# 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

|  |
| --- |
| **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 |  |  |
| ImproveO*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

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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)