NATIONAL
RURAL HEALTH
RESOURCE CENTER

Small Rural Hospital Transition (SRHT) Project

Rural Hospital Toolkit & Spotlights

SRHT Team

August 20, 2018

Presentation Agenda

- SRHT Hospital Outcomes
- Hospital Spotlights
- Rural Hospital Toolkit
- Self-assessment for Strategy Planning
- 2018 Application Period and Process

Rural Health Innovations' Purpose

Rural Health Innovations (RHI), LLC, is a subsidiary of the National Rural Health Resource Center (The Center), a non-profit organization. Together, RHI and The Center are the nation's leading technical assistance and knowledge centers in rural health. In partnership with The Center, RHI connects rural health organizations with innovations that enhance the health of rural communities.

NATIONAL
RURAL HEALTH
RESOURCE CENTER

Small Rural Hospital Transition (SRHT) Project Supported By:

NATIONAL RURAL HEALTH RESOURCE CENTER

SRHT Project Purpose and Goals

- Supports small rural hospitals nationally in bridging the gaps between the current volume-based health care system and the newly emerging value-based system of health care delivery and payment.
- Provides technical assistance through onsite consultation to assist selected hospitals in transitioning to value-based care and preparing for population health.
- Disseminates best practices and successful strategies to rural hospital and network leaders.

www.ruralcenter.org/rhi/srht

SRHT Hospital Project Outcomes (2016 - 2017)

Three hospitals completed FOA. Two of FOA hospitals that reported:

- Increase in net patient revenue by 7% and 17%
- Increase in net income by 18% and one nearly doubled
- Increase in days cash on hand by 14 and 10 days
- Increased patient satisfaction scores for "*patients who gave their hospital a rating of 9 or 10*"
  - *78% to 100%*
  - *77% to 84%*

SRHT Hospital Project Outcomes (2016 - 2017)

Six hospitals completed QI Projects: 4 CAHS and 2 PPS

Of the two PPS hospitals that reported:

- One increased HCAHPS discharge planning scores from 86% to 95%
- One maintained high HCAHPS discharge planning score of 90%
- Both increased HCAHPS transitions of care scores:
  - 41% to 43%
  - 48% to 55%

SRHT Hospital Project Outcomes (2016 - 2017)

Of the four CAHs, three reported:

- Two increased Emergency Department Transfer Communication (EDTC) from 76% to 100% and 89% to 94%, and one maintained high score of 93%
- Two increased HCAHPS discharge planning scores from 76% to 100% and 90% to 91%, and one showed slight decreased from 90% to 88%
- One increased HCAHPS transitions of care scores from 42% to 49% and two experienced in slight decrease from 59% to 58% and 56% to 53%

SRHT Hospital Project Outcomes (2015 - 2016)

Six FOA hospitals, on average, increased:

- Net income by 6%
- Days cash on hand by 16 days
- Patient satisfaction scores from:
  - 59% to 71% for "*patients who gave their hospital a rating of 9 or 10"*
  - 62% to 68% for "*patients who would definitely recommend the hospital"*

SRHT Hospital Project Outcomes (2014 - 2015)

Of the four FOA hospitals:

- Three increased net patient revenue by 11%
- Two increased days cash on hand by 11 days

Of three QI hospitals:

- Two decreased total readmissions rate from 15.8% to 11.5%, on average
- Three increased HCAHPS discharge planning scores from 46.4% to 62.3%, on average

Uvalde Memorial Hospital
Financial Operational Assessment (2017)

Uvalde Memorial Hospital

25 bed CAH in Uvalde, TX

UMH incorporated the ten action items recommended in to their 2017 strategic plan, and adapted these into a Studer management tool by creating a pillar called 'Stroudwater.' Each action item was assigned to various team members and 90-day action plan items were created. Teams modified time frame goals to coincide with the strategic plan to remain focused on the implementation process.

Outcomes include increased:

- Net patient revenue by 3%
- Operating margin increased by 2.6%
- Days cash on hand by more than 10 days
- Patient satisfaction score for *"rate the hospital"* from 77.2% to 83.6%

Presentation Medical Center
Financial Operational Assessment (2017)

25 bed CAH in Rolla, ND

Leadership is guided by the principle that progress is most effectively accomplished by starting with a strong and engaged leadership team. PMC firmly believes that the ***culture*** *(how we do things and who we are)* ***impacts outcomes*** *so a thriving and caring culture is of utmost importance.*

Outcomes include increased:

- Total margin by almost 3%
- Net patient revenue by more than 2.5%
- Days cash on hand by 14 days
- Swing bed ADC from 0.7 to 5.5

NATIONAL RURAL HEALTH RESOURCE CENTER

Delta Memorial Hospital
Quality Improvement Project Outcomes (2017)

25 bed CAH in Dumas, AR

"This project helped us to identify areas of focus to guide us in streamlining processes to improve overall efficiency and quality of care. I believe we are in a good position with the changes and all (we) are doing to be ready to transition to new payment models." Ashley Anthony, CEO

Outcomes include increased:

- EDTC from 76% to 100%
- Patient Satisfaction Scores for:

"Patients who reported that YES, they were given information about what to do during their recovery at home" from 76% to 100%

"Patients who Strongly Agree they understood their care when they left the hospital" from 42% to 49%

Pender Community Hospital: Financial Operational Project Outcomes (2015)

21 bed CAH in Pender, NE

"We are setting goals around preventative services and ***changing the community's view about prevention****. To create that new mindset, we are using new language such as "we'll see you next year for…" so they think differently and don't think they should just come in when sick."*

Melissa Kelly
Chief Executive Officer

Outcomes included:

- Grew rehab revenue by $400K over a year
- Increased swing bed ADC to 7
- Since implementation of 340B Program and over two-year period, net revenue is now nearly $2.1 Million
- Implemented ACO strategy to increase the panel size in RHCs and position hospital for future

The Rural Hospital Toolkit

Home › Resource Library › Rural Hospital Toolkit for Transitioning to Value-based Systems

Rural Hospital Toolkit for Transitioning to Value-based Systems

With the support of the Federal Office of Rural Health Policy, The Rural Hospital Toolkit for Transitioning to Value-based Systems (Toolkit) was developed to disseminate consultant recommended best practices and transition strategies identified through the Small Rural Hospital Transition (SRHT) Project. The Toolkit shares best practices for improving financial, operational and quality performance that position rural hospitals and networks for the future, as well as outlines strategies for transitioning to value-based payment and population health. Rural providers and leaders should use the Toolkit to identify performance improvement opportunities for their hospitals and networks, and develop strategies for successfully transitioning to population health.

- Self-assessment for Transition Planning
- Strategic Planning
- Leadership: Board, Employee and Community Engagement
- Physician and Provider Engagement and Alignment
- Population Health Management
- Financial and Operational Strategies
- Revenue Cycle Management and Business Office (BO) Processes
- Quality Improvement
- Community Care Coordination and Chronic Care Management

SRHT Toolkit FACT SHEET (PDF Document - 1 page)

Self-assessment for Transition Planning
Strategic Planning
Leadership: Board, Employee and Community Engagement
Physician and Provider Engagement and Alignment
Population Health Management
Financial and Operational Strategies
Revenue Cycle Management and Business Office (BO) Processes
Quality Improvement
Community Care Coordination and Chronic Care Management

Upcoming Events

UPCOMING HELP WEBINAR

Improving Patient and Family Experience: New ideas for engaging patients and motivating staff

February 7, 2018

Discover new ideas to engage your patients and their families and create a more healing experience for them. Discuss strategies for staff accountability and remembering the true intention for creating a positive patient experience.

Rural Hospital Toolkit

NATIONAL RURAL HEALTH RESOURCE CENTER

Toolkit Purpose

- Provides access to industry accepted best practices
- Shares consultant recommended transition to value strategies
- Shares successful hospital examples
- Incorporates feedback from hospital administrators
- Prepare for the transition to a value based system

Toolkit: Designed To Support Rural Communities

- Rural health networks
- Small rural hospitals
  - Critical access hospitals (CAH)
  - Prospective payment system (PPS) hospitals
- State offices of rural health
- Hospital associations

Toolkit:
8 Content Areas and One Self-Assessment

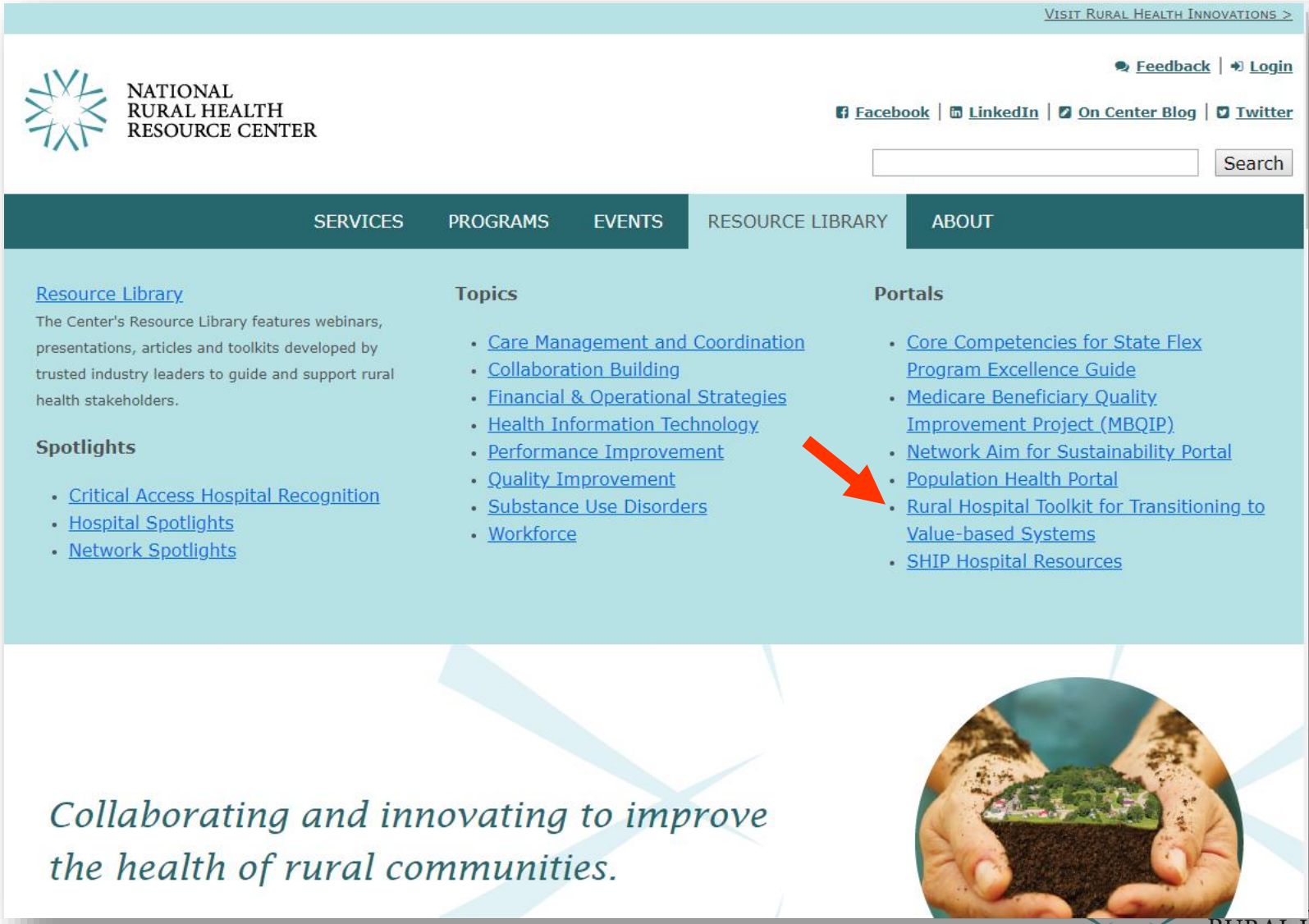
- Self-assessment for Transition Planning
- Strategic Planning
- Leadership: Board, Employee and Community Engagement
- Physician and Provider Engagement and Alignment
- Population Health Management
- Financial and Operational Strategies
- Revenue Cycle Management and Business Office (BO) Processes
- Quality Improvement
- Community Care Coordination and Chronic Care Management

Examples of Toolkit Resources

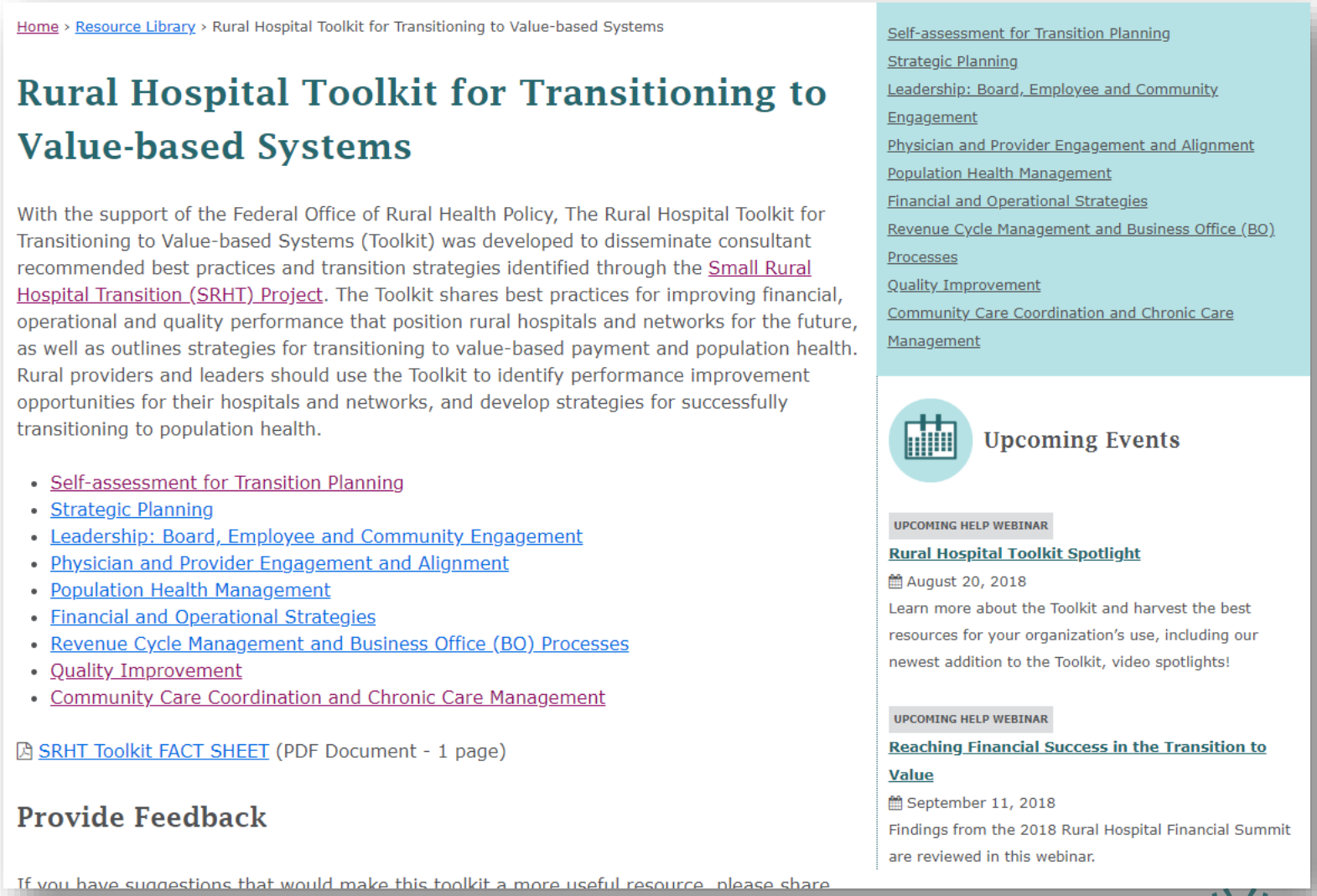
Resources embedded in Toolkit include, but not limited to:

- Best practice tools
- Downloadable templates that are MS Word and Excel file compatible format
- Zip files with ready to go templates
- Metrics for benchmarking (KPI's, quality measures)
- Relevant webinar playbacks for educational purpose
- Hospital Spotlights to demonstrate real-life examples

How to Access Toolkit



Toolkit



Home › Resource Library › Rural Hospital Toolkit for Transitioning to Value-based Systems

Rural Hospital Toolkit for Transitioning to Value-based Systems

With the support of the Federal Office of Rural Health Policy, The Rural Hospital Toolkit for Transitioning to Value-based Systems (Toolkit) was developed to disseminate consultant recommended best practices and transition strategies identified through the Small Rural Hospital Transition (SRHT) Project. The Toolkit shares best practices for improving financial, operational and quality performance that position rural hospitals and networks for the future, as well as outlines strategies for transitioning to value-based payment and population health. Rural providers and leaders should use the Toolkit to identify performance improvement opportunities for their hospitals and networks, and develop strategies for successfully transitioning to population health.

- Self-assessment for Transition Planning
- Strategic Planning
- Leadership: Board, Employee and Community Engagement
- Physician and Provider Engagement and Alignment
- Population Health Management
- Financial and Operational Strategies
- Revenue Cycle Management and Business Office (BO) Processes
- Quality Improvement
- Community Care Coordination and Chronic Care Management

SRHT Toolkit FACT SHEET (PDF Document - 1 page)

Provide Feedback

If you have suggestions that would make this toolkit a more useful resource, please share

Self-assessment for Transition Planning
Strategic Planning
Leadership: Board, Employee and Community Engagement
Physician and Provider Engagement and Alignment
Population Health Management
Financial and Operational Strategies
Revenue Cycle Management and Business Office (BO) Processes
Quality Improvement
Community Care Coordination and Chronic Care Management

Upcoming Events

UPCOMING HELP WEBINAR

Rural Hospital Toolkit Spotlight

August 20, 2018

Learn more about the Toolkit and harvest the best resources for your organization's use, including our newest addition to the Toolkit, video spotlights!

UPCOMING HELP WEBINAR

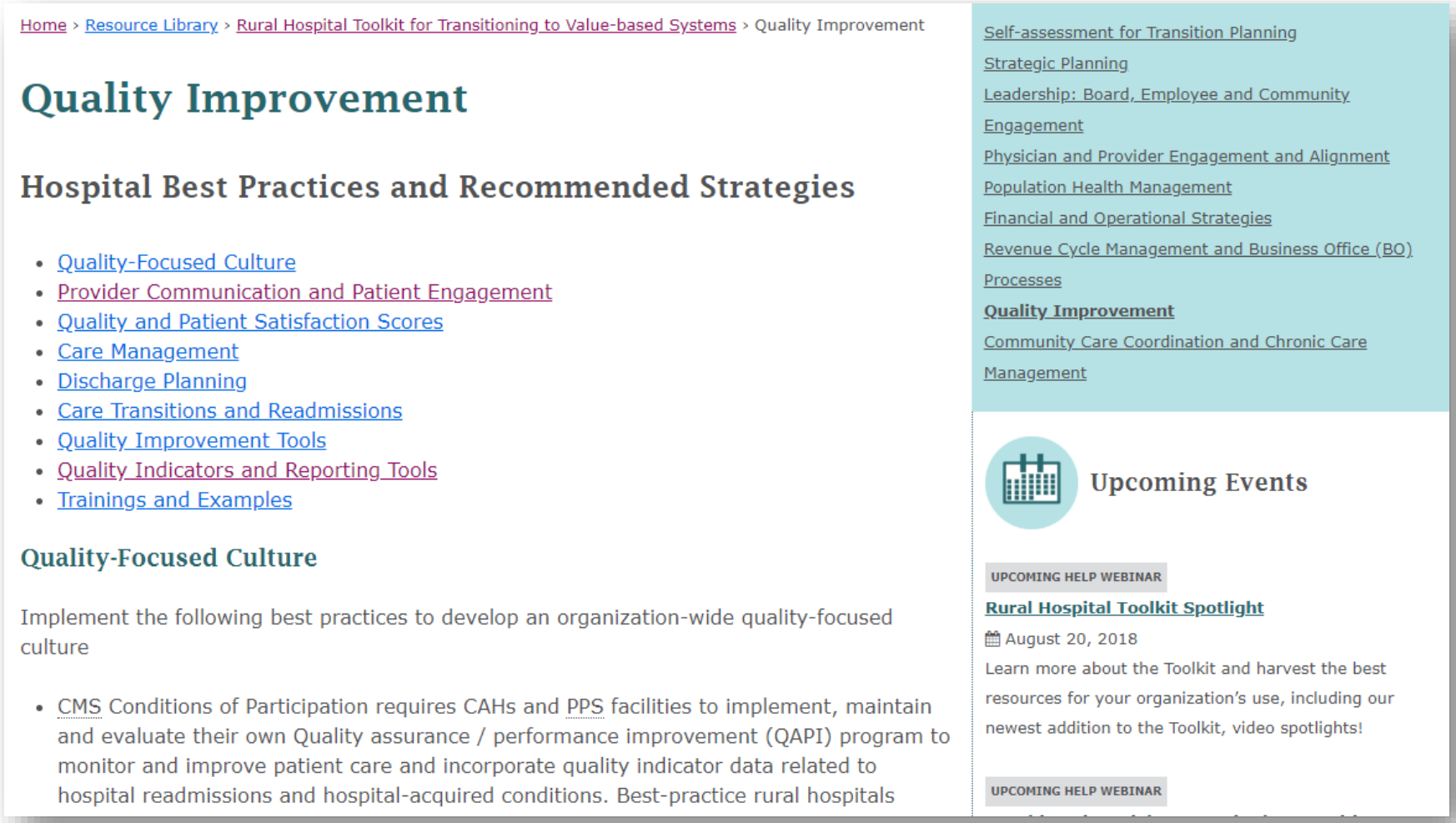
Reaching Financial Success in the Transition to Value

September 11, 2018

Findings from the 2018 Rural Hospital Financial Summit are reviewed in this webinar.

Toolkit

Quality Improvement



Home › Resource Library › Rural Hospital Toolkit for Transitioning to Value-based Systems › Quality Improvement

Quality Improvement

Hospital Best Practices and Recommended Strategies

- Quality-Focused Culture
- Provider Communication and Patient Engagement
- Quality and Patient Satisfaction Scores
- Care Management
- Discharge Planning
- Care Transitions and Readmissions
- Quality Improvement Tools
- Quality Indicators and Reporting Tools
- Trainings and Examples

Quality-Focused Culture

Implement the following best practices to develop an organization-wide quality-focused culture

- CMS Conditions of Participation requires CAHs and PPS facilities to implement, maintain and evaluate their own Quality assurance / performance improvement (QAPI) program to monitor and improve patient care and incorporate quality indicator data related to hospital readmissions and hospital-acquired conditions. Best-practice rural hospitals

Self-assessment for Transition Planning
Strategic Planning
Leadership: Board, Employee and Community Engagement
Physician and Provider Engagement and Alignment
Population Health Management
Financial and Operational Strategies
Revenue Cycle Management and Business Office (BO) Processes
Quality Improvement
Community Care Coordination and Chronic Care Management

Upcoming Events

UPCOMING HELP WEBINAR

Rural Hospital Toolkit Spotlight

August 20, 2018

Learn more about the Toolkit and harvest the best resources for your organization's use, including our newest addition to the Toolkit, video spotlights!

UPCOMING HELP WEBINAR

[Quality Improvement]

NATIONAL RURAL HEALTH RESOURCE CENTER

Quality Improvement - Care Transitions

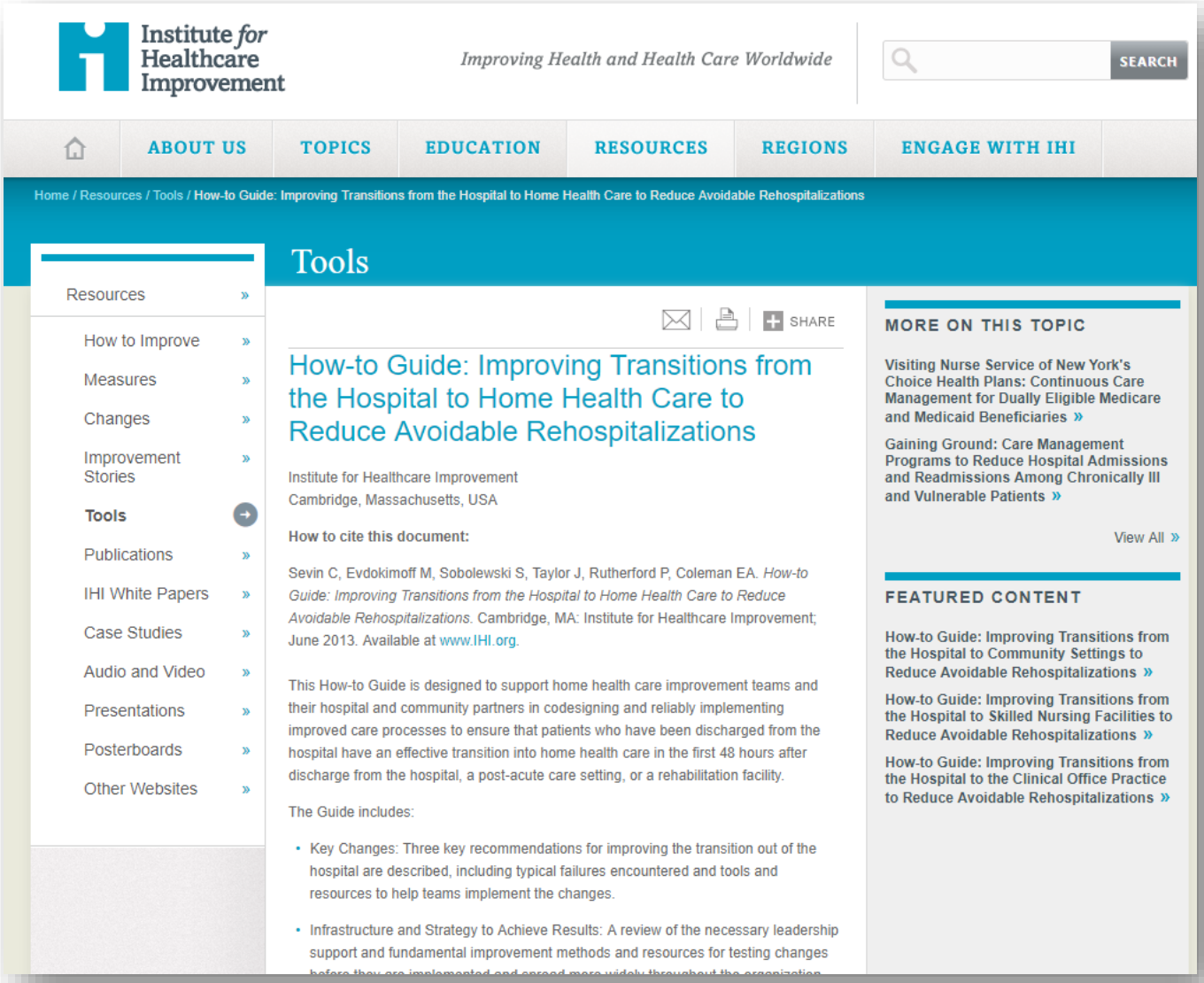
- Review Partnership for Patients Readmissions and Care Transitions for evidenced-based models that reduce readmissions and improve the transition of care
- Implement the evidence-based strategies from AHRQ's Designing and Delivering Whole-Person Transitional Care Guide to reduce readmissions and provide effective transitional care, particularly for the adult Medicaid population
- Use AHRQ's Tool 2 Readmission Review for determining, from the patient's perspective, issues that occurred, between discharge and readmission.
- Adopt AHRQ downloadable Taking Care of Myself: A Guide for When I Leave the Hospital Guide to your hospital to ensure staff provides patients the information they need to help them care for themselves when they leave the hospital. This ready to use guide assists staff by outlining key information that ensures a smooth transition of care, as well as communicates important information to the patient in an easy to understand manner.
- Use IHI's Readmissions Diagnostic Worksheet to conduct chart reviews of patients readmitted to determine opportunities for improvements to reduce readmissions
- Prevent readmissions and reduce adverse events by using Modified LACE Tool (for more information on LACE and preventable readmissions, refer to MRH Performance Improvement Network)
- Apply IHI's STate Action on Avoidable Rehospitalizations (STAAR) framework to reduce readmissions and improve quality of care processes and refer to the following guides for recommended best practices for transferring to home health, skilled nursing facilities and other community settings
  - How-to Guide: Improving Transitions from the Hospital to Home Health Care to Reduce Avoidable Rehospitalizations
  - How-to Guide: Improving Transitions from the Hospital to Skilled Nursing Facilities to Reduce Avoidable Rehospitalizations
  - How-to Guide: Improving Transitions from the Hospital to Community Settings to Reduce Avoidable Rehospitalizations
- Review HRET's Readmission Change Package for evidenced-based methods and successful practices and actionable items to help hospitals reduce readmissions.

Quality Improvement Tools

Care Transitions

NATIONAL RURAL HEALTH RESOURCE CENTER

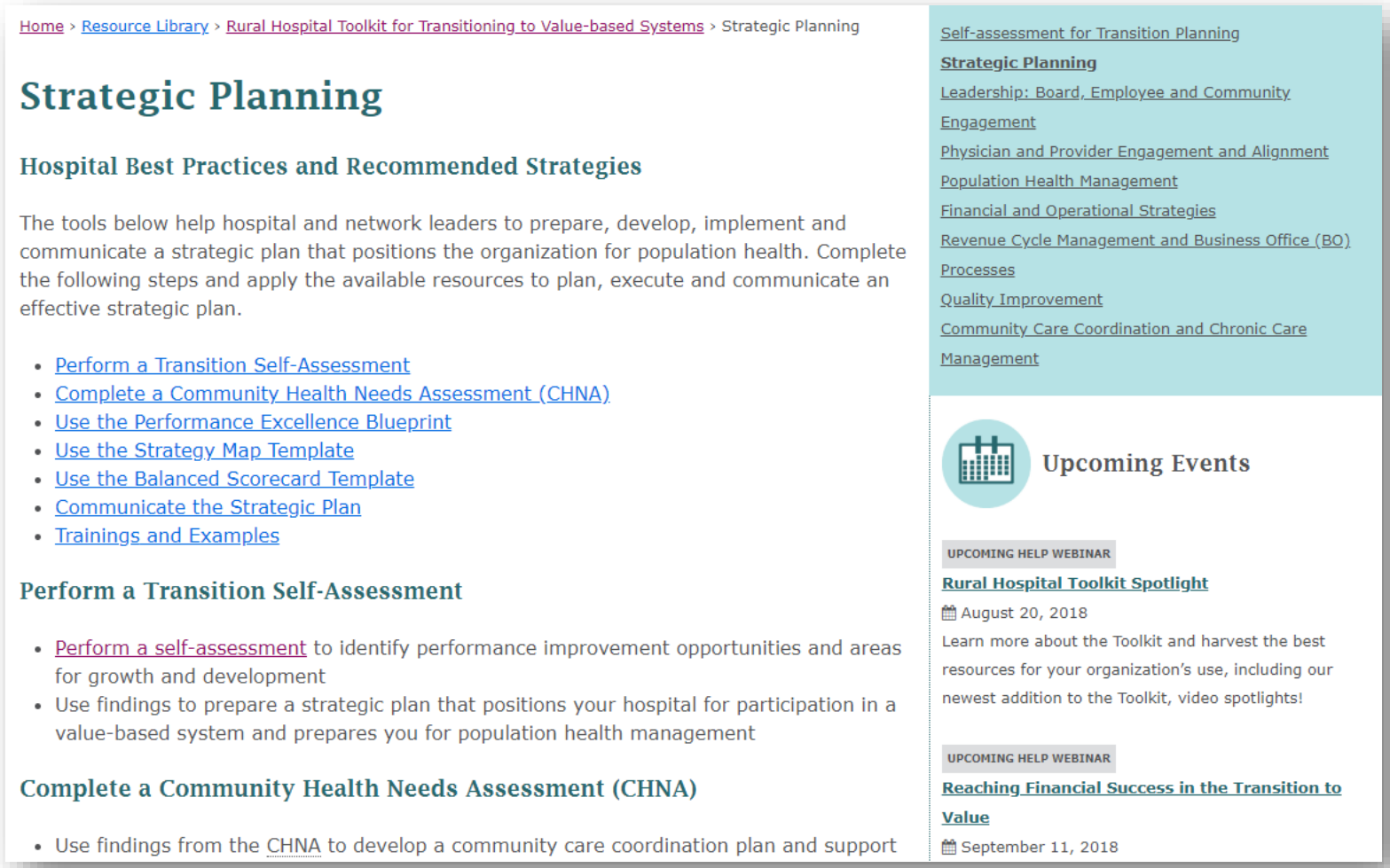
IHI How-to Guide: Improving Transitions



[IHI Guide]

NATIONAL RURAL HEALTH RESOURCE CENTER

Strategic Planning



Home › Resource Library › Rural Hospital Toolkit for Transitioning to Value-based Systems › Strategic Planning

Strategic Planning

Hospital Best Practices and Recommended Strategies

The tools below help hospital and network leaders to prepare, develop, implement and communicate a strategic plan that positions the organization for population health. Complete the following steps and apply the available resources to plan, execute and communicate an effective strategic plan.

- Perform a Transition Self-Assessment
- Complete a Community Health Needs Assessment (CHNA)
- Use the Performance Excellence Blueprint
- Use the Strategy Map Template
- Use the Balanced Scorecard Template
- Communicate the Strategic Plan
- Trainings and Examples

Perform a Transition Self-Assessment

- Perform a self-assessment to identify performance improvement opportunities and areas for growth and development
- Use findings to prepare a strategic plan that positions your hospital for participation in a value-based system and prepares you for population health management

Complete a Community Health Needs Assessment (CHNA)

- Use findings from the CHNA to develop a community care coordination plan and support

Self-assessment for Transition Planning
Strategic Planning
Leadership: Board, Employee and Community Engagement
Physician and Provider Engagement and Alignment
Population Health Management
Financial and Operational Strategies
Revenue Cycle Management and Business Office (BO) Processes
Quality Improvement
Community Care Coordination and Chronic Care Management

Upcoming Events

UPCOMING HELP WEBINAR
Rural Hospital Toolkit Spotlight
August 20, 2018
Learn more about the Toolkit and harvest the best resources for your organization's use, including our newest addition to the Toolkit, video spotlights!

UPCOMING HELP WEBINAR
Reaching Financial Success in the Transition to Value
September 11, 2018

Strategic Planning

NATIONAL RURAL HEALTH RESOURCE CENTER

Develop a Strategy Map and Implement

Develop a Strategy Map and Implement the Strategic Plan

- Apply the Value-Based Summit Strategic Planning Guide and Templates to develop a Strategic Map
  - Download the Strategy Map Template in Microsoft Word format to develop a strategy map
  - Use Strategic Map to communicate strategic initiatives, and effectively execute and implement the strategic plan

Develop a Balanced Scorecard to Monitor and Drive Performance

- Apply the Value-Based Summit Strategic Planning Guide and Templates to develop a Balanced Scorecard
  - Download the Balanced Scorecard Template to develop a dashboard that supports the Strategic Map and the organization-wide initiatives
  - Use the Balanced Scorecard to track and monitor performance and achievement towards goals, as well as demonstrate the value of the organization

Communicate the Strategic Plan

- Use the Strategic Map and Balanced Scorecard to communicate the strategic initiatives throughout the organization
- Use Balanced Scorecard to drive performance and hold departments accountable
- Conduct at least quarterly Balance Scorecard meetings
- Require quality committee and department meetings to use the Balanced Scorecard for reporting, charting and tracking of quality metrics as regular components of meetings
- Track and trend quality metrics at the department level

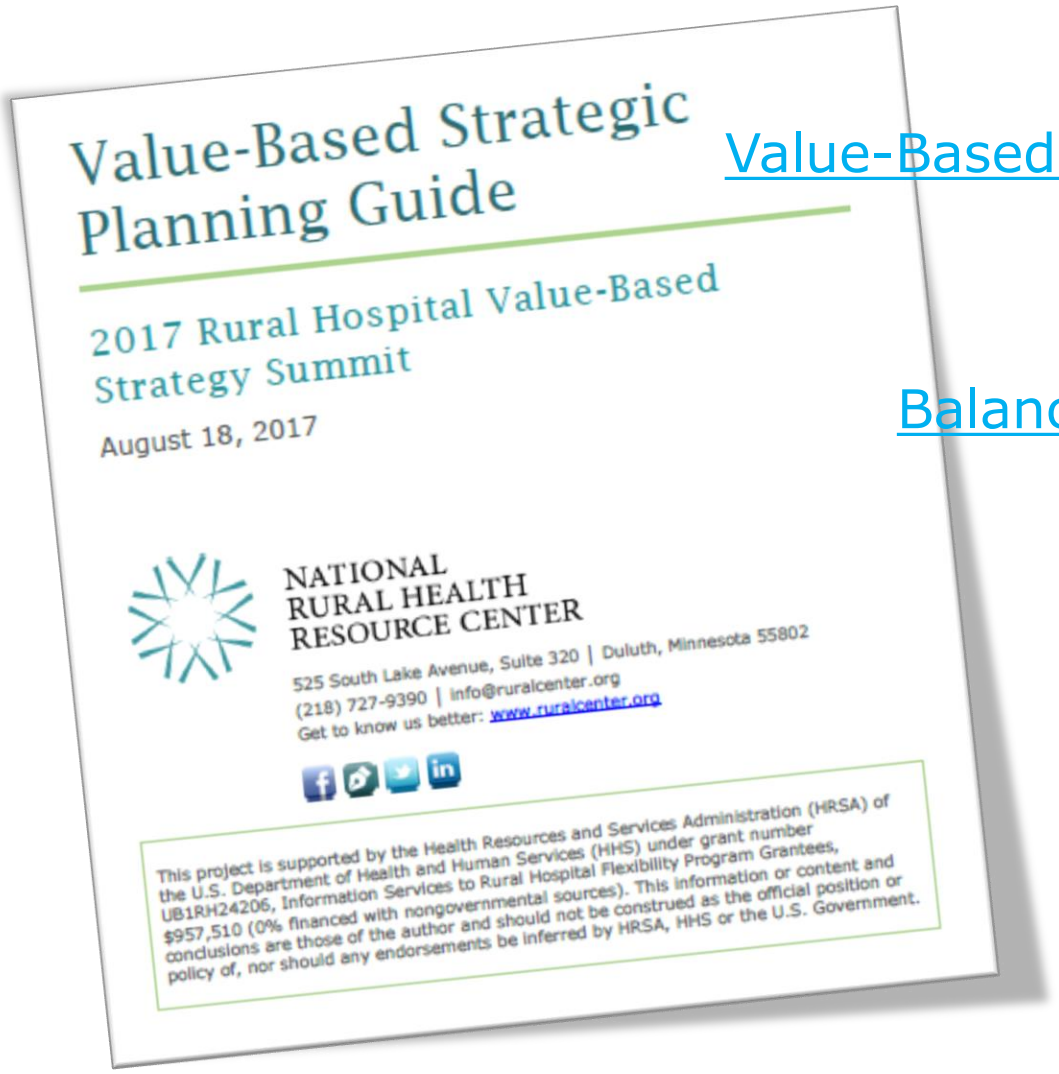
Strategic Planning

Rural Hospital Value Based Strategy Summit

[Access Summit Resources]

NATIONAL RURAL HEALTH RESOURCE CENTER

Value-Based Strategic Planning Guide


Value-Based Strategic Planning Guide

2017 Rural Hospital Value-Based Strategy Summit

August 18, 2017

NATIONAL RURAL HEALTH RESOURCE CENTER

525 South Lake Avenue, Suite 320 | Duluth, Minnesota 55802

(218) 727-9390 | info@ruralcenter.org

Get to know us better: www.ruralcenter.org

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB1RH24206, Information Services to Rural Hospital Flexibility Program Grantees, $957,510 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

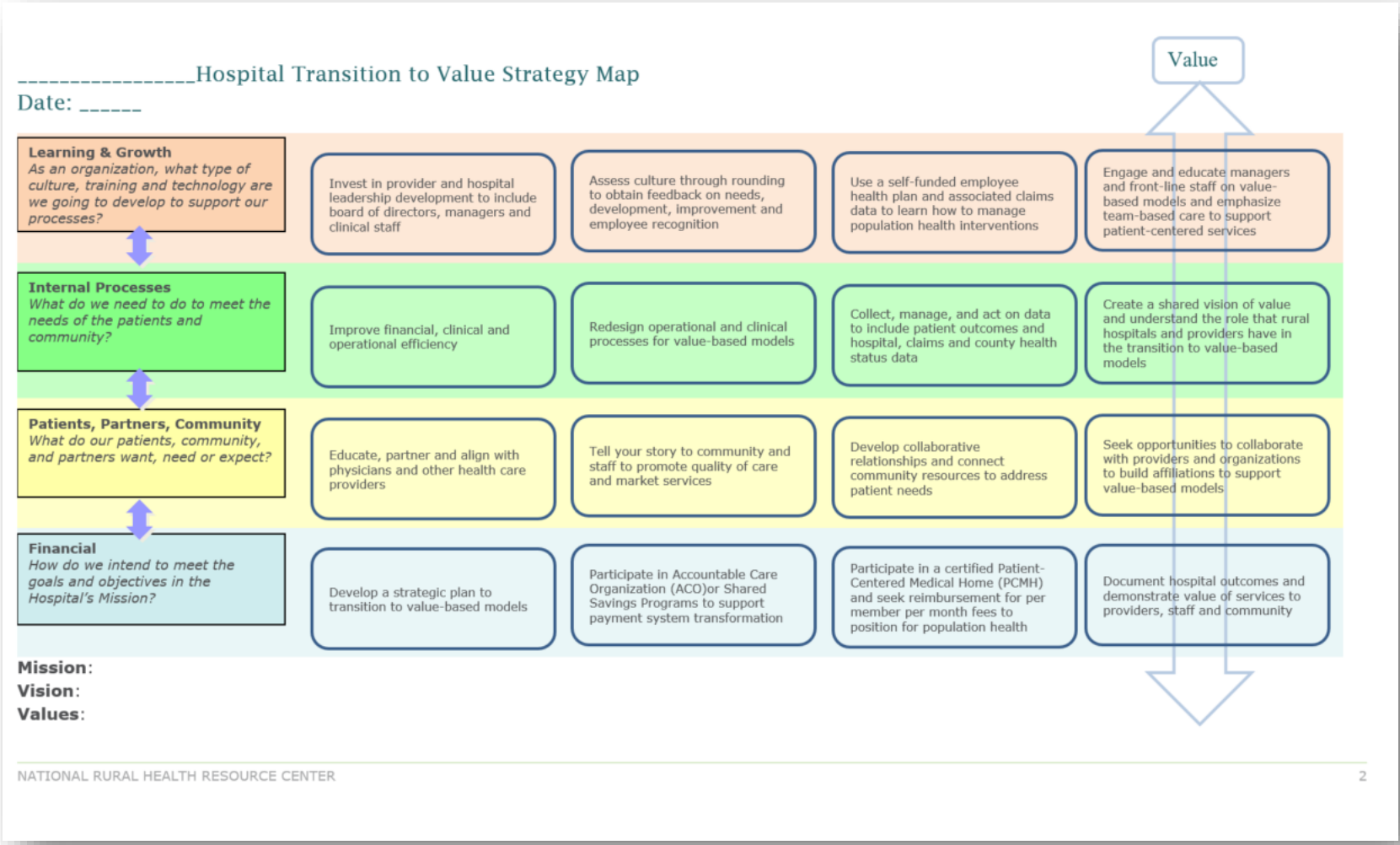
[Value-Based Summit Template Guide](#) (PDF)

[Strategy Map Template](#) (Word)

[Balanced Scorecard Template](#) (Word)

NATIONAL RURAL HEALTH RESOURCE CENTER

Strategy Map Template



_____Hospital Transition to Value Strategy Map

Date: _____

Value

Learning & Growth *As an organization, what type of culture, training and technology are we going to develop to support our processes?*	Invest in provider and hospital leadership development to include board of directors, managers and clinical staff	Assess culture through rounding to obtain feedback on needs, development, improvement and employee recognition	Use a self-funded employee health plan and associated claims data to learn how to manage population health interventions	Engage and educate managers and front-line staff on value-based models and emphasize team-based care to support patient-centered services
Internal Processes *What do we need to do to meet the needs of the patients and community?*	Improve financial, clinical and operational efficiency	Redesign operational and clinical processes for value-based models	Collect, manage, and act on data to include patient outcomes and hospital, claims and county health status data	Create a shared vision of value and understand the role that rural hospitals and providers have in the transition to value-based models
Patients, Partners, Community *What do our patients, community, and partners want, need or expect?*	Educate, partner and align with physicians and other health care providers	Tell your story to community and staff to promote quality of care and market services	Develop collaborative relationships and connect community resources to address patient needs	Seek opportunities to collaborate with providers and organizations to build affiliations to support value-based models
Financial *How do we intend to meet the goals and objectives in the Hospital's Mission?*	Develop a strategic plan to transition to value-based models	Participate in Accountable Care Organization (ACO)or Shared Savings Programs to support payment system transformation	Participate in a certified Patient-Centered Medical Home (PCMH) and seek reimbursement for per member per month fees to position for population health	Document hospital outcomes and demonstrate value of services to providers, staff and community

Mission:
Vision:
Values:

NATIONAL RURAL HEALTH RESOURCE CENTER 2

[Strategy Map Template]

NATIONAL RURAL HEALTH RESOURCE CENTER

Self-assessment for Transition Planning

- Self-assessment for Transition Planning – A tool to help leaders prepare for strategy planning and development
- Assess your organization's current capacity to identify opportunities for growth and development from a system-based perspective

Self-assessment Targets Seven Key Areas

- Leadership
- Strategic Planning
- Patients, Partners and Communities
- Measurement, Feedback and Knowledge Management
- Workforce and Culture
- Operations and Processes
- Impacts and Outcomes

Self-assessment Evaluates Internal Capacity

Leadership *

Our leadership team...

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Is aware of health industry trends and changes and how they may impact our facility *	○	○	○	○
Understands need for systems (multi-faceted) approach in all aspects of our organization *	○	○	○	○
Provides ongoing education opportunities for board, internal leadership and managers *	○	○	○	○
Aligns organization and medical leadership around values, goals and strategies *	○	○	○	○
Empowers and motivates employees to achieve performance excellence *	○	○	○	○

Strategic Planning *

Our organization...

Self-Assessment

Self-assessment Findings – Overall Score

Home › Resource Library › Rural Hospital Toolkit for Transitioning to Value-based Systems › Self-assessment for Transition Planning Results

Thank you for completing the Self-Assessment for Transition Planning. If you have questions or comments about the assessment, please contact srht@ruralcenter.org

Your organization scored

84

out of 116 possible points.

Your Results

For information about how to use your results, jump to How to Use Your Results.

Leadership

Self-assessment Findings Example

Leadership

Question	Score	Related Resources
Is aware of health industry trends and changes and how they may impact our facility	3	
Understands need for systems (multi-faceted) approach in all aspects of our organization	3	
Provides ongoing education opportunities for board, internal leadership and managers	3	
Aligns organization and medical leadership around values, goals and strategies	3	
Empowers and motivates employees to achieve performance excellence	3	

SRHT 2018 – 2019 Application Period: September 26 - October 24, 2018

www.ruralcenter.org/rhi/srht/application

NATIONAL RURAL HEALTH RESOURCE CENTER

Hospital Eligibility

Small rural CAH or PPS hospitals:

- Located in a FORHP defined rural community, persistent poverty county (PPC) or a rural census tract of a metro PPC
- Have 49 staffed beds or less as reported on the most recently filed Medicare Cost Report
- That are either for-profit or not-for-profit

SRHT Project Eligibility

NATIONAL RURAL HEALTH RESOURCE CENTER

Nine Hospitals Selected For Onsite Technical Assistance

- Nine (9) hospitals are selected to receive onsite consultations for either a financial operational assessment (FOA) or quality improvement (QI) project
- At least three (3) hospitals are selected for both FOA and QI projects
- Resources are utilized to support the onsite technical assistance

Hospitals May Select Either the FOA or QI Process Improvement Project

Financial Operational Assessment (FOA) - Identifies strategies and develops tactics that increase operational efficiencies, improve financial position, and assist leaders with maximizing reimbursement where possible to help their hospitals be financially stable during the transition to population health.

Quality Improvement (QI) Project - Assesses utilization review, discharge planning, care coordination and resource utilization to yield cost-effective, quality outcomes that are patient-centric and safe. Overall, improves transition of care, quality reporting, patient satisfaction, as well as patient and family engagement to prepare for population health.

Previously Selected Hospitals May Re-apply In Alternating Years

- Previous participating hospitals may **re-apply** in **alternating** years for the consultation that was not previously supported, but will not be selected in **consecutive** years.
  - Hospitals participating in SRHT Project **prior to** 2017 – 2018 program year may submit an application for onsite TA that they have not received in the previous consultation.
- Hospitals that participated in the 2017-2018 program year are ineligible to submit an application for the 2018-2019.

Download Application Questions To Prepare for the Open Application Period

Small Rural Hospital Transition (SRHT) Project Application for Onsite Consultation

Recipients of SRHT onsite technical assistance will not be selected for additional onsite TA in consecutive years; however, hospitals may re-apply in alternating years for onsite TA other than the previously supported project. For example, hospitals that are supported in the 2017-2018 program year are ineligible for the 2018-2019 application period.

Prepare for the 2018-2019 SRHT Application

The documents below are a preview of the 2018 application. The forms provide an option to begin work on the application in advance of the online release date.

SRHT Application Questions 2018-2019 (PDF Document - 10 pages)

Self-Assessment Questions (PDF Document - 3 pages)

Prepare Application In Advance

- Utilize the pdf forms to begin work on the application now and prepare for the release of the online application

- SRHT Application Questions 2018-2019 (PDF)
- Self-assessment Questions (PDF)

Application for Onsite Consultation

Submit Application and Self-assessment Online

Small Rural Hospital Transition (SRHT) Project Application for Onsite Consultation

Recipients of SRHT onsite technical assistance will not be selected for additional onsite TA in consecutive years; however, hospitals may re-apply in alternating years for onsite TA other than the previously supported project. For example, hospitals that are supported in the 2017-2018 program year are ineligible for the 2018-2019 application period.

Prepare for the 2018-2019 SRHT Application

The documents below are a preview of the 2018 application. The forms provide an option to begin work on the application in advance of the online release date.

SRHT Application Questions 2018-2019 (PDF Document - 10 pages)

Self-Assessment Questions (PDF Document - 3 pages)

Helpful Hints to Submit a Successful Application

- Both critical access hospitals (CAH) and prospective payment system (PPS) hospitals must complete all questions for both the application and the self-assessment
- All applicants must explain both Yes and No responses, even if the question specifies clarification for only 'if yes' or 'if no' answers
- The online application does not allow for applicants to save their work. Applicants can cut from MS Word document with prepared answers and paste into the online application.
- Incomplete applications will be returned and not scored. An application will be considered incomplete if a section is missing, or if information within any section of the application is missing.
- Should an applicant determine that revisions are required after the application or self-assessment have been submitted, a new online application and/or self-assessment may be resubmitted. The most recent submission will be reviewed and scored.

Submit Online Application and Self-assessment

The online application will launch at a later date. Please check back here to find links to the online application when it launches.

Hospital Readiness Requirements and Project Expectations
Eligibility
Hospital Work Plans
SRHT Selected Hospitals
Application for Onsite Consultation
Guides & Toolkit
Program Examples

Upcoming Events

UPCOMING HELP WEBINAR

Rural Hospital Toolkit Spotlight

August 20, 2018

Learn more about the Toolkit and harvest the best resources for your organization's use, including our newest addition to the Toolkit, video spotlights!

UPCOMING HELP WEBINAR

Reaching Financial Success in the Transition to Value

September 11, 2018

Findings from the 2018 Rural Hospital Financial Summit are reviewed in this webinar.

Online application form and online self-assessment will be made available on the release date.

Submit A Full Application

- Full application contains 2 parts: an online application form and online self-assessment.
- ***All*** applicants (both CAHs and PPS hospitals) must answer ***all*** questions to submit a full application.
- An application is incomplete if either a section is missing, and/or information is missing within the application.
- An incomplete application will be returned and not scored.
- Re-submit a new online application and/or re-take the self-assessment immediately if the first application is considered incomplete.

Helpful Hints To Submit A Successful Application

Small Rural Hospital Transition (SRHT) Project Application for Onsite Consultation

Recipients of SRHT onsite technical assistance will not be selected for additional onsite TA in consecutive years; however, hospitals may re-apply in alternating years for onsite TA other than the previously supported project. For example, hospitals that are supported in the 2017-2018 program year are ineligible for the 2018-2019 application period.

Prepare for the 2018-2019 SRHT Application

The documents below are a preview of the 2018 application. The forms provide an option to begin work on the application in advance of the online release date.

SRHT Application Questions 2018-2019 (PDF Document - 10 pages)

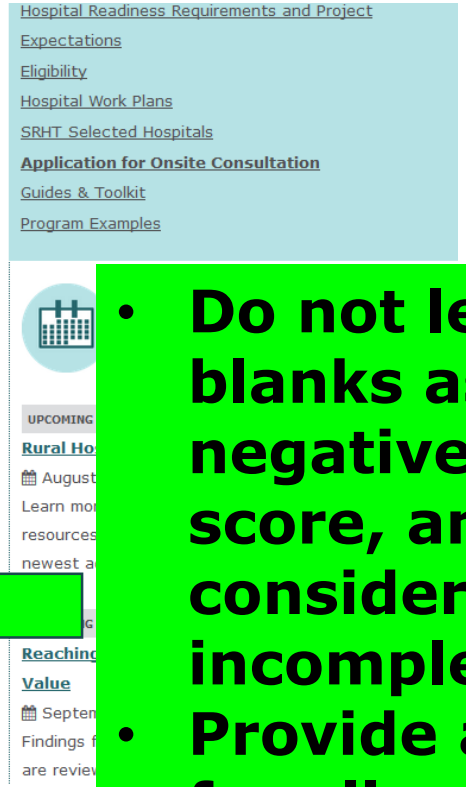
Self-Assessment Questions (PDF Document - 3 pages)

Helpful Hints to Submit a Successful Application

- Both critical access hospitals (CAH) and prospective payment system (PPS) hospitals must complete all questions for both the application and the self-assessment
- All applicants must explain both Yes and No responses, even if the question specifies clarification for only 'if yes' or 'if no' answers
- The online application does not allow for applicants to save their work. Applicants can cut from MS Word document with prepared answers and paste into the online application.
- Incomplete applications will be returned and not scored. An application will be considered incomplete if a section is missing, or if information within any section of the application is missing.
- Should an applicant determine that revisions are required after the application or self-assessment have been submitted, a new online application and/or self-assessment may be resubmitted. The most recent submission will be reviewed and scored.

Submit Online Application and Self-assessment

The online application will launch at a later date. Please check back here to find links to the online application when it launches.



- **Do not leave any blanks as it will negatively impact your score, and possibly be considered as an incomplete application.**
- **Provide an explanation for all responses. Explain both Yes and No responses, even if the question specifies clarification for only 'if yes' or 'if no' answers.**

Selection Process Considers Hospitals that…

- Are willing and able to meet program requirements, readiness requirements, and project expectations
- Have no pending projects or anticipated issues that would hinder the TA process
- Have TA needs that are congruent with the SRHT Projects and available services
- Have implemented the consultant recommendations and demonstrated that no further performance improvement opportunities from previously supported SRHT Projects
- Are not currently supported with a SRHT-like Project

Consultation Process and Time Requirements

I. Pre-onsite Planning

II. First Onsite Consultation: Interviews

III. Prepare for Second Onsite Consultation

IV. Second Onsite Consultation: Report Presentation and Action Planning

V. Implementation of Action Plan

VI. Post-project Follow-up

VII. Participate in a Learning Collaborative

Download Handouts To Learn More

- SRHT Work Plan and Consultation Process -Outlines the hospital's FOA and QI project work plan, discusses who should be involved, and defines the methodology
- SRHT Post-Project Tracking and Reporting - Outlines the post-project process and reporting requirements for demonstrating measurable outcomes
- SRHT Consultation Process and Estimated Time Requirements - Estimates the time required for hospital teams to complete program activities

Hospital Work Plans

Let Us Be Your Resource Center

www.ruralcenter.org

NATIONAL
RURAL HEALTH
RESOURCE CENTER

Rural Health Innovations
NATIONAL RURAL HEALTH RESOURCE CENTER

Contact Information

Bethany Adams, MHA, FACHE

Senior Program Manager

(859) 806-2940

badams@ruralcenter.org

Rhonda Barcus, MS, LPC

Program Specialist II

(904) 321-7607

rbarcus@ruralcenter.org

Get to know us better:
http://www.ruralcenter.org