**Suggested State Flex Program Work Plan Template**

Directions: The work plan is a succinct overview of the grant’s goals, objectives, activities and projected outcomes in a structured format. Although the work plan is not a narrative, the work plan should clearly depict how program activities and sub-activities will achieve outcomes. The year one work plan (fiscal year (FY) 2015) should have included all activities proposed for the entire three-year project period and made clear the planned duration of each activity. This year three work plan (FY 2017) shows how activities have progressed and developed during the project period and the specific activities planned for the final year of this project period. The Federal Office of Rural Health Policy (FORHP) expects the year three work plan to be as thorough as possible. Goals, objectives and related activities and outputs should be clearly identified. Outcome measures will not be reported in the work plan, but should be reported in the work plan data table. If your program does not intend to work on particular activity categories, please delete that section of the template, however please indicate any current year activities that you plan to discontinue.

Work Plan Sections:

* Goal (e.g. Flex Program Area): High-level statements that outline the ultimate purpose of a program; this is the end towards which program efforts are directed
* Objective: Statements describing what a programs’ activities must achieve in order to reach the program’s goals
* Activities: Actions developed to achieve objectives to reach goals
* Sub-activity(s): Approach(es) to fulfilling the activity to meet objectives and goals
* Budget: Funds allocated to the activities
* Timeline: Schedule of time in which activities will occur. Should include start and end dates and responsible staff or contractors
* Outputs (Process Measures): The direct products (tangible results) of program activities. Include in the FY 2016 work plan the measurement for completed or partially completed activities of relevant process measures. For planned activities (in both FY 2016 and FY 2017) that have not yet occurred, list the output measures to be collected.
* Outcome Measures (Short-term, Long-term): Must include intended and measurable targets. Targets for your proposed outcomes are required. Outcome measures answer the question, “What was the change?” Short-term outcomes are likely to be changes in skills, attitudes and knowledge. Long-term outcomes may involve changes at the organization or program level. Not all activities will have both short-term and long-term outcomes. The measurements (numbers, scores, qualitative items, etc.) for chosen measures should be listed and tracked at least annually in the work plan data table. See template work plan data table at <https://www.ruralcenter.org/tasc/content/flex-grant-guidance>.
* NOT INCLUDED IN THIS TEMPLATE: Outcomes Measures. To report outcomes measures, provide an attachment to the work plan that lists and reports measurements for all outcome measures related to work plan activities using a work plan data table. The purpose of the work plan data table is to consolidate all outcome measures into a single concise report to show each year of the project period and trends over time in the outcome measures selected by the state Flex program. Measures should be listed by Activity Number. See a template work plan data table at <https://www.ruralcenter.org/tasc/content/flex-grant-guidance>.

Note: The project narrative and work plan should complement and not duplicate each other. The work plan is a concise presentation of the activities, sub-activities and output measures in each program area for the proposed project period. It is complemented by the work plan data table, which concisely lists outcome measurement for all activities over each program year of the three-year project period. The narrative provides space to elaborate on these activities and describe how and why they will be undertaken. The narrative should refer and cite sections of the work plan and the work plan data table as appropriate.

**State: Click here to enter text.**

Project Period: September 1, 2015 – August 31, 2018

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| **Program Area: Quality Improvement** |
| **Goal 1: To improve the quality of care provided by CAHs** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 1.1 **(required)** Assist critical access hospitals (CAHs) in implementing quality improvement activities to improve patient outcomes |
| *Select all activities below chosen to work on in program years 1-3*  Activity 1.01 **(required)** Improve patient safety in CAHs and the community by ensuring all health care providers and eligible patient populations receive their influenza vaccinations |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
| *Describe the* ***timeline*** *for each activity in program year 3.**Include start and end dates in FY2017 for each activity and responsible staff or contractors.*  Click here to enter text. |
| Activity 1.02 **(required)** Improve the patient experience of care through use of the Hospital Consumer Assessment of Healthcare Providers and Systems survey |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
| *Describe the* ***timeline*** *for each activity in program year 3.**Include start and end dates in FY2017 for each activity and responsible staff or contractors.*  Click here to enter text. |
| Activity 1.03 **(required)** Improve the transitions of care from the CAH to other healthcare settings in order to improve patient outcomes |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
| *Describe the* ***timeline*** *for each activity in program year 3.**Include start and end dates in FY2017 for each activity and responsible staff or contractors.*  Click here to enter text. |
| Activity 1.04 **(required)** Improve the care provided in CAH outpatient settings in order to improve patient outcomes |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
| *Describe the* ***timeline*** *for each activity in program year 3.**Include start and end dates in FY2017 for each activity and responsible staff or contractors.*  Click here to enter text. |
| Activity 1.05 (optional) Improve patient safety and health outcomes in CAHs through other measures. Specific areas of focus may include: Healthcare Associated Infections (HAI), Stroke Care, Venous Thromboembolism (VTE), Pneumonia Care, Surgical Care, Perinatal Care, Falls, Adverse Drug Events (ADE), Reducing Readmissions, Patient Safety Culture Survey |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
| *Describe the* ***timeline*** *for each activity in program year 3.**Include start and end dates in FY2017 for each activity and responsible staff or contractors.*  Click here to enter text. |
| Activity 1.06 (optional) Improve care transitions from CAHs to other healthcare settings through improved Discharge Planning |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
| *Describe the* ***timeline*** *for each activity in program year 3.**Include start and end dates in FY2017 for each activity and responsible staff or contractors.*  Click here to enter text. |
| Activity 1.07 (optional) Improve care transitions through improved Medication Reconciliation activities |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
| *Describe the* ***timeline*** *for each activity in program year 3.**Include start and end dates in FY2017 for each activity and responsible staff or contractors.*  Click here to enter text. |
| Activity 1.08 (optional) Improve the care provided in CAH Outpatient and Emergency Department settings through additional measures |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
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| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
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| **Program Area: Quality Improvement** |
| **Goal 1: To improve the quality of care provided by CAHs** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 1.2 **(required, if needed)** Assist all CAHs in the state to consistently publicly report data on all required measures. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 1.09 **(required, if needed)** Promote and improve the reporting of quality of care data by CAHs |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
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| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
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| **Program Area: Financial and Operational Improvement** |
| **Goal 2: To improve financial and operational outcomes of CAHs** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 2.1 **(required)** To identify financial and operational strengths and challenges, and to identify statewide and targeted strategies for improvement. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 2.01 **(required annually)** Financial and Operational Assessment |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
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| **Program Area: Financial and Operational Improvement** |
| **Goal 2: To improve financial and operational outcomes of CAHs** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 2.2 (optional) To identify more in-depth financial and operational strengths and problems based on trends or issues identified through Objective 2.01, and to identify major strategies for improvement for a hospital or cohort of hospitals. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 2.02 (optional) Financial and Operational In-depth Assessment(s) and Action Planning |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
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| **Program Area: Financial and Operational Improvement** |
| **Goal 2: To improve financial and operational outcomes of CAHs** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 2.3 (optional) To improve revenue cycle management and to implement activities designed to increase profitability within a hospital or group of hospitals. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 2.03 (optional) Revenue Cycle Management |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
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| **Program Area: Financial and Operational Improvement** |
| **Goal 2: To improve financial and operational outcomes of CAHs** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 2.4 (optional) To address areas for improvement (within a hospital or group of hospitals) identified through in-depth operational assessments. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 2.04 (optional) Operational Improvements |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
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| **Program Area: Population Health Management and Emergency Medical Services (EMS) Integration** |
| **Goal 3a: To understand the community health and EMS needs of CAHs** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 3.1 (required annually if this program area is selected) Determine collective issues and trends in population health management for CAHs. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 3.01 (required annually if this program area is selected) Statewide CAH Population Health Management Needs Assessment |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
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| **Program Area: Population Health Management and Emergency Medical Services Integration** |
| **Goal 3a: To understand the community health and EMS needs of CAHs** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 3.2 (optional) To assist CAHs to identify specific health needs of their communities and implement activities. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 3.02 (optional) Hospital Community Health Needs Assessments and Improvement |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
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| **Program Area: Population Health Management and Emergency Medical Services Integration** |
| **Goal 3a: To understand the community health and EMS needs of CAHs** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 3.3 (optional) Improve local/regional EMS capacity and performance in CAH communities. Improve integration of EMS in local/regional systems of care. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 3.03 (optional) Community-level Rural EMS System Assessment |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
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| **Program Area: Population Health Management and Emergency Medical Services Integration** |
| **Goal 3b: To enhance the health of rural communities through community/population health improvement** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 3.4 (optional) To assist CAHs to develop strategies for engaging with community partners and targeting specific health needs. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 3.04 (optional) Population Health Improvement Activity |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
| *Describe the* ***timeline*** *for each activity in program year 3.**Include start and end dates in FY2017 for each activity and responsible staff or contractors.*  Click here to enter text. |

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| **Program Area: Population Health Management and Emergency Medical Services Integration** |
| **Goal 3c: To improve identification and management of Time Critical Diagnoses and engage EMS capacity and performance in rural communities.** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 3.4 (optional) To assist CAHs to develop strategies for engaging with community partners and targeting specific health needs. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 3.05 (optional) Improve Time Critical Diagnoses EMS System Capacity |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
| *Describe the* ***timeline*** *for each activity in program year 3.**Include start and end dates in FY2017 for each activity and responsible staff or contractors.*  Click here to enter text. |
| Activity 3.06 (optional) Improve EMS Capacity and Operational Projects |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
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| **Program Area: Designation of CAHs in the State** |
| **Goal 4: To facilitate appropriate conversion of small rural hospitals to CAH status.** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 4.1 (required if requested from hospitals)To facilitate appropriate conversion of small rural hospitals to CAH status. May include assisting with financial feasibility studies for hospitals considering conversation to CAH status as well as feasibility studies for reopening closed rural hospitals or converting CAHs to other types of facilities. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 4.01 (required if requested from hospitals) Conduct activities to support appropriate conversion of small rural hospitals to CAH status |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
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| **Program Area: Integration of Innovative Health Care Models** |
| **Goal 5: To support the financial and operational transition to value based models and health care transformation models in the health care system.** |
| *Select the below objectives chosen to address in program years 1-3*  Objective 5.01 (optional) To develop/implement and assess innovative health care models designed to have a positive transformational impact on rural health. |
| *Select all activities below chosen to work on in program years 1-3*  Activity 5.01 (optional) Integration of Innovative Health Care Models. Specific areas of focus may include: clinically integrated networks; population health management; projects addressing frequent/high cost users of health care or emergency department; care coordination |
| *Note: Grantees should work with the Flex Monitoring Team, Technical Assistance and Services Center (TASC) and Federal Office of Rural Health Policy (FORHP) as needed when developing activities in this program area.* |
| *Describe succinctly below the* ***sub-activity(s)*** *taken to address the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***outputs (process measures)*** *of the activity to meet the objective and goal:*  Click here to enter text. |
| *Describe the* ***budget*** *of funds allocated to the above activity:*  Click here to enter text. |
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