|  |
| --- |
| Flex site visit report P/Y 2024 - EXAMPLE |
| Facility:  | Site Visit Date:  |
| Participating Staff:  | [ ]  CEO:[ ]  CFO:[ ]  CNO:[ ]  etc:Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Key Staff Preferred Contact Information: | Email:    | Phone:    |

|  |
| --- |
| Follow-Up Priorities (Next Steps) & Flex Staff Responsibility |
| **Next Step** | **Priority Area** | **Staff Assigned** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Topics to address (Agenda Items) | Notes |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Participation during the past year (check box) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Quality Collaborative |  |  |  |
| HCAHPS |   |  |   |
| MBQIP (including new measures) |   |  |  |
| SHIP/Proposed Project for FY 2024 |   |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Does the hospital participate in telemedicine services? If so, for which health services?)  |  |  |  |
| Participating in Accountable Care Organization (ACO)? |  |  |  |
|  |  |  |  |
|  |  |  |  |

 |

|  |
| --- |
| For Quality improvement Facility Responsible Person Name:  |
| * Is hospital entering Care Compare data? (Yes / No)
* Is hospital using other quality indicators? (Yes à which)?
* Is Quality Improvement in Rural Health Centers being implemented?
* Is Quality Staff currently receiving MBQIP Monthly and knows how to contact RQITA?
 |
| for performance iMprovement Facility Responsible Person Name:  |
| * Are there any specific needs identified to address (i.e., CAHMPAS Report Financial Indicators)
* Is hospital interested in Board Development? (Yes / No)
* Do you have recommendations for future topics/technical assistance which includes, <upcoming events>?
 |
| for hit development Facility Responsible Person Name: |
| * What is the hospital’s engagement with Meaningful Use?
* HIT/EHR readinessDepartments on line

-Radiology-Medicine/Pharmacy-Labs-CPOE-X-ray/Imaging-ED-FCC/USAC GrantPublic Health registration and public health measure using for Meaningful use

|  |  |  |
| --- | --- | --- |
| Electronic Labs | Immunization | Syndromic Surveillance |

 |
| for eD development Facility Responsible Person Name: |
| * Emergency Department Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have a Level IV Trauma PI Plan?
 |
| REPORTS* MBQIP Reports [ ]
* Bypass Reports [ ]
 |

|  |  |  |
| --- | --- | --- |
| SORH/Flex/SHIP Contact Info: | Check all that apply | Follow up |
| What services can the Flex/SHIP Program help with? |
| 1. Health Professional Shortage Area Designations
 | [ ]  |  |
| 1. Board Development
 | [ ]  |  |
| 1. Recruitment & Retention 3R Net
 | [ ]  |  |
| 1. Strategic Planning
 | [ ]  |  |
| 1. NHSC Loan RepaymentPOC:
 | [ ]  |  |
| 1. Nurse Corps Loan Repayment <http://www.hrsa.gov/loanscholarships/repayment/nursing/>
 | [ ]  |  |
| 1. J-1 Visa Waiver Foreign Physicians
 | [ ]  |  |
| 1. Technical assistance
 | [ ]  |  |
| 1. Grant writing workshops
 | [ ]  |  |
| 1. Community Health Needs Assessments/Implementation & Evaluation
 | [ ]  |  |
| 1. Medical Staff Education on Flex
 | [ ]  |  |
| 1. Do you use our website?
 | [ ]  |  |
| 1. Other
 | [ ]  |  |

|  |
| --- |
| Key Issues/Needs Identified- How Can We help? |
|  |