

New York Flex Program

Fiscal Year (FY) 2019 Significant Accomplishments, Best Practices, and Lessons Learned

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Program Area 1: CAH Quality Improvement

At the request of New York critical access hospitals (CAHs), an activity to develop a Clinical Care Delivery Spectrum was initiated. A total of twelve hospitals participated in this activity. This was Phase 1 of this project and it is anticipated that additional hospitals will join the project in the FY 20 grant year.

Staff competencies, provider availability, and ancillaries provided often dictate the hospital's ability to care for certain types of patients and services offered. However, most hospitals do not go through a formal process of identifying the services that could be potentially provided by the hospital, which Stroudwater recognizes as the development of a Care Delivery Spectrum. Stroudwater will work with the New York CAHs to educate and coach on the development of an individualized inpatient Clinical Care Delivery Spectrum that helps define the level and type of services offered at the hospital-based on available resources and staff.

Flex Staff and Stroudwater Associates collaborated with the hospitals to educate and coach on the development of an inpatient Clinical Care Delivery Spectrum. The following activities were completed:

- Conducted a group educational session via webinar (3 in total) with hospital leadership and key clinical staff on the development of the Care Delivery Spectrum.
- Gathered and review pertinent current clinical and utilization data through a hospitals self-assessment regarding current service offerings.

- Audited individual CAH inpatient services based on the Care Delivery Spectrum utilizing a hospital self-assessment survey and information request to inventory the CAH's current Care Delivery Spectrum.
- Conducted a gap analysis based on the self-assessment and information request of clinical competencies, provider availability, access to specialty care, ancillaries offered, and available equipment to understand current Care Delivery Spectrum and explore opportunities to expand and improve the Care Delivery Spectrum.
- They have worked with the participating CAHs to determine champions that will lead the development of the inpatient Clinical Care Delivery Spectrum at their organization.
- She has conducted remote interviews of Inpatient and Emergency Department Medical Directors to ensure an understanding of the provider perspective of services offered.
- Conducted one (1-2-hour) coaching call with each CAH's identified champion(s) and two group education work sessions for all champions

Lessons learned during this project include:

Developing a *Clinical Care Delivery Spectrum: A How-To Guide* was developed and is available for hospitals to use to improve performance regarding patient admission and transfer decision-making and to adopt relevant clinical criteria to support those decisions. Hospitals are currently developing Clinical Care Delivery Spectrums with ongoing assistance from the Flex program. Information will continue to be collected to determine progress and effectiveness. Each participating hospital has a defined plan to develop a Care Delivery Spectrum. The How-To Guide may be used by any CAH to develop a Care Delivery Spectrum, which benefits the entire Flex Program to be useful to other states that want to implement this in the future. This activity is recommended for other Flex programs. Care Delivery Spectrums are currently being developed hospitals have expressed great interest in implementing the project.

Program Area 2: CAH Operational and Financial Improvement

The New York Flex Program conducted in-depth financial and operational assessments of four CAHs. Flex staff identified hospitals that would benefit from this analysis and worked with Stroudwater Associates completed the following activities:

- A comprehensive review of hospital cost reports
- Interviews with key financial and operational staff at each hospital
- Development of recommendations
- Discussion to review specific recommendations and implications of implementation.

Lessons learned during this project include:

Each participating hospital has a list of actionable recommendations to improve operational and financial performance. Additionally, the New York Flex Program has a list of recommendations that can be generalized to all hospitals that may be used to identify areas of potential improvement.

Hospitals that are receptive to the project and have time to participate to maximize the effort fully. The New York Flex Program recommends setting up a plan to follow up with hospitals periodically in the year following the assessment to determine what recommendations are being implemented and the impact.

This activity is recommended for other Flex programs. Each of the hospitals that participated in this activity gave it an evaluation of excellent. They are each implementing recommendations and opportunities for improvement. Follow-up with each hospital will be conducted in the FY 20 grant year to determine the effectiveness of the recommendations.