Small Rural Hospital Transition (SRHT) Project
Online Application Questions

https://www.ruralcenter.org/rhi/srht/application

Applications must be submitted online. Applications are not accepted through email and fax. The online application form does not allow you to save your progress. Please look over the questions and be sure you have all of the information before filling the form out online.

Part 1 General Information
This section requests information that is required to submit your hospital’s application. This section is not scored.

1. Hospital Name
2. Address
3. City
4. State
5. Zip Code
6. County / Parish
7. CEO Name
8. CEO Direct Phone Number
9. CEO E-mail Address
10. Confirm CEO Email Address
11. Administrative Assistant Name
12. Administration Phone Number
13. Administrative Assistant E-mail Address
14. Hospital designation – PPS / CAH / HIS
15. Number of **staffed** Beds as per the most recently filed Medicare Cost Report
16. Ownership
17. Are you affiliated with a hospital system?
   • If yes, which system is your hospital affiliated with?
18. Is your hospital affiliated with a rural health network or other rural hospital network such as purchasing group or part of a state program network?
   • If yes, please describe your network membership.
19. Have you previously received onsite consulting services from the Rural Hospital Performance Improvement Project (RHPI)?
20. Are you a recipient of a Center for Medicare and Medicaid Innovation (CMMI) grant?
21. Are you currently participating in a CMMI project?
22. Is your hospital currently receiving technical assistance from other programs for activities such as a financial operational assessments or creating quality through patient care and operations?
   • If yes, please explain
23. Choose the onsite consultation project, according to your need:
   • Financial Operational Assessment
   • Quality of Care/Transition of Care Project
Part 2 Additional Information for Application Scoring and Ranking of Hospitals

This section will be used to score and rank your hospital’s application in the selection process. Do NOT leave any question blank as it will impact your overall score. Both CAHs and PPS hospitals should respond to this section.

1. Regardless if your CAH or PPS hospital, indicate if you participate in the following programs:
   a. Small Rural Hospital Improvement Grant Program (SHIP)
   b. State Medicare Rural Hospital Flexibility (Flex) Program (trainings, sub-contracts that are supported by Flex)
   c. Small Health Care Provider Quality Program
   d. Rural Health Network Development Program
   e. Please list any other Federal Office of Rural Health Policy (FORHP) programs or projects you participate in.

2. If you are a CAH, how many measures do you report to MBQIP?

3. If you are a PPS, how many measures do you report to Hospital Compare?

4. Is your hospital actively participating in an Accountable Care Organization (ACO)?
   • If no, are you actively planning and working to become part of an ACO?

5. Is your hospital actively participating in a shared savings program?
   • If no, are you actively planning and working to participate to in a shared savings program?

6. Is your hospital actively participating in a Patient Centered Medical Home (PCMH)?
   • If no, are you actively planning and working to become part of a PCMH?
7. Enter the following Key Performance Indicators (KPIs) for your hospital. **There is NOT a correct answer.**
   - Net Patient Revenue
   - Total Operating Revenue
   - Total Operating Expenses
   - Days in Net Accounts Receivable
   - Days in Gross Accounts Receivable
   - Days Cash on Hand
   - Total Margin (%)
   - Operating Margin (%)

8. Do you track your total readmission rate by diagnosis?

9. What is your hospital’s readmission rate?

10. Do you complete a readmission risk assessment of your patients before discharge?

11. Do you track the reasons for readmissions and where they were admitted from?

12. Have you instituted a post discharge patient follow-up process?
   - If yes, are you tracking and quantifying the outcome?

13. How do you anticipate this project assisting your hospital in preparing for the new health care environment?

14. What are your hospital’s present strengths that will assist you in participating in this project and implementing the consultant’s recommendations to move towards future payment and delivery models?

15. Please list resources and training needs required for your hospital’s success in the newly emerging system of health care delivery and payment.
Part 3 CEO Verification Statements

Participation Requirements

Hospitals should be able to meet and complete the below requirements in order to participate in a SRHT consultation project.

1. The CEO will serve as the project lead, facilitating the onsite consultations with the consultant. As the project lead, the CEO must be actively involved and fully engaged in all aspects of the project. The CEO **may not** designate any other person to fulfill this participation requirement. Additional requirements include the following:

   a. Indicating congruence between the hospital’s performance needs and SRHT available services.
   
   b. Obligating and committing necessary time to support the project to include adequate time with the executive and management teams and appropriate hospital staff.
   
   c. Building support for the project with the Board of Directors and hospital and medical staff.
   
   d. Utilizing recommended resources to prepare management team and hospital staff for onsite consultation.
   
   e. Scheduling and holding the mutually agreed upon dates for onsite consultations. Once secured, onsite dates may not be rescheduled.
   
   f. Developing best practice recommendations with the consultant that support process improvement that sustain gains post-project.
   
   g. Developing action plan with the consultant, executive and management teams to implement consultant’s best practice recommendations.
   
   h. Identifying and developing strategies with consultant that support the hospital in moving towards the adoption of new payment and care delivery models of the future.
i. Finalizing the final report with the consultant and RHI staff
j. Providing project outcome data resulting from the consultation with RHI staff in post-project follow up assessment.
k. Sharing successes and lessons learned with peer hospitals.
l. Preparing the hospital for the new healthcare environment

2. The hospital should not have any pending projects or anticipated issues that would hinder the consultation process to include, but not limited to, the following examples:
   a. If the hospital is affiliated with a system, then the system must support the hospital project by providing all necessary data to complete and submit the data request, which may include audited financial reports, within the SRHT timeline.
   b. If the hospital is currently working on a large project such as a HIT deployment, then executive team must ensure that management and staff time has been appropriately committed to fully support the SRHT project activities.

**Hospital Readiness Requirements and Project Expectations**

Selected hospitals must be able to take immediate action steps to meet project expectations. Hospitals should be ready to:

1. Initiate and complete the project as planned in the scope of work (SOW), adhering to all SOW timelines.
2. Submit the data request by the deadline to initiate the project
3. Implement consultant’s recommendations
4. Complete a post-project interview and provide post-project values to demonstrate measurable outcomes
5. Build upon technical assistance provided through the SRHT Project with a commitment and goal to work towards participating in a system that adds value.
CEO Verification Statements
1. I have read and am in agreement with the participation requirements. I understand that the participation requirements are the basic necessities that my hospital must be willing and able to do to apply for SRHT services.
2. I’m verifying that our hospital meets readiness requirements, and we agree to meet project expectations by completing the participation requirements. I understand that consultation projects must be initiated no later than January 2015 and be completed by July 2015. I also understand that hospitals unable to meet readiness requirements shall be placed back in queue and the support shall be directed to the next hospital.
3. I’m verifying that our hospital is not currently receiving technical support for activities that are same as / similar to those provided through SRHT project.
4. I verify that that our hospital has 49 or less staffed beds as per the most recently filed Medicare Cost Report.

CEO online signature is required to submit the application

Part 4 Confirmation Page: Application Receipt
A link to the Performance Excellence Questionnaire is on the confirmation page and can be accessed at: https://www.surveymonkey.com/s/RMKFYPB
The Performance Excellence Questionnaire is used with the online application to score and rank hospitals. The scores from both sections are totaled. The information obtained from questionnaire provides insight concerning your hospital’s current culture. To learn more about the questionnaire, see the Critical Access Hospital Blueprint for Performance Excellence at: http://www.ruralcenter.org/tasc/resources/critical-access-hospital-blueprint-performance-excellence.