| **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: 113 | Goal: 400Results: |
| 1. Number of distinct Web site visit sources per month
 |  |  |  60 |  33 |  35 | 95 |  |
| 1. Number of Web site visits to date
 |  |  |  79 | 119 | 158 | 271 |  |
| **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 community engagement ideas 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) that attend the second LAN meeting.
 |  |  |  |  |  | Goal: 30Results: 12(40%) |  |
| 1. Total number of community beneficiary advocates (e.g., community members who are healthcare providers and/or are working in a beneficiary advocacy role) that attend the second LAN meeting.
 |  |  |  |  |  | Goal: 30Results: 24(80%) |  |
| 1. Total number of community participants (excluding LT members, HIP staff, and HSAG of California staff) that attend the second LAN meeting.
 |  |  |  |  |  | Goal: 60Results: 36(60%) |  |
| 1. Total number of second LAN meeting attendees that would like to participate in implementing the Community Action Plan.
 |  |  |  |  |  | Results: 27/36 (75%) |  |
| 1. Total number of second LAN meeting attendees that would like to participate on the LT for the Community Action Plan.
 |  |  |  |  |  | Results: 15/36 (42%) |  |
| 1. Total number of second LAN meeting attendees that would like more information and/or further discussion about the project with project staff members. Please contact me to follow up.
 |  |  |  |  |  | Results: 12/36 (33%) |  |
| 1. Total number of second LAN meeting attendees that offered to refer the LT to someone else in the community who would support and participate in the Community Action Plan.
 |  |  |  |  |  | Results: 5/36 (14%) |  |
| 1. Total number of second LAN meeting attendees that gave permission to share their contact information with the other participants from the LAN meeting.
 |  |  |  |  |  | Results: 32/36 (89%) |  |
| **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 | Conduct small tests of change | Conduct small tests of change | Conduct small tests of change |
| **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: \* Not applicable | DH Results: 24WH Results: \* Not applicable | 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: \* Not applicable | Goal: 100%DH Results: 100%WH Results: \* Not applicable  | 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: \* Not applicable | DH Results:11/24=46%WH Results: \* Not applicable  | 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: \* Not applicable | DH Results:7/11=64%WH Results: \* Not applicable  | DH Results:WH Results: |
| 1. Percentage of patients in #4 for which the physician expects extended acute care needs
 |  |  | DH Results:0/4=0% | DH Results:1/3=33%WH Results:0/0 = 0% | DH Results:2/6=33%WH Results: \* Not applicable | DH Results: 4/7=57%WH Results: \* Not applicable  | 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: \* Not applicable | DH Results: 3/4=75%WH Results: \* Not applicable  | 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: \* Not applicable | Goal: 100%DH Results:2/3=66%WH Results: \* Not applicable  | Goal: 100%DH Results:WH Results: |
| 1. Percentage of patients in #7 that the LTAC(s) is willing to admit

\*Not applicable (Patient population does not have LTAC payer so hospital is no longer collecting data) |  |  | DH Results:NA | Goal: 100%DH Results:NAWH Results:NA | Goal: 100%DH Results:NAWH Results: \* Not applicable | Goal: 100%DH Results:1/2=50%WH Results: \* Not applicable  | 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 monolingual Spanish- speaking Medicare /Medicaid Beneficiary Focus Group | Conduct monolingual English- speaking Medicare Beneficiary Focus Group |  |
| **Metrics for Focus Groups** 1. Number of invitees for Medicare beneficiary English-speaking focus group
 |  |  |  |  |  | Goal: 20Results: 20(100%) |  |
| 1. Number of attendees for Medicare beneficiary English-speaking focus group
 |  |  |  |  |  | Goal: 6–10Results: 8(100%) |  |
| 1. Number of invitees for Spanish- speaking Medicare/Medicaid beneficiary focus group
 |  |  |  |  | Goal: 20Results: 40(200%) |  |  |
| 1. Number of attendees for Spanish- speaking Medicare/Medicaid beneficiary focus group
 |  |  |  |  | Goal: 6–10Results: 10(100%) |  |  |

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