# Small Rural Hospital Transition (SRHT) Project

# \_\_\_\_\_\_\_\_\_ Hospital

## Financial Operational Assessment Action Plan and Project Tracking

**Action Plan Development Date:**  \_\_\_\_\_\_\_\_

**Participants:** Executive and Management Teams

**Facilitator:** Stroudwater Associates

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| **Top 10 Team Recommendations** | |
| [**1**](#_Action_Plan_1) |  |
| [**2**](#_Action_Plan_2) |  |
| [**3**](#_Action_Plan_3) |  |
| [**4**](#_Action_Plan_4) |  |
| [**5**](#_Action_Plan_5) |  |
| [**6**](#_Action_Plan_6) |  |
| [**7**](#_Action_Plan_7) |  |
| [**8**](#_Action_Plan_8) |  |
| [**9**](#_Action_Plan_9) |  |
| [**10**](#_Action_Plan_10) |  |

## Anticipated Outcomes and Tracking Measures

| **Anticipated**  **Outcome** | **Tracking**  **Measure** | **Standard** | **Hospital**  **Target Level** | **Pre-Values**  **At time**  **of Report** | **12 months**  **Post-Values** |
| --- | --- | --- | --- | --- | --- |
| Increase Net Patient Revenue | Net Patient Revenue | Not applicable | Hospital target level: |  |  |
| Increase Days of Cash on Hand | Days of Cash on Hand | US Median for Rural Hospitals: 77.72 days[[1]](#footnote-1) | Increase to above national median. Target 10 days |  |  |
| Reduce Days in Net Accounts Receivable | Days in Net A/R | US Median for Rural Hospitals: 51.34 days[[2]](#footnote-2) | Reduce to below national median |  |  |
| Reduce Readmissions | Total Readmission Rate | CMS US Reported Rate: 15.3% | Reduce to below national rate. |  |  |
| Improve discharge planning HCAHPS scores | *Patients who reported that YES, they were given information about what to do during their recovery at home* | National: 87% | Increase to above national average |  |  |
| Improve Transitions of Care HCAHPS Scores | *Patients who Strongly Agree they understood their care when they left the hospital* | National: 53% | Increase to above national average |  |  |
| Improve  O*verall Rating of the Hospital* HCAHPS scores | *Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)* | National: 73% | Increase to above national average |  |  |
| Improve *Would Recommend Hospital* HCAHPS Scores | *Patients who reported YES, they would definitely recommend the hospital* | National: 72% | Increase to above national average |  |  |

## Action Plan

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| **Action Plan 1** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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| **Action Plan 2** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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| **Action Plan 3** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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| **Action Plan 4** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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| **Action Plan 5** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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| **Action Plan 6** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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| **Action Plan 7** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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| **Action Plan 8** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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| **Action Plan 9** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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| **Action Plan 10** | |  | | | | |
| **Issue** | |  | | | | |
| **Goal** | |  | | | | |
| **#** | **What is the Action Step?** | | **Who is the Owner?** | **Who are the Co-Owners?** | **By When?** | **Follow-Up and**  **Next Steps** |
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1. CAH Financial Indicators Report: Summary of Indicator Medians by State; Flex Monitoring Team Data Summary Report No. 26: March 2018 [↑](#footnote-ref-1)
2. IBID 1 [↑](#footnote-ref-2)