

Leadership

A voluntary executive committee was formed in April 2007 to explore the development of a network. The executive committee, serving 1-3 year terms, consists of:

- **Cathy Swenson**, CEO, Nelson County Health System, McVille
- **Doris Vigen**, Director of Nursing, Union Hospital, Mayville
- **Louise Dryburgh**, CEO, First Care Health Center, Park River
- **Candy Thompson**, Director of Nursing, St. Aloisius Medical Center, Harvey
- **Bert Speidel**, QI Coordinator, Sakakawea Medical Center, Hazen
- **Charlene Hansen**, QI Coordinator, Southwest Healthcare Services, Bowman
- **Shawn Smothers**, CEO, Trinity Kenmare Community Hospital, Kenmare.

The executive committee informs the network's activities and provides guidance to the coordinator. An advisory committee, comprised of interested stakeholders, provides feedback to the network and fosters coordination of quality activities across varying stakeholders.

Advisory Committee Members include:

- **Marlene Miller**, Program Director, Center for Rural Health
- **Barb Groutt**, CEO, North Dakota Healthcare Review, Inc.
- **Vacant**, North Dakota Healthcare Association
- **Darleen Bartz**, Health Resources Section Chief
- **Bridget Weidner**, Program Manager, North Dakota Department of Health.

Representatives from each of the large referral hospitals are invited to join this committee as well.

Funding

Funding is provided by the North Dakota Small Hospital Improvement Program (SHIP) and the North Dakota Medicare Rural Hospital Flexibility (FLEX) Program; both administered through the Center for Rural Health.

SHIP funding is a result of 20 Critical Access Hospitals (CAHs) releasing a portion of their individual grants to support the network, to be made available to all 35 of North Dakota's CAHs.

Staff

Jody Ward, BSN, RN began serving as the full time network coordinator in May 2008 and is located at the UND Center for Family Medicine in Minot, North Dakota. She works with all CAHs and reports to the executive committee. Direct supervision is provided through the Center for Rural Health.

Contact Information

Jody Ward, Network Coordinator
1201 11th Avenue SW

Minot, ND 58701

jward@medicine.nodak.edu

Tel: 701.858.6729

Fax: 701.858.6796

ruralhealth.und.edu/projects/cahquality/



Center for
Rural Health

University of North Dakota
School of Medicine & Health Sciences

North Dakota Critical Access Hospital

Quality Network

To support ongoing performance
improvement of North Dakota's
Critical Access Hospitals

North Dakota CAH Quality Network History

In December 2005 a statewide quality improvement survey was administered by the North Dakota Medicare Rural Hospital Flexibility Program (Flex). The information served to highlight a number of common needs for over 80% of the state's critical access hospitals. Two statewide meetings were held in 2006 and 2007 which led to the strategic planning of the network's development. The concept of the network is based on successful models in other rural states who have shared their lessons learned and best practices for optimal networking.

Purpose

The network serves as a common place for CAHs to:

- Share best practices related to providing quality of care
- Be compliant with Medicare Conditions of Participation
- Receive direct technical assistance from the network coordinator
- Participate in shared educational opportunities from experts in a variety of fields
- Be part of a shared voice for CAHs
- Participate in quality improvement projects, centrally coordinated with other stakeholders
- Access a one-stop-shop for quality improvement information that is applicable to the CAH environment
- Work with others to leverage funding for quality improvement and patient safety initiatives
- Work collaboratively on common indicators, utilizing relevant benchmarked information
 - Contribute and share their successes with others to support overall quality care in North Dakota
 - Provide leadership to one another
 - Access a peer mentoring program that matches new staff to experienced CAH staff in North Dakota; and others wishing to learn and form a community across peer groups
 - Be part of further developing the CAH Quality Network to serve ongoing needs of CAHs at the local, regional and statewide level

Network Goals (2008-2009)

- Support quality improvement activities of CAH Network members
- Assist CAHs in achieving compliance with Medicare conditions of participation
- Facilitate sharing of quality-related best practices/information/tools/resources among CAHs
- Improve information sharing/networking at the regional and state level among tertiary facilities and stakeholders
- Development and management of ND CAH Quality Network

Benefits of the Network

- Time savings for quality improvement staff and directors of nursing
- Shared community of CAHs assisting each other
- Central coordination/liaison working on behalf of CAHs with stakeholders
- Reduced duplication/increased efficiencies
- Access to timely information that is applicable to CAHs
- Direct technical assistance from CAH quality improvement expert