| **Goal 1:** | **The Santa Cruz community leadership assumes ownership of the Long Term Care Hospital (LTCH) Efficiency Study** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Objectives:** | * **Identify appropriate community leadership representation.** * **Establish Leadership Team (LT).** * **Conduct LT Meetings.** | | | | | |
| **Key Action Steps** | | **Timeline** | **Expected Outcome** | **Evaluation Metrics**  **Target  Results as of (date)** | **Person/Area Responsible** | **Comments** |
| 1.1 Recruit 10 to 12 LT members from diverse constituencies affecting utilization of LTCHs | | November 16, 2012 | Engaged LT representing diverse constituencies   * Healthcare coalition * Hospitals * LTCHs * SNFs * Palliative care * Rehabilitation * Hospice * Beneficiaries | **Metric:** Number of targeted LT members who respond in writing that they intend to join the LT.  **Target:** 10 to 12 LT members  **Result as of 12/7/12:**  13 LT members recruited plus local CMS Innovation Advisor for total of 14 | E. Littman | LT includes 8 HIP core coalition members and 6 members recruited to represent broader constituency including long term care, beneficiaries, and community |
| 1.2 Conduct organizational LT meetings at HIP offices and include HSAG and CFMC in-person or by remote conferencing as appropriate. | | November 16, 2012  December 7, 2012 | LT members will be familiar with initial Root Cause Analysis (RCA) and begin participating in design of quantitative and qualitative research design including Jan 10, 2013, Learning & Action Network (LAN) | **Metric:** Percent of LT members who participate in either 11/16 or 12/7 organizational meetings  **Target:** 100 percent  **Result as of 12/7/12**: 93 percent  10-in person  3-Webinar | E. Littman | CMS Innovation Advisor listened to recording—unable to participate in meetings due to schedule conflicts |
| 1.3 Obtain LT members commitment to actively participate in workgroup activities in-between scheduled team meetings | | December 31, 2012 | LT members will understand that their commitment includes active participation in meetings, completing assignments, and following-up with constituents | **Metric:** Percent of LT members who sign participation agreement  **Target:** 100 percent  **Result as of 12/7/12:** *25 percent* | A. Silvey | Following up via e-mail on Participation Agreement. Ran out of time at December 7, 2012, meeting to get signatures |

**Special Innovation Project: SIP-CA-01**

**“Using Data to Drive Dramatic Improvement in Santa Cruz”**

**Deliverable 3.4: Community Plan of Work and Metrics – December 2012**

| **Goal 2:** | **The Santa Cruz LT selects Triple Aim metrics that measure the health status, access/quality of care, and the global cost of care for the LTCH target population** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Objectives:** | * **Develop an RCA report that includes Triple Aim metrics.** * **Analyze the LAN qualitative analysis to identify Triple Aim metrics.** * **Develop a consensus on key Triple Aim metrics for the Action phase.** | | | | | |
| **Key Action Steps** | | **Timeline** | **Expected Outcome** | **Evaluation Metrics**  **Target Results** | **Person/Area Responsible** | **Comments** |
| 2.1 Obtain verbal and written input from LTCH LT on Initial RCA | | December 7, 2012 | Prioritized list of additional analysis to explain the low LTCH utilization including   * ***Population Health***: e.g., Regression analysis of demographic LTCH predictors * ***Access/Quality***: e.g., Patient outcome measures for LTCH diagnoses * ***Costs***: e.g., SNF, Hospital, and Hospice, expenditures in California and other study communities | **Metric:** Second RCA  **Target:** February 2013  **Result as of 12/7/12:** Vigorous discussion of Initial RCA at 11/16/12 LT Webinar and follow-up e-mail discussion;  Discussion of 2nd RCA at December 7, 2012, LT meeting focused on limitations of data to fully understand causes of low LTCH utilization and importance of adding provider, consumer, and patient voice to analysis | A. Silvey | HIP participated in the IHI Triple Aim Prototyping Initiative and became an IHI Triple Aim Improvement Community in Fall 2012. One of the reasons for becoming an Improvement Community is to engage a broader coalition of healthcare providers, community organizations, and consumers in improving health in Santa Cruz County |
| 2.2 Inform LTCH LT of qualitative findings from LAN meeting. | | February 2013 | Identify additional items to test in RCA | **Metric:** Final RCA adopted by LT  **Target:** March 2013  **Result as of:** *Not Begun* | A. Silvey |  |
| 2.3 Collect LTCH utilization data comparable to Dartmouth Atlas data from other data sources. | | March 2013 | Addendum to Medicare FFS RCA comparing utilization for patients with other sources of payment e.g., Alliance/MediCal,  SNFs, and LTCHs | **Metric:** Final RCA adopted by LT with data addendum  **Target:** March 2013  **Result as of:** *Not Begun* | E Littman | Responsibility of LT members to collect data from the health plan and/or facility they represent |
| 2.4 Agree on Triple Aim metrics to guide action planning and implementation work of LTCH LT | | March 2013 | List of Triple Aim metrics for LTCH Study is added to HIP Global and project-specific measures | **Metric:** List of Triple Aim measures and methodology is endorsed by LT  **Target:** March 2013  **Result as of 12/7/12:** Introducing TA framework to LT | E. Littman | Project-specific TA measures will be developed depending on LT decision on initial improvement project.  *For example:*  *Improving provider/ patient education re: LTCH services*  *Target Population: LTCH diagnoses in ICU HRR hospitals*  *Population Health: LOS in ICU*  *Patient Experience:*  *Survey of discharge satisfaction survey*  *Cost: Hospital costs*  *Data collected by hospitals* |

| **Goal 3:** | **The Santa Cruz LTCH LT will plan and implement a LAN representing a diversity of provider, consumer, and payer perspectives on utilization of LTCH services** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Objectives:** | * **Recruit a diverse group of community participants for the LAN.** * **Design the first LAN meeting to obtain robust qualitative data from diverse perspectives on LTCH utilization.** * **Conduct the first LAN meeting.** | | | | | |
| **Key Action Steps** | | **Timeline** | **Expected Outcome** | **Evaluation Metrics**  **Target**  **Result as of (date)** | **Person/Area Responsible** | **Comments** |
| 3.1 Plan 1st LAN meeting based on “Knowledge Café” model | | December 7, 2012 | LT members will develop questions to obtain robust qualitative data from diverse participants at January 10, 2013, LAN | **Metric:** Participant evaluation of January 10, 2013, LAN meeting  **Target:** 80 percent satisfaction  **Result as of:** *Not Begun* | A.Silvey | R. Hayes (CFMC) to advise on Knowledge Café model and questions developed by other study sites |
| 3.2 Invite 150 to 200 community members to participate in LTCH LAN from a broad range of provider, consumer, and payer groups | | December 14, 2012 | Members of LTCH LAN represent diverse groups including:   * Hospitals * SNFs * Home Health * Hospice * Rehabilitation * Physician Groups * Community organizations * Health Plans * MediCal/Medicare Beneficiaries * Seniors * Disabled * Latino * State Policy | **Metric:** Number of community members who agree to participate in LAN as evidenced by participating in more than 1 LTCH Study activity  **Target:** 75 persons participate in LAN for LTCH study  **Result as of 12/18/12:** E-mail invitation sent to 115 individuals representing all of specified groups | E. Littman | In addition to January 10, 2013, LAN meeting, 25 healthcare leaders will participate in January 10, 2013, HIP Council (HIPC) meeting to discuss LTCH study |

| **Goal 3:** | **The Santa Cruz LTCH LT will plan and implement a LAN representing a diversity of provider, consumer, and payer perspectives on utilization of LTCH services** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Objectives:** | * **Recruit a diverse group of community participants for the LAN.** * **Design the first LAN meeting to obtain robust qualitative data from diverse perspectives on LTCH utilization.** * **Conduct the first LAN meeting.** | | | | | |
| **Key Action Steps** | | **Timeline** | **Expected Outcome** | **Evaluation Metrics**  **Target**  **Result as of (date)** | **Person/Area Responsible** | **Comments** |
| 3.3 Pilot LAN meeting questions with HIP (Leadership) Council | | January 10, 2013, from  7:30 a.m. to 9:00 a.m. | Healthcare leaders will understand the scope and approach of the LTCH study | **Metric:** Transcribed answers to LAN questions  **Target:** Answers to100 percent of questions  **Result as of 12/13/12:** HIP Council members informed about special January 10, 2013, meeting | A. Silvey | HIPC members not invited to LAN meeting except for LT members |
| 3.4 Conduct first LAN meeting | | January 10, 2013,  12:00: lunch  1:00 p.m. to 4:00 p.m. meeting | LAN meeting participants will provide robust qualitative data on reasons for low LTCH utilization and action ideas for quality improvement | **Metric:** Number of community members attending LAN meeting  **Target:** 75  **Result as of:** 115 potential attendees identified by LT members | E. Littman | Following January 10, 2013, LAN meeting, LT will advise on whether need additional information from LTCH patient/family interviews |

This material was prepared by Health Services Advisory Group of California, Inc., the Medicare Quality Improvement Organization for California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. CA-10SOW-S.SC-122112-01