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| 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: | |

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| Follow-Up Priorities (Next Steps) & Flex Staff Responsibility | | |
| **Next Step** | **Priority Area** | **Staff Assigned** |
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| Topics to address (Agenda Items) | | Notes |
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| 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)? |  |  |  | |  |  |  |  | |  |  |  |  | | |

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| 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 readiness Departments on line   -Radiology -Medicine/Pharmacy -Labs -CPOE -X-ray/Imaging -ED  -FCC/USAC Grant  Public 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 |

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| 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 Repayment POC: |  |  |
| 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 |  |  |

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