| **Work Plan Activities and Metrics** | **February** | **March** | **April** | **May** | **June** | **July**  | **August** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Web page**[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 audiences. | Launch | Update | Update | Update | Update | Update | Update  |
| **Metrics for Project Web page**1. Number of Web site visits per month
 | Goal: TBDResults: 14 | Goal: TBDResults: 13 | Goal: TBDResults: 52 | Goal: 100Results: 40 | Goal: 200Results: 39 | Goal: 300Results: | Goal: 400Results: |
| 1. Number of distinct Web site visit sources per month
 |  |  |  60 |  33 |  35 |  |  |
| 1. Number of Web site visits to date
 |  |  |  79 | 119 | 158 |  |  |
| **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 Long Term Acute Care (LTAC) Leadership Team (LT).  |  | LT Meeting March 22 | . | LT Meeting May 17 |  |  | LT Meeting August 23 |
| **Metrics for LT 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: 66% (8 LT members) |  |  | 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: Length of Stay (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.Results: |  |  |  |
| 1. Patient Experience: Percentage of patients who perceive value in the subset of Institute for Healthcare Improvement (IHI) *Conversation Ready* starter kit questions.
 |  |  | Goal: 100% Dominican Hospital(DH) Results: Not yet begun | Goal: 100%DH Results:Watsonville Hospital(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 =LOS) for patients who meet LTAC screening criteria.
 |  |  | Goal: TBDDH Results:Not yet begun | Goal: TBDDH Results:WH Results: |  |  |  |
| **Learning & Action Network (LAN) Meeting**Purpose: Test the LT’s “Why” consensus on a broader community group.Adopt an Action Plan for continuing the improvement work beyond the Study Period. |  |  |  |  |  | July 26 |  |
| **Metrics for LAN Meeting**1. Total number of community Beneficiary Ambassadors (e.g., community members who are not healthcare providers and are not working in a beneficiary advocacy role) who attended first LAN meeting that attend the second LAN meeting.
 |  |  |  |  |  | Goal: 30Results: |  |
| 1. Total number of community participants (excluding LT members, HIP staff, and HSAG staff) 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 related to LTAC referrals. |  |  | Implement screening tool in DH | Implement screening tool in WH |  | Evaluation Interviews |  |
| **Metrics for Tests of Improvement**1. Number of patients identified who are on seventh day of hospitalization.
 |  |  | DH Results:8 | DH Results:7WH Results:7 | DH Results: 20WH Results: | DH Results:WH Results: | 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:8/8=100% | Goal: 100%DH Results:7/7=100%WH Results:7/7=100% | Goal: 100%DH Results:100%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:4/8=50% | DH Results:3/7=43%WH Results:4/7=57% | DH Results:6/20=30%WH Results: | DH Results:WH Results: | DH Results:WH Results: |
| 1. Percentage of patients in #3 that have an LTAC payer
 |  |  |  DH Results:3/4=75% | DH Results:3/7=43%WH Results:0/7=0% | DH Results:0/6=0%WH Results: | DH Results:WH Results: | DH Results:WH Results: |
| 1. Percentage of patients in #4 for which the physician expects extended acute care needs

(NA=not applicable) |  |  | DH Results:0/4=0% | DH Results:1/3=33%WH Results:NA | DH Results:2/6=33%WH Results: | DH Results:WH Results: | DH Results:WH Results: |
| 1. Percentage of patients in #5 for which the physician agrees to an LTAC referral
 |  |  | DH Results:NA | DH Results:1/1=100% WH Results:NA | DH Results:0/2=0%WH Results: | DH Results:WH Results: | DH Results:WH Results: |
| 1. Percentage of patients in #6 that participate in a Goals of Care discussion
 |  |  | DH Results:NA | Goal: 100%DH Results:1/1=100% WH Results:NA | Goal: 100%DH Results:0/2=0%WH Results: | Goal: 100%DH Results:WH Results: | Goal: 100%DH Results:WH Results: |
| 1. Percentage of patients in #7 that the LTAC(s) is willing to admit
 |  |  | DH Results:NA | Goal: 100%DH Results:NAWH Results:NA | Goal: 100%DH Results:NAWH Results: | Goal: 100%DH Results:WH Results: | Goal: 100%DH Results:WH Results: |
| **Focus Groups**Purpose: Focus on patient/family preparations and utilization of healthcare services related to end-of-life issues such as palliative care, hospice care, and advance directives. The results of the focus groups will provide insight on how to best engage community resources in developing and implementing an action plan to meet the long-term needs of the community. |  |  |  |  | Conduct Medicare Beneficiary and Hispanic Population Focus Groups |  |  |
| **Metrics for Focus Groups** 1. Number of invitees for Medicare beneficiary focus
 |  |  |  |  | Goal: 20Results: 20 |  |  |
| 1. Number of attendees for Medicare beneficiary focus group
 |  |  |  |  | Goal: 6–10Results: |  |  |
| 1. Number of invitees for Hispanic population focus group
 |  |  |  |  | Goal: 20Results: 40 |  |  |
| 1. Number of attendees for Hispanic population focus group
 |  |  |  |  | Goal: 6–10Results: |  |  |

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-062813-01