description: In 2016, UnityPoint Health introduced its Clinical Leadership Group (CLG) governance structure to define and promote a cohesive clinical decision-making process across the entire health system and continuum of care. The CLG governance structure has evolved over the last four years, and in 2020, CLG 2.0 was introduced to focus on five services lines: women's health, behavioral health, emergency medicine, acute care and cardiology. Each clinical service line is tasked with helping define system priorities and execute operational strategy. The Women's Health Service Line leadership dyad includes UnityPoint Health – Quad Cities CEO/President Bob Erickson, a medical director and a system service line director. The system service line work is supported by physician and service line leaders from the hospitals and clinics from each UnityPoint Health region in Iowa, Illinois and Wisconsin.

Goals:

- Define a regional women's health service line plan and metrics that align with the strategic roadmap of UnityPoint Health, the Quad Cities' regional roadmap initiatives and the systemwide women's health service line plan.
- Establish key work priorities for 2021.
- Produce a deliverable to the Quad Cities' senior team and CLG.

Summary of results:

- Developed an operational dashboard with metrics that align to the UnityPoint Health system and regional roadmap.
- Identified standardization opportunities, equipment and contracting opportunities, quality and risk prioritization, and provider/access strategies.
- Identified measurables to track progress: patient experience scores, employee engagement, financial reports, quality and outcomes data.

Licensed Mental Health Professionals in the Emergency Department: Creating Efficiencies While Providing Compassionate and Proficient Mental Health Care

Description: Patients with mental health concerns have been increasing in emergency departments while inpatient psychiatric bed capacity has decreased statewide. Emergency departments find themselves caring for mental health patients for several hours up to days at a time with limited resources such as therapeutic interventions or social services. Adding licensed mental health professionals to the Emergency Department team at Iowa Lutheran will allow for timely mental health assessments to be completed, discharge planning with appropriate services explored, safe and appropriate discharge plans carried out and therapeutic interventions provided for patients who may be waiting for an appropriate bed.

Goals:

- Reduce average lengths of stay in the Emergency Department for patients with primary mental health concerns.
- Improve team member satisfaction by providing mental health expertise in the Emergency Department.
- Decrease the number of patients being discharged from the Emergency Department without appropriate follow-up services indicated.
- Reduce the readmission rate of patients with a primary mental health concern to the Emergency Department in 30 days.
- Decrease the cost and need for telepsychiatry services in the Emergency Department.

Summary of results:

- Based on results, I would recommend adding these resources to the Iowa Lutheran Emergency Department.
- The cost of the model is significantly less than the cost of telepsychiatry and can decrease the amount of time this service is needed.
- There is revenue associated with this model.
- Average length of stay: Patients with behavioral health primary complaints wait approximately 4.6 hours longer for an admission. Similarly, those patients being discharged from the Emergency Department wait approximately 2.8 hours longer in the Emergency Department before being discharged if their primary complaint was related to mental health.
- A survey of Emergency Department team members was completed indicating most team members felt they were not provided adequate training or resources to provide the appropriate level of care for behavioral health patients who are boarded in the Emergency Department.



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Blank Children's Behavioral Health Strategic Alignment

Description: Children and families in our care have long struggled with mental health concerns. Approximately 1 in 5 children in America has a diagnosable mental health disorder. Mental health problems in young people are associated with outcomes such as suicide, substance use, inability to live independently, justice involvement, school dropout, economic hardship and physical health problems. Less than half of children with mental health problems get treatment, services or support. Only 1 in 5 get treatment from a mental health worker with special training to work with children. Families that are poor, families of color and families with children with other disabilities or health concerns have an especially difficult time getting services that would identify, prevent and treat mental health problems.

These needs have only been exacerbated because of the COVID-19 pandemic. Blank providers and staff in almost every area of our hospital and clinics have anecdotally reported they are seeing more patients experiencing mental health crises and with greater acuity since the pandemic began. Much of the support children relied on before the pandemic has become less available to them, and caregivers are struggling with their own mental health, financial insecurity, the availability of child care, and conflicts between their job responsibilities and ensuring their children are succeeding in school. For all these reasons, we are seeing increased cases of anxiety, depression, and even suicidal ideation in children and adolescents nationwide. Untreated mental health needs among children and youth affect not only young people and their families, but also schools, communities, workplaces and the nation as a whole. These costs are too high to leave the mental health needs of so many of America's young people unaddressed. Therefore, it is imperative that Blank Children's Hospital develop a strategic plan to address these needs.

Goals:

- Our shared overarching goal is to support the mental health care needs of our children to improve their health.
- To achieve this goal, a coordinated strategy must be enacted. The following steps should be taken to gather data and determine a path forward:
 - Convene Blank Children's hospital pediatricians and subspecialists
 - Convene the Family Advisory Council
 - Survey Blank health providers and administrative leadership
 - Develop priority focus areas
 - Develop strategic initiatives

Summary of results: Through discussions with Blank providers, administrators, family members and survey respondents, three noticeable priority areas have been identified which will serve as critical components in the mental health framework for Blank Children's Hospital. These priority areas, while not inclusive, will guide strategic initiatives and fulfill the goal established at the outset: to support the mental health care needs of our children to improve their overall health. These priority areas are:

- Increase access to mental health services.
- Improve care coordination.
- Enhance education.

Initiatives that align with these priority areas have been developed, and meetings are ongoing to operationalize these objectives. Further data from meetings and survey results revealed a fragmented system at Blank Children's Hospital in addressing mental health care needs. This has created barriers to addressing the priority areas. As such, Blank Children's Hospital has developed a proposed framework in partnership with UnityPoint Behavioral Health in which pediatric behavioral health will be realigned to enable strategic planning, increase collaboration and ensure sustainability of these services. This framework will be submitted for approval in the coming months.



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Fibromyalgia Focused and Fit Program

Description: MercyOne North Iowa has a significant population of patients with confirmed fibromyalgia diagnoses who are looking for alternative approaches to managing their diagnoses. Additionally, MercyOne North Iowa has an integrative medicine practice that offers holistic care and alternative care options with a need to increase visits. These two needs complement each other, therefore we sought to implement a Fibromyalgia Focused and Fit Program with specific goals.

Goals:

- Create a multidisciplinary non-pharmacological program for patients with an established fibromyalgia diagnosis with referral options for mind and body therapy.
Baseline: No Program. Goal: Program structured and implemented.
- Reduce patient's revised fibromyalgia impact questionnaire (FIQR) values by 20 over the course of 12 weeks for patients who successfully completed their program.
Baseline: No data. Goal: Reduce patient's FIQR score by 20 at end of program.
- Increase visit volumes for integrative medicine practice by 50% within six months.
Time frame: 12/21 to 6/22. Baseline: 3-4 visits. Goal: 6-8 visits.
- Have 15 patients successfully complete the fibromyalgia program within six months.
Time frame: 12/21 to 6/22. Baseline: 0 (new program). Goal: 15 patients.

Summary of results:

- A 12-week program was designed and implemented with links to at-home video resources, patient education and recipes.
- All patients work with Dr. Amy Taylor to individualize their care plan and select two mind and two body therapies to commit to during their 12-week program.
- Four options were established with four mind therapies and four body therapies.
- A partnership with the local YMCA allowed MercyOne North Iowa to offer patients enrolled in the program a free 30-day membership to their facilities.
- Ten patients completed their programs with reduced FIQR scores.
- Visit volumes increased to an average of seven visits daily.
- The program is looking to make improvements based on patient experience, accessibility, and program understanding/interest in the following areas as part of the PCDA:
 - Limit number of patients enrolled in the program to 15.
 - Create a FAQ document for referring providers to ensure referrals made are appropriate for the Fibromyalgia Focused and Fit Program.
 - Expand the mind and body therapy options to promote program accessibility in rural areas.

Patient Experience: Inpatient Nurse Communication

Description: We strive to provide an exceptional patient experience to each of our patients on our inpatient nursing units. Nursing communication is a crucial element in driving patient experience scores. Nursing communication can empower patients and their family members to participate as full partners in their care, and is demonstrated to improve adherence to treatment and self-management.

Goals:

- By the end of 2021, the Nurse Communication Domain for the inpatient areas will be at 83.9% overall.
- By the end of the first quarter in 2021, Nurse Leader Rounding will be at 80% or greater on each inpatient unit and be maintained for the second quarter.
- By the end of the second quarter, implement a Patient Experience Coordinator program.

Summary of results:

- Year to date: the Nurse Communication Domain for the inpatient areas is currently at 80.75%.
- Through September, Nurse Leader Rounding is at 88.12% for all inpatient units, with every area meeting the minimum of 80%.
- Our Patient Experience Coordinator program was successfully implemented on April 7th, 2021.



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