| **Work Plan Activities and Metrics** | **February** | **March** | **April** | **May** | **June** | **July**  | **August** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Webpage**[www.hipscc.org/programs/ltac-community-study](http://www.hipscc.org/programs/ltac-community-study) Purpose: Provide information about the Project to local community and national audience. | Launch | Update | Update | Update | Update | Update | Update  |
| **Metrics for Project Webpage**1. Number of Web site visits per month
 | Goal: TBDResults: 14 | Goal: TBDResults: 13 | Goal: TBDResults: | Goal: TBDResults: | Goal: TBDResults: | Goal: TBDResults: | Goal: TBDResults: |
| 1. Number of Web site visits to date
 |  |  | 79 |  |  |  |  |
| 1. Number of distinct Web site visit sources
 |  |  | 60 |  |  |  |  |
| **Leadership Team Meetings**Purpose: Develop community consensus on “Why Santa Cruz County?”Adopt an Action Plan for Improving Care during the Study Period (small test). Develop, adopt and track Triple Aim (TA) metrics to guide the action planning and implementation work of the LTAC LT.  |  | LT Meeting March 22 | . | LT Meeting May 17 |  |  | LT Meeting August 23 |
| **Metrics for Leadership Team Meetings**1. Percentage of total LT team members (12) that attend meetings
 |  | Goal: 75% (9 LT Members)Results: 92% (11 LT Members) |  | Goal: 75%Results: |  |  | Goal: 75%Results: |
| 1. Adoption of TA metrics

NOTE: The TA metrics will be developed based on the LT decision for the initial improvement project. *For example:**Improving provider/patient education regarding LTAC services**Target Population: LTAC 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 for March 2013: The list of TA metrics and methodology are endorsed by the LT.Result:Introducing TA framework to LT | Goal: The list of TA metrics and methodology are endorsed by the LT.Results: Goal not met but TA quality indicators identified. Will be addressed again in the May LT Meeting.  | Goal: The list of TA metrics and methodology are endorsed by the LT.Results: Goal not met, but TA metrics developed. This will be addressed again in the May LT Meeting. | Goal: The list of TA metrics and the methodology are endorsed by the LT. |  |  |  |
| 1. Patient Experience: Percentage of patients who perceive value in the subset of IHI *Conversation Ready* starter kit questions.
 |  |  | Goal: 100% (DH) Results: Not yet begun | Goal: 100%(DH)Results:(WH) Results: |  |  |  |
| 1. Population Health: Percentage of patients that meet LTAC screening criteria that are identified by the seventh day of hospitalization.
 |  |  | Goal: 100%(DH) Results:Not yet begun | Goal: 100%(DH)Results:(WH) Results: |  |  |  |
| 1. Cost: Reduction of short stay acute care hospital costs (proxy = length of stay) for patients who meet LTAC screening criteria.
 |  |  | Goal: TBD(DH) Results:Not yet begun | Goal: TBD(DH)Results:(WH) Results: |  |  |  |
| **Learning & Action Network (LAN) Meeting**Purpose: Test the Leadership Team’s “Why” consensus on a broader community group.Adopt an Action Plan for continuing the improvement work beyond the Study period. |  |  |  |  |  | July 25th |  |
| **Metrics for LAN Meeting**1. Total number of community participants who attended first LAN meeting that attend the second LAN meeting.
 |  |  |  |  |  | Goal: 30Results: |  |
| 1. Total number of community participants who did not attend the first LAN meeting that attend the second LAN meeting.
 |  |  |  |  |  | Goal: 30Results: |  |
| **Tests of Improvement**Purpose: Use the Model for Improvement to test small improvements in the patient/family informed-decision process. |  |  | Implement screening tool in Dominican Hospital (DH) | Implement screening tool in Watsonville Hospital (WH) |  | Evaluation Interviews |  |
| **Metrics for Tests of Improvement**1. Number of patients screened on seventh day of hospitalization using LTAC screening tool.
 |  |  | (DH) Results:40 | Goal: 100%(DH)Results:(WH) Results: | Goal: 100%(DH)Results:(WH) Results: | Goal: 100%(DH)Results:(WH) Results: | Goal: 100%(DH)Results:(WH) Results: |
| 1. Percentage of patients in #1 that are screened on the seventh day of hospitalization using LTAC screening tool.
 |  |  | (DH) Results:5/40= 12.5% | Goal: 100%(DH)Results:(WH) Results: | Goal: 100%(DH)Results:(WH) Results: | Goal: 100%(DH)Results:(WH) Results: | Goal: 100%(DH)Results:(WH) Results: |
| 1. Percentage of patients in #2 that are identified as meeting LTAC screening criteria
 |  |  | (DH) Results:3/5= 60% | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: |
| 1. Percentage of patients in #3 for which the physician expects extended acute care needs
 |  |  | (DH) Results:Not yet begun | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: |
| 1. Percentage of patients in #4 for which the physician agrees to an LTAC referral
 |  |  | (DH) Results:Not yet begun | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: |
| 1. Percentage of patients in #5 that participate in a Goals of Care discussion
 |  |  | (DH) Results:Not yet begun | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: |
| 1. Percentage of patients in #6 that the LTAC(s) is willing to admit
 |  |  | (DH) Results:Not yet begun | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: | Goal: 100%(DH) Results:(WH) Results: |
| **Metrics for Focus Groups (TBD)** |  |  |  |  |  |  |  |

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