

Small Rural Hospital Transition (SRHT) Project

_____Hospital Work Plan Program Year 2018- 2019



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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 possibly state network meetings

Hospitals unable to meet program and readiness requirements, which include deadlines for the data request and interview schedule, are placed back in queue for future consideration and the consultation slot is provided to the next ranked hospital.

KICK-OFF WEBINAR AND LEARNING COLLABORATIVE

Selected hospitals must be willing and able to participate in all phases of the SRHT Project to include the Kick-off Webinar and Learning Collaborative (LC) virtual meetings. Leadership teams of selected hospitals should reserve dates and prepare to participate in the activities. Save the date invitations for the Kick-off webinar and LC meeting, along with more information about the process will be provided to selected hospitals at a later date.

WHO SHOULD BE INVOLVED?

SRHT Projects are large, comprehensive, interactive consultations that require top executive leadership engagement and management team involvement. The executive and management teams should be actively involved and engaged throughout the SRHT project to successfully implement consultant recommended best practices and demonstrate measurable outcomes post-project to meet project [expectations](#). Hospital teams are expected to be fully engaged in all aspects of the SRHT Project to include the kick-off webinar, Learning Collaborative (LC) and other educational trainings throughout the year.

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, INTERVIEW SCHEDULE AND CONSULTATION DATES

Hospitals will select onsite consultation dates and submit the data request and interview schedule by the deadlines indicated in the [hospital workplan](#) (refer to Appendix A). Hospitals unable to meet deadlines are placed back in queue for future consideration and the consultation slot is provided to the next ranked hospital.

The available consultation dates will be provided to selected hospitals. Consultation dates are reserved for hospitals based on first come, first served. Hospitals are to select their consultation dates by emailing their preferred dates to Rhonda Barcus at rbarcus@ruralcenter.org.

The data request includes the interview schedule, and is provided to selected hospitals in an excel workbook. The interview schedule is the agenda for the first onsite consultation. 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.

APPENDICES

Appendix A: Hospital Work Plan and Consultation Process

Hospital

| Selected Hospital Activity | Dates |
|---|--|
| Selected Hospital Kick-off webinar | Thursday, November 29, 2018 12:00 CT |
| Learning Collaborative (LC) –Reserve the four virtual meeting dates. Hospitals are to participate and share information across projects to further assist for population health | <ul style="list-style-type: none"> • LC 1 – Wednesday, March 20, 12:00 CT • LC 2 – Wednesday, May 15, 12:00 CT • LC 3 – Wednesday, July 17, 12:00 CT • LC 4 – Wednesday, August 21, 12:00 CT |
| Select and reserve dates for pre-onsite planning call and onsite consultations. <ul style="list-style-type: none"> • Consultation dates will be emailed to selected hospitals. • Consultation dates are reserved for hospitals based on first come, first served basis. • Hospitals should select dates by emailing preferred dates to Rhonda Barcus at rbarcus@ruralcenter.org | TBA |
| Submit data requests and interview schedule to LCorcoran@stroudwater.com <ul style="list-style-type: none"> • Data request and interview schedule are provided to selected hospitals in an excel workbook. | TBA |
| Bench review and data analysis completed prior to first onsite consultation visit | Performed by consultants |
| 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 (BOD) and medical staff during the first onsite consultation • Interview schedule outlines the agenda for the first onsite consultation | TBA |

| Selected Hospital Activity | Dates |
|---|---|
| <ul style="list-style-type: none"> • The interview session is reserved for the hospital executive and management teams, BOD and medical staff | |
| <p>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.</p> | <p>One week prior to second onsite consultation</p> |
| <p>Second consultation visit – one (1) day onsite at selected hospital</p> <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 B) • At the discretion of the CEO, the hospital may invite outside guests such as community champions, partners and representatives from state and/or health agencies to join the report presentation. The action planning session is reserved for the hospital team. | <p>TBA</p> |
| <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 B) • 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 B: 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 | ____ 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 | ____ 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 C: Contact Information

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