

Small Rural Hospital Transition (SRHT) Project

Hospital Work Plan and Consultation Methodology (2017- 2018)



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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.

HOSPITAL READINESS AND PROGRAM REQUIREMENTS

Selected hospitals must be [ready](#), willing and able to meet [program requirements](#), as well as participate in all phases of the SRHT Project.

Selected hospitals should be prepared to:

- Participate in the Kick-off webinar and planning calls
- Participate in the Learning Collaborative virtual meetings
- Schedule and reserve onsite consultation dates.
- Submit all data requests and interview schedule
- Implement consultant recommended best practices and transition strategies
- Utilize resources available through the [Transition Toolkit](#) to support the implementation of best practices and transition process
- Track SRHT Project Measures
- Complete post-project follow-up activities and report post-project values
- Share successful strategies and project outcomes with other rural hospitals through [Hospital Spotlights](#), and potentially through state network meetings

Hospitals unable to meet program and readiness requirements, which includes deadlines for the data request and interview schedule, will be placed back in queue and the consultation slot provided to the next ranked hospital. Hospitals are encouraged to reapply in the future and at a time they will be able to meet the readiness requirements.

LEARNING COLLABORATIVE AND KICK-OFF WEBINAR

Selected hospitals should reserve the following dates and prepare to participate in the kick-off webinar and Learning Collaborative (LC) virtual meetings. Detailed information will be provided to selected hospitals.

- Selected hospital Kick-off Webinar - Wednesday, November 29, 2017 at 12:00 – 1:00 Central Time
- Selected hospital Learning Collaborative (LC):
 - Wednesday, January 10, 2018 at 12:00 – 1:00 Central Time
 - Wednesday, March 7, 2018 at 12:00 – 1:00 Central Time
 - Wednesday, May 16, 2018 at 12:00 – 1:00 Central Time
 - Wednesday, July 11, 2018 at 12:00 – 1:00 Central Time

WHO SHOULD BE INVOLVED?

SRHT Projects are large, comprehensive, interactive consultations that require top executive leadership and management team involvement. The executive and management teams should be actively involved and engaged throughout the project to successfully implement consultant recommended best practices and demonstrate measurable outcomes post-project to meet project [expectations](#).

Executive Leadership

The chief executive officer (CEO) is expected to facilitate the project planning and onsite consultations, and complete post-project reporting with SRHT staff (refer to [program requirements](#)). Key executive team members that are required to be involved include the:

- Chief executive officer (CEO)
- Chief financial officer (CFO)
- Chief nursing officer (CNO)
- Chief operating officer (COO)

Management Team

Key management and/or department leaders that are required to be involved include:

Emergency Dept. Director or
Manager
Human Resources Manager
IT Director/Security Officer
Lab Director or Manager
Medical Director/Med Staff
Nursing Home/Home Health/
Ambulance

Physician Practice Director or
Manager
Quality Director or Manager
Radiology Director or Manager
Rehabilitation/Therapy
Respiratory Therapy Manager
Revenue Cycle Manager
Surgery Director or Manager

DATA REQUEST AND INTERVIEW SCHEDULE

Hospitals are to submit the appropriate data request and interview schedule based on the hospital's core area for which they were selected. For example, FOA selected hospitals should complete only the FOA data request and interview schedule, and not the QI documents. The financial operational assessment (FOA) and quality improvement (QI) data request will be emailed to selected hospitals. Hospitals will complete only one data request that is designed for the core area for which they were selected. The FOA and QI interview schedule is provided in [Appendix B](#) and [Appendix C](#), respectively. **Submit the data request and interview schedule directly to the consultant representative, Lindsay Corcoran, at LCorcoran@stroudwater.com**

PROJECT OBJECTIVES

Financial Operational Assessment (FOA) Project Objectives

The FOA evaluates the hospital's operations at the department level to establish planning priorities and develop action steps to implement best practices that improve efficiency. The objective is to financially position the hospital for the future. The FOA evaluates opportunities for:

- Physician alignment and service area provider complement to support primary care
- Primary care recruitment strategies and review provider incentive compensation
- Alignment of services with community needs

The consultation methodology supports the objectives by assessing the following key areas:

- Historic/potential demand for clinical services
- Clinical service line gaps
- Reimbursement and cash flow with emphasis on selected service lines
- Physician practice management
- Hospital expense analysis
- Hospital's organizational architecture and management principles

Quality Improvement (QI) Project Objectives

QI projects assess care management processes to determine opportunities for improvements. QI projects provide best practice recommendations that improve quality scores and reporting, as well as patient outcomes. The recommendations provide guidance to hospitals for initiating community care coordination activities to support future population health management. QI projects assess:

- Care management processes that targets utilization review, discharge planning, care coordination and resource utilization to yield cost-effective quality outcomes that are patient-centric and safe
- Inter-departmental coordination that impacts transitions of care
- Hospital's application of best practice processes that impact patient-centered care and care coordination

QI projects provide hospital teams with a report of the findings and recommendations, as well as an action plan with specific, measurable outcomes to improve performance and position the hospital for the future.

HOSPITAL WORK PLAN AND CONSULTATION METHODOLOGY

Hospital

Selected Hospital Activity	Due Dates
Kick-off webinar	Wednesday, November 29, 2017 Time: 12:00 – 1:00 CST
Select and reserve dates for pre-onsite planning call and onsite consultations	Friday, December 1, 2017
Submit the appropriate data requests and interview schedule based on the hospital's SRHT Project to LCorcoran@stroudwater.com <ul style="list-style-type: none"> • Data request will be emailed to selected hospitals • FOA selected hospitals are to complete the interview schedule in Appendix B • QI selected hospitals are to complete the interview schedule in Appendix C 	Friday, December 15, 2017
Bench review and data analysis performed by consultants prior to first onsite consultation visit	Not applicable for hospitals.
Pre-onsite planning call with consultant	TBA
First consultation visit – one (1) day onsite at selected hospital <ul style="list-style-type: none"> • Interviews with executive leadership, management team, Board of Directors and Medical staff during the first onsite consultation • Interview schedule outlines the agenda for the first onsite consultation 	TBA
Review report - executive leadership should review the draft report and recommendations and provided feedback consultant to prepare for the second onsite visit. A call may be held with the consultant, if needed, to review the report and recommendations.	One week prior to second onsite consultation
Second consultation visit – one (1) day onsite at selected hospital	TBA

Selected Hospital Activity	Due Dates
<ul style="list-style-type: none"> • Report presentation to executive leadership, management team, Board of Directors and Medical staff during the second onsite consultation • Develop action plan with the executive leadership and management team to implement best practice recommendations and key transition strategies • Report pre-values for SRHT tracking measures in the action plan (refer to Appendix A) 	
<p>Finalize report and action plan -report is considered final after two weeks following the consultation.</p>	<p>Two weeks after second onsite consultation</p>
<p>Post-project follow up and reporting</p> <ul style="list-style-type: none"> • Hold the first Recommendation Adoption Progress (RAP) interview at six (6) months post-project • Report post-values for SRHT tracking measures at 12 months post-project (refer to Appendix A) • Hold the second RAP interview at 12 months post-project 	<p>To be scheduled independently with each hospital at five (5) and eleven (11) months post-project</p>

Appendix A: SRHT Anticipated Outcomes and Tracking Measures

Hospital

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	National: 87%	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>about what to do during their recovery at home."</i>				
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 understood their care when they left the hospital."	National: 53%	Increase HCAHPS score to above national average Hospital target level _____%	____ %	____ %
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 B: FOA Interview schedule

Hospital Interview Schedule / Onsite Date: _____

Time	Executive Interviews	Interviewee Name(s)		
8:30 - 9:00	Facility Tour			
9:00 - 10:00	CEO			
10:00 - 11:00	Finance / CFO			
11:00 - 12:00	Nursing / CNO			
12:00 - 1:15	Combined Board, Medical Staff, and Executive Team Meeting / Lunch Presentation			
Time	Track 1 Dept. Interviews	Track 1 Interviewee Name(s)	Track 2 Dept. Interviews	Track 2 Interviewee Name(s)
1:15 - 1:45	Rehabilitation / Therapy		Quality Director or Manager	
1:45 - 2:15	Revenue Cycle Manager		Laboratory Director or Manager	
2:15 - 2:45	Respiratory Therapy Manager		Surgery Director or Manager	
2:45 - 3:15	Medicine / CMO		Radiology Director or Manager	
3:15 - 3:45	Physicians Practice Director or Manager		Emergency Dept. Director or Manager	
3:45 - 4:15	IT Directory / Security Officer		Human Resources Manager	
4:15 - 5:00	Medical Director / Medical Staff		Nursing Home / Home Health / Ambulance	
5:00	Adjournment Exit Interview with CEO will be scheduled via teleconference			

Appendix C: QI Project Interview Schedule

_____ **Hospital Interview Schedule / Onsite Date:** _____

Time	Team Members	Interviewee Names	Email Addresses	Phone numbers
8:00 am	Executive Team Interview: CEO, CFO, COO, CNO	CEO: CFO: COO: CNO:	Not applicable	Not applicable
9:00 am	Care Management UR and PI/QI Department			
10:00 am	Nursing Clinical Leaders			
11:00 am	Ancillary Clinical Leaders			
12:00 pm	Working Lunch with Hospitalists and Primary Care Physicians and Providers			
1:00 pm	ED Medical Director ED Nurse Manager			
2:00 pm	HIM/ Medical Records/ Coder			
2:30 pm	Board of Director Chair and/or member(s)		Not applicable	Not applicable
3:00 pm	Clinic Director Nursing Home / SNF Directors Home Health Director			
4:00 pm	Consultant Prep time			
4:30 pm	CEO Exit interview			
5:00 pm	Adjournment			

CONTACT INFORMATION

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