

Small Rural Hospital Transition (SRHT) Project

Post-Project Follow-up Process: Tracking Measures and Recommendation Adoption Progress (RAP) Reporting



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SMALL RURAL HOSPITAL TRANSITION (SRHT) PROJECT

The [Small Rural Hospital Transition \(SRHT\) Project](#) was created by the [Federal Office of Rural Health Policy \(FORHP\)](#) to assist rural communities and their hospitals in successfully navigating the changing health care environment. The SRHT Project supports small rural hospitals nationally by providing on-site technical assistance to help them bridge the gaps between the current fee-for-service system and the newly emerging one based on quality and value.

PURPOSE OF SRHT POST-PROJECT FOLLOW-UP PROCESS

The SRHT post-project follow-up process is designed to capture feedback from hospital teams to improve program services, identify training needs to support rural hospitals in preparing for population health, as well as demonstrate the impact of the consultation. The process provides the SRHT Project an opportunity to determine best practices and successful transition strategies that work in small rural hospitals and identify hospital action steps that may prove beneficial to other leaders and providers. The information is aggregated and then disseminated through the [Rural Hospital Toolkit for Transitioning to Value-based Systems \(Transition Toolkit\)](#) and [Hospital Spotlights](#) to assist other rural hospitals and networks in preparing for value-based care of the future. The aggregated information gained from the results is also used to determine how best to support hospitals in the future.

SRHT Post-Project Follow-Up Process

Selected hospitals should be willing and able to:

1. Monitor progress by tracking SRHT Project measures for 12 months (refer to [Appendix C](#))
2. Hold the *first* Recommendation Adoption Progress (RAP) interview at six (6) months post-project. [Rhonda Barcus](#), The Center's Program Specialist, will contact you in about five (5) months to schedule the interview.
3. Report post- values at 12 months prior to the second RAP interview. Rhonda will forward a request to submit the post-project values.

4. Hold the *second* RAP interview at 12 months post-project. Rhonda Barcus will contact you at about 11 months to schedule the interview.

SRHT Tracking Measures and Anticipated Outcomes

Selected hospitals are [expected](#) to track project measures, complete post-project activities and provide post-project values to demonstrate measurable outcomes ([Appendix C](#)). The purpose of the tracking measures is to provide leaders with a tool to drive performance improvement and monitor progress in transitioning to value.

Outcomes are a result of the implementation of the consultant recommended best practices, and are determined by comparing the pre- and post-project values. Because there may be multiple variables that impact a hospital's performance and the implementation process, the SRHT Project includes outcomes measurements with RAP interviews. Through RAP interviews, leaders can identify and speak to those variables.

RECOMMENDATION ADOPTION PROGRESS (RAP) INTERVIEWS

What is a RAP Interview?

RAP interviews are conducted at six (6) and twelve (12) months post-project to support the SRHT follow-up process. The purpose is to assess the extent an SRHT hospital adopted consultant recommended best practices and transition strategies. The goal of RAP is to demonstrate a hospital's progress over time to show the overall impact of the SRHT Project. The RAP interview is an assessment tool that utilizes an appreciative inquiry approach that focuses on successes and 'what's going well' because of the consultation service and subsequent implementation of the action plan. RAP interviews capture feedback about the consultation process and services that impact the hospital's financial status and quality of care as a result of the consultation. RAP interviews capture both qualitative and quantitative information about the on-site projects, which allows hospital teams to share their success stories.

Who Should be Involved in the RAP Interview?

The hospital Chief Executive Officer (CEO) will be contacted for the interview. While the CEO is expected to participate in the interviews, many CEOs invite the executive and/or management team members to attend. SRHT Project encourages the CEO to include the executive and management team members that played a key role in the consultation and implementation processes to participate in the RAP interview.

First RAP Interview

The purpose of the first RAP interview is to discuss the progress made by the hospital team to implement the consultant recommended best practices and transition strategies. In addition, the RAP interview provides an opportunity to:

- Identify successes and best practices that worked for the hospital
- Address concerns and develop possible solutions for challenges
- Identify needed resources that could further support the hospital team with the implementation process
- Re-energize the hospital team to continue with the implementation process

During the interview, the hospital CEO is asked to provide a RAP score for the progress in implementing consultant recommendations during the first 6 months. Refer to [Appendix A](#) for the first RAP interview questions.

Second RAP Interview

The second RAP interview is designed to continue to identify the hospital's progress in implementing best practices and adopting transition strategies, as well as determine the overall impact of the SRHT Project on your hospital. Prior to the second RAP interview, the CEO will submit the post-project values for the tracking measures. As in the first RAP, the hospital CEO will provide a final RAP score that indicates the extent to which the hospital team has implemented the recommended best practices and transition strategies. Refer to [Appendix B](#) for the second RAP interview questions.

What is a RAP Score?

During the interviews, the CEO will be asked to provide a RAP score. The RAP score reflects the degree to which the CEO believes that the hospital has implemented the consultant's recommended best practices and transition strategies. The score is based on a 5-point scale. A score of '1' means that no recommendations were adopted to '5', which indicates all recommendations were fully implemented. A hospital project with a RAP score of '5' should be able to demonstrate measurable outcomes from financial and quality improvements. A hospital that reports a score of '5' should easily provide empirical evidence of success from increased operational efficiencies.

How Will my Hospital's RAP Interview be Used?

The RAP process documents the positive impact of the SRHT Project on the hospital, and identifies successful strategies that helped to position the hospital for the future and better prepared the team for population health. The hospital's successful strategies are aggregated with other participating SRHT hospitals' and then shared with other rural hospitals and networks nationally through the [*Rural Hospital Toolkit for Transitioning to Value-based Systems \(Transition Toolkit\)*](#).

In addition, successful hospital projects discovered through RAP reports are showcased in Timely Transitions. This approach disseminates best practices while building awareness with stakeholders of hospital projects within their states. Through the RAP interview, successful projects with measurable outcomes and quotes from hospital administrators are collated into [*Hospital Spotlights*](#) articles. The articles showcase examples of how rural hospital can strategically prepare for new payment and care delivery models. Spotlights disseminate share best practice concepts, successful strategies and discuss lessons learned.

APPENDIX A: FIRST RAP INTERVIEW QUESTIONS

The first RAP interview consists of the below six (6) questions

1. On a scale of 1 – 5, rate the extent to which the hospital has implemented consultant best practice recommendations.
 - One (1) means that no consultant recommendations have been implemented.
 - Five (5) represents all are implemented, and the project is completed and sustained with measurable outcomes.
2. What is your hospital's current status with regard to implementing the performance improvement recommendations made by your consultant? Specifically, what is going well?
3. What are your expected next steps towards adopting your consultant's recommendations?
4. Aside from the measurable outcomes, what are some of the ways this project has impacted your hospital, its culture and the community?
5. How do you believe this project has helped you move forward in transitioning to a value-based system and preparing for population health?
6. How do you believe the Learning Collaborative has helped you move forward in transitioning to a value-based system and preparing for population health?

APPENDIX B: SECOND RAP INTERVIEW QUESTIONS

The second RAP interview consists of the below nine (9) questions

1. On a scale of 1 – 5, rate the extent to which the hospital has implemented consultant best practice recommendations.
 - One (1) means that no consultant recommendations have been implemented.
 - Five (5) represents all are implemented, and the project is completed and sustained with measurable outcomes.

2. What is your hospital’s current status with regard to implementing the performance improvement recommendations made by your consultant? Specifically, what is going well?

3. What are your expected next steps towards adopting your consultant’s recommendations?

4. Aside from the measurable outcomes, what are some of the ways this project has impacted your hospital, its culture and the community?

5. What additional resources or training will you need to continue to move towards the value based-care model and prepare for population health?

6. Your hospital team attended X [Health Education and Learn Program \(HELP\) Webinar](#) trainings. How confident are you that the team members acquired and gained the intended knowledge from the trainings?

Confident	Somewhat Confident	Neutral	Somewhat Unconfident	Unconfident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How confident are you that the team members that participated in HELP trainings applied the gained knowledge and changed behavior to move the hospital towards its goals?

Confident	Somewhat Confident	Neutral	Somewhat Unconfident	Unconfident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Your hospital team participated in the Learning Collaborative (LC) sessions. How confident are you that the team members acquired and gained the intended knowledge from the trainings?

Confident	Somewhat Confident	Neutral	Somewhat Unconfident	Unconfident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How confident are you that the team members that participated in LC applied the gained knowledge and changed behavior to move the hospital towards its goals?

Confident	Somewhat Confident	Neutral	Somewhat Unconfident	Unconfident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C: TRACKING MEASURES AND ANTICIPATED OUTCOMES

Anticipated Outcome	Tracking Measure	Standard	Hospital Target Level	Pre-Values At time of Report	Post-Values 12 months Post-project
Increase Net Patient Revenue	Net Patient Revenue	Not applicable	Hospital target level: \$_____	\$ ____	\$ ____
Increase Days of Cash on Hand (DCOH)	DCOH	US Median for Rural Hospitals: 76.26 days ¹	Increase DCOH to above national median Hospital target level: \$_____	___ days	___ days
Reduce Days in Net Accounts Receivable (A/R)	Days in Net A/R	US Median for Rural Hospitals: 52.70 days ²	Reduce Days in Net A/R to below national median Hospital target level: \$_____	___ days	___ days
Reduce Readmissions	Total Readmission Rate	CMS US Reported Rate: 15.3%	Reduce total readmissions below national rate. Hospital target level ____%	___ %	___ %
Improve discharge planning HCAHPS scores	HCAHPS composite scores for discharge planning as reported in Hospital Compare or similar reporting site for "Patients who reported that YES, they were given information about what to do during their recovery at home."	National: 87%	Increase HCAHPS score to above national average Hospital target level ____%	___ %	___ %
Improve Transitions of Care HCAHPS Scores	HCAHPS composite score for transition of care as reported in Hospital Compare or similar reporting site for "Patients who Strongly Agree they	National: 53%	Increase HCAHPS score to above national average Hospital target level ____%	___ %	___ %

¹ CAH Financial Indicators Report: Summary of Indicator Medians by State; Flex Monitoring Team Data Summary Report No. 23: March 2017

² IBID 1

Anticipated Outcome	Tracking Measure	Standard	Hospital Target Level	Pre-Values At time of Report	Post-Values 12 months Post-project
	<i>understood their care when they left the hospital."</i>				
Improve Overall Rating of the Hospital HCAHPS scores	HCAHPS score for overall rating of the hospitals as reported in Hospital Compare or similar reporting site for "Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)"	National: 75%	Increase HCAHPS score to above national average Hospital target level ____%	____ %	____ %
Improve Would Recommend Hospital HCAHPS Scores	HCAHPS score for overall rating of the hospitals as reported in Hospital Compare or similar reporting site for "Patients who reported YES, they would definitely recommend the hospital"	National: 74%	Increase HCAHPS score to above national average Hospital target level ____%	____ %	____ %

APPENDIX D: SRHT CONTACT INFORMATION

SRHT Post-Project Follow Up and RAP Interviews

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