

**Knowledge Sharing Renergizing
Hospitals – AHQA Tech 2003**

STATE	ANSWER
Problem: 6 SoW focus was high volume. How do you reach beyond with less resources?	
North Dakota	Using Collaborative to expand circle and let hospitals reorganize themselves.
Montana	Monthly calls with national experts.
Alaska	Use champion in hospital and use champions in QI process such as Brent James, etc. to motivate and train them.
Problem: Hospitals won't collaborate in state, but will across states.	
Mississippi	Regionalized program coordinators trying to instill collaborative. Use local people as experts so they will feel they reach community better than outsider.
Problem: How do you reach beyond QI community?	
Oklahoma	Ongoing standard date and time series of statewide calls with experts, which will pull some doctors. Meet with medical staff at their meetings. They can help move QI. Works well with small hospitals. Use comparative data.
Problem: Reenergize.	
Oklahoma	Use health Systems pharmacists. They are interested in getting involved. Other groups to involve are ACIP group for SIP and Inpatient Vaccination. Collaborative with ER physicians and case managers -"Quality In" and "Quality Out".
Problem: Champion.	
North Dakota/ Massachussets	Can be someone other than doctor. Cast a broad net. Go to major organizations in your state.
Problem: Collaborative Sharing.	
New York	Mini-collaborative within a network. Administrative buy-in.
Problem: Public Reporting.	
Oklahoma	Get local hospital association onboard and behind projects. Use local persons who are brought in.

Problem: Top Buy-in.	
Oklahoma/Alaska/ Florida/	Partner with Hospital Association for awards and present at annual business meeting. Heard from those who didn't get award buy-in for next year.
Florida/ Massachusetts/ North Dakota	Reward up front in scope as a "certified" hospital.
Oklahoma	Site visits with CEO and Vice President. Use with those not brought in since resources are constrained.
Problem: Move beyond policy to putting policy into practice.	
Oregon	Ask each hospital to monitor 10-20 charts to see if in place and used properly.
Problem: Hospital already doing good enough.	
Oklahoma	Invert bars on presentations to show failure rate rather than passing. Report cards to hospital A, B, etc. with benchmarks for each grade.
Problem: Data old – non-participating “current date”.	
Oklahoma	QIO will abstract. Do report cards and try to entice.
Problem: How do you promote “Progress” not “Project”	
Oklahoma	Embedding guidelines into daily work. Introduce “profession based practice” by Brent James. Sell as Program not a Project.
Problem: Administrators are removed from clinical side or CEOs that act like COO.	
Oklahoma	Link to what is in it for them. Tupelo internist, Ken Davis, of North Mississippi Medical Center. Wrote “Making Business Case for Medicine.” He also has a PDSA video.
Problem: Settling for mediocrity:	
Oklahoma/Oregon	Hospital did “incident reports” when standing orders are not used, just as a doctor’s order is not followed. University of Alabama website has Achievable Benchmarks of Care – Methodology. Search “ABC” or Achievable Benchmarks.