Cass Lake Hospital: Ready for Change

Cass Lake Hospital may be one of the newer recruits to the Improving Patient Care Collaborative, but this facility and its staff have jumped in feet first and accomplished much in just one year.

Located in Northern Minnesota, just 90 miles from the Canadian border, Cass Lake Hospital serves the Leech Lake Band of Ojibwe and other American Indians in 11 communities. With the equivalent of 6.5 full-time providers and a total staff of about 150, Cass Lake provides outpatient care to about 12,000 patients. The hospital also provides short-term, acute inpatient care and runs a 24-hour emergency room.

The area is a beautiful, but challenging, environment for providing health care. The communities are entirely rural. Poverty is prevalent. However, those challenges haven't held Cass Lake Hospital back. In fact, they've inspired a creative and comprehensive response. IPC concepts and support have played an important role.

Full Steam Ahead

While most IPC sites follow the recommendation to start with one micro system care team during the first year and gradually spread the ideas and concepts to other providers, Cass Lake Hospital involved all staff from the beginning, and, within six months, the hospital had all providers on care teams and carrying out IPC ideas.

This is not a move that the national IPC program recommended or that the leaders of Cass Lake Hospital even recommend to others. "The national office recommended that we just start with a lead team for a year and then spread it to other teams," Tam Mahaffey, a certified registered nurse practitioner, remembers. "It's a very sound process, and it definitely works."

But that's not what Cass Lake did; this was a hospital ready for change.

Providers at the facility had tried to make changes in the past, but they didn't have support of administration. Once Norine Smith became the hospital's CEO, that situation changed. Tam Mahaffey, improvement coordinator for Cass Lake Hospital, explains: "Norine took a group of people down to the Institute for Healthcare Improvement (IHI) conference in 2009, and, when they came back, they were very excited. We actually started a lead team in June of 2010 before we even became an IPC site. We were just a little bit ahead of the game for a lot of different reasons, and we were so, so ready that we just went full steam ahead. So far it's worked."

Strong Leadership

A key to their success has been strong leadership and an emphasis on education of staff, patients, and the community.

CEO Smith, a member of the Red Lake Band of Chippewa (Ojibwe) Indians, came to Cass Lake Hospital with a combined perspective of a professional and a patient. With degrees in both business administration and health care administration, Smith helped establish the first Urban Indian Health Program in Minneapolis. She came to Cass Lake after taking some time off to care for her elderly parents on the nearby Red Lake Reservation. "I was helping take care of my parents who were dealing with end-of-life issues and health care so I was having a lot to do with the health care system from the patient standpoint," Smith says. "It was a great learning opportunity." With this patient perspective fresh in her mind, Smith accepted the position of CEO of Cass Lake Hospital.

After years of shifting leadership, the organization's financials were in disarray. In the midst of all of

this, the providers were delivering good care under challenging conditions. "When I came here, there were a lot of people with a lot of talent, but nobody had really tapped into their talent," Smith says.

"In so many ways, this organization was struggling [when she arrived]," says Mahaffey. "Norine cleaned up the financial situation. She's held people accountable for job expectations." Smith worked with the community and the tribe to align goals and mission with the concerns of the community. She restructured departments and staffing assignments and got the hospital involved in IPC.

Mahaffey had received IHI training several years before joining Cass Lake Hospital. In fact, she had tried to introduce some of the concepts before, but had met resistance. Now, Smith signed her on to help lead the IPC effort at Cass Lake.

They formed the North Star Improvement team, with representatives from administration, nursing, medical staff, pharmacy, lab, medical records, dental, facilities management and information technology. This group meets weekly to steer the project and keep IPC concepts top of mind throughout the hospital.

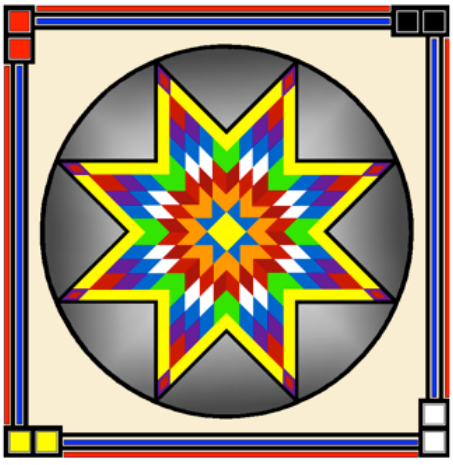
Education, Education, Education

Cass Lake kicked off the IPC Collaborative with an all-staff training at a nearby hotel in December 2010. "We brought in everybody, including the janitors and everybody in the organization that could leave on that day that we had it," Mahaffey says. They held another session on an alternative date for those who couldn't attend the first time, and the sessions were videotaped for staff that couldn't make either session. They also set up a bulletin board that explains IPC concepts and reports each team's progress toward program goals.

"I believe you really need to train your staff about what the IPC model is all about," says Smith. "And it has to be the total staff, not just your providers and not just the groups that are being set up. You need to have everybody involved in it."

Mahaffey points out that this kind of all-staff training takes the full commitment and involvement of leadership. "It obviously took a lot of commitment to shut down most of the place in order to educate the people about IPC," says Mahaffey. But, she adds, sometimes you have to make "some short-term give-ups so that you have some long-term gains."

In addition to education sessions on IPC concepts, Cass Lake Hospital has organized other important training sessions for employees. Staff-wide trainings have covered poverty in Indian Country and how it affects access to health care, as well as trainings about customer service and leadership.



Cass Lake Hospital selected a North Star quilt as the symbol for their IPC project. The color yellow represents the patients and the community. The white symbolizes the north, where the site is located. Black signifies wholeness and completion, and the black outline around the start represents the North Star Improvement Team, which guides the IPC effort at Cass Lake. "In the quilting process each piece has to fit together to make it work," says Smith. The same is true for IPC. "Every team has to work together and every piece has to fit together for us to make it work," Smith adds.

Poverty and Health Care

Smith has been studying the connection between poverty and access to health care since her days in Minneapolis. Through her experiences at the Urban Indian Health Program, she has realized that changing the system is only one part of the equation; the other part is working with patients and their real life challenges.

"If the idea of IPC is to improve patient care, that means engaging the patient in their own care," Smith explains. "And to do that, you have to look at what impact poverty has on access to care. If we really want to heal Indian people, we're going to have to take a look at body, mind, and spirit."

The Cass Lake staff has put together bulletin boards to communicate IPC goals—and progress toward those goals—to staff and patients.

Through a cooperative relationship with Sanford Hospital, a larger facility to which Cass Lake often makes referrals, trainers presented "Bridges Out of Poverty," based on the writings of Ruby Payne, PhD. The purpose of the training was to help Cass Lake employees better understand their patients, their community, and even themselves.

"A number of the staff really had not lived in poverty and did not understand poverty," Smith explains. "We put together classes to look at poverty and help people understand what people who live in poverty go through and to look at the middle-class population and the upper-class population. There are hidden rules in each one of those populations."

For example, Smith explains, for people in middle- and upper-income brackets, there's an expectation of achievement, and there's a value placed on good health. But for people living in poverty, relationships often come before professional achievement, before education, and even before health care. If a patient has to choose between making a doctor's appointment and caring for her children, she's going to stay home with her children—or bring the children to the appointment. If a patient with diabetes has to choose between buying healthy vegetables for herself as her doctor recommended or buying enough food to feed her whole family, she's going to choose the latter.

Understanding this background can help staff anticipate these situations, perhaps by having activities for patients' children or helping patients plan inexpensive family meals that meet diabetic requirements.

Understanding this background can also help a manager understand an employee who doesn't show for work because his car has broken down or her mother isn't feeling well. As Mahaffey points out, some employees at Cass Lake "live in the poverty world but work in the middle class world."

Understanding poverty also helps explain the prevalence of substance abuse in the community—an issue the tribe and community have asked the hospital to help them address. "Drug abuse and alcoholism are really symptoms of poverty," Mahaffey says. "It's how people medicate their pain."

Working With Patients to Meet Health Goals

Armed with this understanding, clinicians can design brief action plans (BAPs) to help motivate patients to manage their own health and to meet their own health goals. One middle-age Native American man with peripheral neuropathy, type 2 diabetes, chronic low back pain, and hyperthyroidism set a goal to "walk to the river and back with my child." Originally, he wanted to be able to do this three times a week, but admitted that he was not that confident that he could accomplish this.

Working with his care coordinator, he set up weekly visits to address his pain and his other symptoms. By the fifth week, he had started walking. By the sixth week, he had met his goal and increased his target to seven times a week. He also started riding his bicycle and taking his son—who also has diabetes—with him. Together they set out a salt like for the wildlife down by the river, and they ride down to the river to check on it daily.

Mahaffey says they've seen similar improvement system-wide. "We've significantly improved our data," she says, both in access to care and health outcomes. The time to the third next available appointment has gone from 10 days to 0–3 days on all teams. Physical activity, cervical cancer, depression, and health risk screenings are all up. "We have patients who dropped A1C [glycated hemoglobin] levels from highs of 10 and 12 down to normal ranges. We have stories of people who are losing weight and exercising because our care coordinators are using BAPs."

This approach fits right in with the emphasis on education and patient involvement at Cass Lake. "The more education a person gets, the better off they are," says Smith. "[In our community], we're dealing with poverty, we're dealing with alcoholism, we're dealing with social service problems and behavioral health issues. If we're really going to have an impact on health care, those issues need to be addressed, and we need to incorporate them into the overall health care."