Hospital Transformation Program

Hospital Application

1. Please use the space below to provide an executive summary clearly articulating how the hospital will advance the goals of the Hospital Transformation Program (HTP):

* Improve patient outcomes through care redesign and integration of care across settings;
* Improve the patient experience in the delivery system by ensuring appropriate care in appropriate settings;
* Lower Health First Colorado (Colorado’s Medicaid Program) costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery;
* Accelerate hospitals’ organizational, operational, and systems readiness for value-based payment; and
* Increase collaboration between hospitals and other providers, particularly Accountable Care Collaborative (ACC) participants, in data sharing and analytics, evidence-based care coordination and care transitions, integrated physical and behavioral care delivery, chronic care management, and community-based population health and disparities reduction efforts.

The executive summary should:

* Succinctly explain the identified goals and objectives of the hospital to be achieved through participation in the HTP; and
* Provide the hospital’s initial thinking regarding how the HTP efforts generally can be sustainable beyond the term of the program.

Response (Please seek to limit the response to 750 words or less)

Salida Hospital District, dba Heart of the Rockies Regional Medical Center (HRRMC) intends to participate in the Hospital Transformation Project. Our community participation and planning is based on the Chaffee County Community Health Assessment and Health Improvement Plan 2017-2023. The gap assessment revealed our community needs are substance use and mental health, vulnerable populations, senior services and support and geography.

HRRMC has engaged community partners such as SolVista (Behavioral) Health, Health Colorado (RAE), Valley Wide Health Systems, Chaffee County Public Health, First Street Family Health and Columbine Manor Nursing Home. Quarterly meetings with partners have been hosted to assure appropriate information sharing and brainstorming is ongoing. These sessions have lead to increased understanding of each partner's ability to serve the community and how best to provide care across the continuum. HRRMC and its partners have made the commitment to work together to provide wellness and follow up services that are relevant to the patient's individualized needs to decrease unplanned hospital readmissions to the emergent or inpatient departments of HRRMC.

Through the use of performance improvement initiatives, application, auditing and reporting, HRRMC realizes the potential to make a positive impact on wellness and continuing care in order to decrease unexpected healthcare expenses. Areas for Performance Improvement initiatives that meet the community needs for HTP will include: implementation and/or expansion of telemedicine visits, measuring the number of Medicaid patients discharged to home with a formal social determinants of health screening documented in the health record, ensuring a follow up appointment with a clinician is made prior to discharge to home, development of a collaborative discharge planning or notification process with the appropriate RAE for patients with a principal or secondary diagnosis of mental illness or substance use when discharged from an inpatient or emergency room visit, screening and referral for perinatal and post partum depression and anxiety, and screening of pedicatric patients 12 years and older for depression including suicide risk during an inpatient or emergency department visit. HRRMC and our community partners will review data collected from these initiatives and will collaborate on further interventions or needs in these areas as the HTP progresses through the five year project period. Goals for post five year period will be to evaluate the information obtained and review intervention success for inclusion into protocols for best practices for HRRMC.

2. Please provide the legal name and Medicaid ID for the hospital for which this Hospital Application is being submitted, contact information for the hospital executive, and a primary and secondary point of contact for this application.

Hospital Name: Salida Hospital District dba Heart of the Rockies Regional Medical Center

Hospital Medicaid ID Number: 05050000

Hospital Address: p.o. box 429 1000 Rush Drive Salida, CO 81201

Hospital Executive Name: Robert Morasko

Hospital Executive Title: CEO

Hospital Executive Address: p.o. box 429 1000 Rush Drive Salida, CO 81201

Hospital Executive Phone Number: (719)530-2210

Hospital Executive Email Address: robert.morasko@hrrmc.net

Primary Contact Name: Christine MacMillan

Primary Contact Title: Director of Quality

Primary Contact Address: p.o. box 429 1000 Rush Drive Salida, CO 81201

Primary Contact Phone Number: (719)530-2351

Primary Contact Email Address: christine.blaney-macmillan@hrrmc.net

Secondary Contact Name: April Asbury

Secondary Contact Title: VP PCS

Secondary Contact Address: p.o. box 429 1000 Rush Drive Salida, CO 81201

Secondary Contact Phone Number: (719)530-2200

Secondary Contact Email Address: april.asbury@hrrmc.net

3. a. Please use the space below to describe the planned governance structure for the hospital’s HTP engagement and how it will align with the hospital’s overall project management capabilities. A description of the governance structure that will be put in place to support the hospital’s HTP engagement;

Response (Please seek to limit the response to 250 words or less)

Heart of the Rockies Regional Medical Center (HRRMC) has determined that the governance framework responsible for the HTP project will consist of the following hospital employees, Quality Director, VP of Patient Care Services, Director of Inpatient Services, Family Birth Center Manager, Director of Emergency Services, and the Clinical Informatics Specialist. This committee will ensure the development, implementation, and auditing of the interventions determined to be necessary for HTP measures selected.

b. How the planned structure has been adapted to the needs and unique experiences of the hospital and how it will ensure successful oversight of the hospital’s HTP engagement;

Response (Please seek to limit the response to 250 words or less)

The HTP committee has committed to the selection of measures, routine updates and meetings to develop and implement necessary practices to ensure the performance improvement activities within each measure are completed. The committee is also committed to meeting with community partners to understand how we can best collaborate to ensure these measures are appropriate for the community and that the interventions meet success when implemented.

c. Specifically, how the structure will ensure management and transparency and engage members of impacted populations and community partners;

Response (Please seek to limit the response to 250 words or less)

HTP measures will be incorporated into Performance improvement and will be reported to the HRRMC HTP committee. The HTP committee will report quarterly data on the HTP measures to the Quarterly community partners meeting to evaluate and determine the need for additional actions.

d. The overall project management structure of the hospital, including how it is organized into operational, clinical, financial, and other functions, and how it will be leveraged to support the hospital’s efforts under the HTP and the governance of those efforts;

Response (Please seek to limit the response to 250 words or less)

HTP interventions and monitoring will be integrated into the hospital PI reporting process in order to more easily identify success and trending. This will allow for reporting to be transparent across the operating departments. Reporting of HTP information will be completed monthly to the Quality Director and to Executive Leadership, who attend Performance Improvement and Quality Alliance meetings. Executive Leadership will include HTP measures in the CAH report and will be reported to the Board of Directors.

e. How the hospital’s project management structure is aligned with the hospital leadership structure; and

Response (Please seek to limit the response to 250 words or less)

HRRMC management and directors report to the designated VP, clinical, operational or financial and this reporting is then continued throught the VP to the CEO. Further reporting is completed from the VP to the Board of Directors.

f. The current state of centralized reporting capabilities for the hospital.

Response (Please seek to limit the response to 250 words or less)

**HRRMC has the capability to engage clinical information specialists who are on staff to assist in the completion of centralized reporting. Currently, there are departmental performance improvement initiatives that are reported quarterly via performance improvement dashboards, typcially where data is aggregated by the Quality Director, that is reported to CEO, VP of Patient Care Services, VP of Finance and the community based Board of Directors.**

4. Please use the space below to describe the hospital’s plan for continuing Community and Health Neighborhood Engagement throughout the hospital’s HTP participation. A detailed plan is not required. Instead, hospitals can outline a high-level approach to CHNE going forward, including, for example, the stakeholders to be engaged and the types and frequency of activities to be used. Hospitals should consult the Continued Community and Health Neighborhood Engagement document, which can be found on the [HTP webpage](https://www.colorado.gov/pacific/hcpf/colorado-hospital-transformation-program), to ensure their planned activities fulfill program requirements.

Response (Please seek to limit the response to 500 words or less)

HRRMC expects to continue the Quarterly HTP community partner meetings as has been initiated. HRRMC will also include the Board of Directors, which is comprised of a group of elected community leaders, in review of the project plans and initiatives. As the project continues, HRRMC expects to work with the RAE to also identify any additional community resources that may be helpful to enhance the initial HTP plans.

5. As part of continuing Community Health Neighborhood Engagement (CHNE), hospitals must share a draft of their application with stakeholders to allow them the opportunity to provide feedback for hospitals’ consideration. This Public Input process must last at least 10 business days, with an additional 5 business days alloted to hospital review and response to any Public Input received. Hospitals must submit applications by **[DATE]**, but hospitals may resubmit revised applications with revisions based solely on feedback from the Public Input process by **[DATE]**. The Department of Health Care Policy & Financing will also make submitted applications public once applications are complete and approved by the review board. Please refer to the Ongoing CHNE Requirements document on the Hospital Transformation Program website for a list of key stakeholder categories. At a minimum, the stakeholders should include those who engaged in or were invited to engage in the CHNE process.

Has the Public Input process been completed and does this draft incorporates any potential revisions based on that public feedback:

[ ]  Yes

[x]  No

Please enter the dates of your proposed or completed Public Input timeline. If you have not yet completed your Public Input process by the initial submission deadline of April 30, 2021, please fill in proposed dates. You will need to fill in the actual dates when you resubmit your application at the conclusion of the Public Input process by May 21, 2021. Please use **mm/dd/yyyy** format.

Proposed Public Input Period : 4/13/2021 to 4/18/2021

Proposed Hospital Review of Public Input Period: 4/19/2021 to 4/23/2021

Actual Public Input Period :       to

Actual Hospital Review of Public Input Period:       to

*If you answered no to the above question and your submission is subject to change based on an ongoing Public Input process, please note that you must turn in your revised application by May 21, 2021. After incorporating your Public Input process changes, applicants are required to submit both a clean and a red-lined version of the Hospital Application to aid HTP review staff in identifying the Public Input based changes compared to your initial submission.*

Please use the spaces below to provide information about the hospital’s process for gathering and considering feedback on the hospital’s application.

Please list which stakeholders received a draft of your application and indicate which submitted feedback.

Response (Please seek to limit the response to 250 words or less)

SolVista, Health Colorado, Chaffee County Public Health, Dr. Wigington of Salida Health Center.

Please explain how the draft application was shared and how feedback was solicited.

Response (Please seek to limit the response to 250 words or less)

Draft of the application is being shared via PDF format and emailed to the individuals who have been invited and participated in the Quarterly HTP meetings. Each partner that has been sent a draft of the application is urged to contact the Quality Director with any feedback, so that can be included in the application as appropriate.

With a bulleted list, please list the shared stakeholder feedback and explain if any changes were made to the application based on the feedback. If no changes were made, please explain why. If the same or similar feedback was shared by more than one stakeholder, please list it only once.

Response (Please seek to limit the response to 500 words or less)

*

Please consult the accompanying Intervention Proposal before completing the remainder of this application.

6. Please use the space below to identify which statewide and local quality measure(s) from the [HTP Measure List on the Colorado Hospital Transformation Program website](https://www.colorado.gov/pacific/hcpf/colorado-hospital-transformation-program) the hospital will address for each Focus Area.

Hospitals have the option to replace a local measure with a statewide priority. Each statewide priority will be worth 20 points and, if selected, the points for each remaining local measure will be equal to the remaining total required local measure points divided by the number of local measures, greatly reducing the risk associated with those measures.

As applicable, please identify the Statewide Priority your hospital is pursuing as a part of the HTP Hospital Application:

[ ]  SP-PH1 – Conversion of Freestanding EDs

[ ]  SO-PH2 – Creation of Dual Track ED

Please note that hospitals are required to complete the accompanying Intervention Proposal for the statewide priorities identified above.

The selections should align with the hospital’s improvement priorities and community needs. As a reminder, hospitals must adhere to the following requirements when selecting quality measures:

* Large hospitals (91+ beds) will be accountable for six statewide measures, totaling 60 points and a minimum of four local measures, which will account for 40 points. Points per local measure will equal 40 divided by the number of local measures selected.
* Medium hospitals (26-90 beds) will be accountable for six statewide measures and a minimum of two local measures. If two local measures are selected, statewide measures will total 75 points, and local measures will account for 25 points. Points per local measure will equal 25 divided by the number of local measures selected. If three local measures are selected, then statewide measures will total 67 points and local measures will account for 33 points. Points per local measure will equal 33 divided by the number of local measures selected. If four or more local measures are selected, then statewide measures will then total 60 points and local measures will account for 40 points. Points per local measure will equal 40 divided by the number of local measures selected for four or more local measures.
* Small hospitals (<26 beds) excluding critical access hospitals will be accountable for six measures (statewide or local) to account for 100 points. Points per each measure will equal 100 divided by the number of measures selected.
* Critical access hospitals will be accountable for six measures (statewide or local) and will have their risk for measures reduced by 40%.
* Pediatric hospitals will be accountable for five statewide measures, totaling 50 points and a minimum of five local measures, which will account for 50 points. Points per local measure will equal 50 divided by the number of local measures selected.
* Respiratory specialty hospital(s) will be accountable for four statewide measures and a minimum of four local measures.If four measures are selected then statewide measures will total 56 points and local measures will account for 44 points. Points per local measure will equal 44 divided by the number of local measures selected. If five or more measures are selected, then statewide measures will total 50 points and local measures will total 50 points. Points per local measure will equal 50 divided by the number of local measures selected.

Please use the unique identification code from the Performance Measures List (which is available on the [HTP website](https://www.colorado.gov/pacific/hcpf/colorado-hospital-transformation-program)) to identify your selected measures. For example, the measure “30 Day All Cause Risk Adjusted Hospital Readmission” should be listed as SW-RAH1.

Response (Please format the response as a numbered list)

1. RAH1: Follow up appointment with a clinician made prior to discharge and notification to the Regional Accountable Entities (RAE) within one business day.

2. CP6:Screening and Referral for Perinatal and Post-Partum Depression and Anxiety and Notification of Positive Screens to the RAE

3. SW-BH1 – Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAE’s for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or ED

4. SW-BH2 – Pediatric Screening for Depression in Inpatient and ED Including Suicide Risk

5. COE2 – Implementation/expansion of Telemedicine Visits

6. SW-CP1 – Social Needs Screening and Notification

7. Please use the space below to identify all of the hospital’s proposed interventions. Following each listed proposed intervention, please identify which of the measures from the response to Question 6 will be addressed by that intervention. Please list the unique identification code listed in response to Question 6 to identify the applicable measures and please format your response in accordance with the following example:

1. Intervention Name

a. Measures: SW-RAH1, RAH2

Response (Please format the response as a numbered list)

1. Heart of the Rockies Regional Medical Center (HRRMC) has identified the need to ensure that Medicaid patients have a follow up appointment prior to the discharge from an inpatient stay. HRRMC has identified that patients who are assisted with obtaining aftercare, are more likely to need less emergent or acute care stays as existing health conditions can often be managed before reaching the urgent need stage. The reduction in emergency department visits would be a valuable

Patients of HRRMC who are identified as having Medicaid as a payer during an inpatient stay will be evaluated for the need for follow up appointments as determined by the physician. Those Medicaid patients who are ordered a follow up appointment will have the option to have the appointment set up by the discharge planning nurse prior to discharge or by the patient/responsible party. The patient will be notified of the appointment and given written information of the appointment date, time and the name and contact information of the provider before discharge. Documented follow up appointments will be reported to Health Colorado within one business day.

 a. Measure: RAH1

2. HRRMC has identified the need to ensure that both perinatal and post partum patients are screened for anxiety and depression. The screening and follow up for positive screens of anxiety or depression surrounding childbirth can result in more timely assistance to follow up with resources to help support mother and baby both pre and post birth.

Patients of HRRMC who are in the perinatal or post partum period of a pregnancy, will be screened by a Family Birth Center RN during visits for anxiety and/or depression. Positive screens will be reported to Health Colorado within one business day. Education and assistance with resources to support the patient will be completed for patients with a positive screen.

 a. Measure: CP6

3. HRRMC has identified the need to assist patients with mental illness or substance use disorders with discharge planning. The use of discharge planning to assist patients with SUD or MI has the potential to increase wellness within the community and decrease emergent use of acute hospital services.

Patients of HRRMC are currently screened for mental illnesses and substance use disorders. HRRMC will develop a more comprehensive discharge planning process that includes notification of Health Colorado and SolVista or Valley Wide Health systems to better serve the continuing needs of those patients who need ongoing resources to manage their mental illness or substance use.

 a. Measure: SW-BH1

4. HRRMC has identified the need for screening for pediatric patients during an Emergency department visit, between the ages of 12 and 18 years of age, for depression and/or suicide risk. Identifying positive screens can lead to assistance with interventions and resources to manage the risk in pediatric patients.

Pediatric patients between the ages of 12 and 18 years of age will be screened during Emergency department visits for the presence of depression and/or the risk of suicide. Patients with a positive screen will be referred to Health Colorado and Solvista.

 a. Measure: SW-BH2

5. HRRMC has identified the need for the expansion of Telehealth. The use of telehealth has been initiated within HRRMC, however there is a need due to geography and lack of transportation to the HRRMC campus to have provider ability to complete telehealth visits with patients. HRRMC will review the ability to further expand the telehealth ability for providers and will collaborate with providers to complete visits as appropriate through the use of telehealth.

 a. Measure: COE2

6. HRRMC has identified the need for a formal screening of inpatient and emergency department patients on deficits in social determinants of health. While there is current informal screening for access to the five core domains of housing, food security, transportation difficulties, utility needs and interpersonal safety, HRRMC is committed to formalize this screening and provide notification to Health Colorado and other partners, such as SolVista, Valley Wide, primary care providers, the Chaffee County Public Health department and other resources within the community to assist with sdoh access. This screening will be completed prior to discharge planning from an inpatient admission.

 a. Measure:SW-CP1