

Additional Handout: Quality of Care in Rural America

"Rural Health Access & Workforce"

Tim Size, RWHC Executive Director

WI Legislative Council Special Committee on Health Care Access

August 24th, 2010

The Institute of Medicine, America's most highest scientific source on health care, states that "quality of care in rural America has been '**difficult to calibrate**' to rural needs and resources."

Downloaded from www.IOM.edu as of 8/20/10.

But here are some things we do know:

"Smaller, rural hospitals may be quicker and more efficient at implementing surgical safety initiatives than their larger, urban counterparts, and are capable of providing a standard of surgical care that is at par with major hospitals that provide a comprehensive array of care services, according to an 18-month series of studies led by researchers from the University of Louisville Department of Surgery." *ScienceDaily*, 8/11/10

"Hospitals in rural areas have significantly higher ratings on patients' assessments of care, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, than those located in urban areas. *"Patient Assessments and Quality of Care in Rural Hospitals"* from *The Upper Midwest Rural Health Research Center at the University of Minnesota*, 6/10

"The Environmental Context of Patient Safety and Medical Errors," *Rural Health Research Center, University of Minnesota*, 3/03

"Rural-urban differences in hospital processes, information flows, the culture of safety, and organizational learning have led to the following hypotheses about these differences:

- Rural hospitals will have a lower proportion of adverse events associated with over- learning than urban hospitals but a greater proportion of adverse events associated with medical training that emphasizes work in a more specialized environment.
- Rural hospitals will have a lower proportion of adverse events associated with information flows between the patient and the hospital than urban hospitals due to enhanced social embeddedness.
- Rural hospitals will find it easier than urban hospitals to build a culture of safety based on a feeling of being in a community, but will find it more difficult to build tools such as anonymous reporting systems.
- Rural hospitals will have a greater proportion of adverse events associated with the elderly than urban hospitals (*as a higher proportion of their patients are elderly*).
- Rural hospitals will have a greater proportion of adverse events associated with informal communication processes within the hospital than urban hospitals.

- Rural hospitals will have a greater proportion of adverse events associated with triage-and-transfer decisions and a greater proportion of adverse events associated with transporting patients than urban hospitals.”

Recommendations for Rural Health from the Institute of Medicine

“Quality Through Collaboration: The Future of Rural Health”

A consensus report by the Institute of Medicine, 11/1/04

In the report, the committee offers a five-pronged strategy to address the quality challenges in rural communities:

- adopting an integrated approach to addressing both personal and population health needs;
- establishing a stronger health care quality improvement support structure to assist rural health systems and professionals;
- enhancing the human resource capacity of health care professionals in rural communities, and the preparedness of rural residents to actively engage in improving their health and health care;
- assuring that rural health care systems are financially stable; and
- investing in an information and communications technology (ICT) infrastructure, which has enormous potential to enhance health and health care over the coming decade.

Examples of Applying IOM’s Six Quality AIMS Applied to Personal & Population Health:

Quality Aim	Personal Health	Population Health
Safety	Reduce medication errors.	Reduce auto accidents.
Effectiveness	Use best practices to care for diabetic patients.	Public school policies reduce risk obesity/diabetes.
Individual-Centered	Improve provider & patient communication.	Regional networks respect community preferences.
Timeliness	Appointments available within reasonable limits.	Epidemics and other threats to community as whole identified earlier than later.
Efficiency	Investing in electronic health records as a means to more efficient care.	Public reporting of population-based measures of health status.
Equity	Treat all patients with equal respect.	Public policies that encourage appropriate distribution of providers.