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Welcome to the HTP Implementation Plan and Milestone Reporting Collection Tool.

I. Background, Instructions and Timeline

A. Implementation Plan

Hospitals that have been accepted into the Hospital Transformation Program (HTP) must submit an Implementation Plan detailing the strategies and steps they intend to take in implementing each of the intervention(s) outlined in their applications impacting the six program priority areas: (a) Care Coordination and Care Transitions; (b) Complex Care Management for Target Populations; (c) Behavioral Health and Substance Use Disorder Coordination; (d) Maternal Health, Perinatal Care and Improved Birth Outcomes; (e) Social Determinants of Health; and (f) Total Cost of Care.

Within those priorities, hospitals are expected to implement interventions that address quality measures across five HTP Focus Areas:

- Reducing Avoidable Hospital Utilization;
- Core Populations;
- Behavioral Health and Substance Use Disorder Coordination;
- Clinical and Operational Efficiencies;
- Population Health and Total Cost of Care.

Section II of the Implementation Plan will include the hospital's proposed organizational approach to implementation. Section III will include the approach to implementation of each intervention approved for participation via the Hospital Application. Hospitals must complete Section III for each intervention.

Implementation Plans cover the five-year duration of the HTP. Hospitals will have an opportunity to revisit their planned milestones and, if needed, submit milestone amendments and course corrections through the quarterly reporting process. The process for amending milestones and for course correction is outlined in the HTP Milestones Requirements section of this document.



Background, Instructions and Timeline

B. Implementation Plan Process and Timeline

Implementation Plans must be submitted during the Implementation Plan Submission period (from September 1, 2021 through September 30, 2021) after approval of the hospital's HTP application. Hospitals will submit their Implementation Plans in this online submission tool. The entirety of the Implementation Plan has been recreated in the Implementation Plan submission tool for hospitals to complete and submit by 11:59 pm on September 30, 2021. Certain elements of information will be pre-populated in the Implementation Plan submission tool from the approved HTP Application. HTP primary contacts will be emailed a unique link to the submission tool where they will be able to complete their Implementation Plan. The email with the link to the submission tool will also be made available in the HTP Colorado Collaboration, Performance, and Analytics System (CPAS) portal.

Following the submission date, the Department will have 20 business days to review and score all Implementation Plans. At the conclusion of the review period, participating hospitals may receive a request for information (RFI) or receive notification that the Implementation Plan has been approved without RFI. Hospitals that receive an RFI will have 10 business days to complete revisions within the Implementation Plan submission tool. Revised Implementation Plans will be reviewed within 10

Implementation Plan submission tool. Revised Implementation Plans will be reviewed within 10 business days.

1. September 1 - First day Implementation Plans may be submitted
2. 1 month time period / September 1 - September 30 - Implementation Plan Submission Period (Implementation Plan Deadline: September 30)
3. 20 business day period / October 1 - October 28 - Review Period: Twenty business day review period
4. 10 business day period / October 29 - November 12 - Revise and resubmit period: Ten business day period within which any plan requiring additional revisions and / or supporting details should be completed by hospital
5. 10 business day period / November 15 - November 29 - Final Review Period: Ten business day scoring period for revised and resubmitted Implementation Plans
6. 2 months following due date/ November 30 - Expected Final Implementation Plans approved

All hospital final Implementation Plans will be made public and posted online enabling stakeholders to review how their hospitals plan to achieve the goals of the Hospital Transformation Program.



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Background, Instructions and Timeline

C. Implementation Plan Scoring

Implementation Plans collect the hospital approach on the *Organizational Approach to Implementation* and the *Approach to Intervention Implementation*. The Approach to Intervention Implementation must be completed for each of the hospital's interventions. Except for questions that are prepopulated from the Hospital Application, responses will be scored on either a pass / fail or a numerical basis as outlined below.

Pass / fail scores will be based on the following:

- Fail: The response is incomplete because it does not address one or more part(s) of the question asked. More information must be provided for the answer to be considered complete.

- Pass: A complete response was provided to all applicable aspects of the question.

Implementation Plans must earn passing scores for every pass / fail response to be approved. Any question receiving a failing score during the initial review period will be returned to the participant with specific instructions for revisions prior to resubmission.

Numerical scores will be based on a one to three (1-3) scoring rubric.

- A score of one (1) will be given to answers that need substantial revision. Scores of one indicate that responses are either incomplete (they do not address one or more part(s) of the question asked) or they do not demonstrate a satisfactory approach. Examples of responses that would not demonstrate a satisfactory approach include:
 - o A response to Question III.A.6. that does not include a plan for identifying and engaging the intervention's target population including addressing barriers to recruitment and resulting gaps in engagement.
 - o A response to Question III.A.7. that does not describe the resources that will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.
 - o A response that describes supporting documentation for an impact milestone that is insufficient to validate its completion.
- A score of two (2) represents a generally complete and satisfactory response to the question (criteria for scores of one outlined above do not apply) with only limited clarification or additional information needed to ensure responses are detailed enough to provide the Department with a complete and accurate understanding of the response. Any additional information or clarification needed will be specifically cited by the Department.
- A score of three (3) represents a complete, sufficiently detailed and acceptable response and approach to the topic addressed (criteria for scores of one and two outlined above do not apply).

Participants must earn scores of three (3) for every response included in their Implementation Plan for it to be approved. Any question receiving a one (1) or two (2) during the initial Implementation Plan review period will be returned to the hospital with specific instructions for revision prior to resubmission.

The Department will provide technical assistance aimed at ensuring that Implementation Plans receive approval.



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Organizational Approach to Implementation

Reporting Hospital: Sedgwick County Health Center

II. Organization Approach to Implementation

A. Implementation Overview

II.A.1.a. Primary Contact Information

Please fill out the following information for the hospital's primary contact.

Name

Melissa Bosworth

Title

Executive Director, Eastern Plains Healthcare Consortium

Mailing Address

3118 South Joplin Court, Aurora, CO 80013

Phone Number

303.506.4428

Email Address

melissa@easternplainshealth.org





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Implementation Overview

Reporting Hospital: Sedgwick County Health Center

II.A.1.b. Secondary Contact Information

Please fill out the following information for the hospital's secondary contact.

Name

Danna Wilson

Title

Quality Director

Mailing Address

900 Cedar St. Julesburg, CO 80737

Phone Number

970.474.3323

Email Address

dwilson@schealth.org



Implementation Overview

Reporting Hospital: Sedgwick County Health Center

II.A.2. Governance Structure

Describe how the governance structure outlined in response to Question 3 of the HTP Application will be engaged in the implementation and execution of the hospital's HTP participation. Address how leadership will ensure oversight and support, including sign off/approval for resources, and address their role in the following functional areas, as applicable:

- People (Workforce / Training)
- Processes of Care
- Technology and Data Systems
- Patient Engagement

Please limit responses to 1,000 words.

Our small rural hospitals have become resilient in doing more with less. We have also learned to work smarter and more efficiently. With that, our HTP governance structure will include one body that oversees the entire Eastern Plains region, with EPHC as the centralized convener. Many of our stakeholders (speaking to patient engagement) duplicated their service during the CHNE process due to the small population of each community and the resources we already share. A shared governance will reduce undue replication and honor our collaborators' time and energy. Project management capabilities at each single hospital are already past capacity. Based upon feedback from Matt Haynes, we understand that the Rural Support Funds are to be used to increase capacity. While these will help, our hospitals will still be operating with far fewer resources than needed to successfully implement the full governance system. Therefore, EPHC will be the coordinator of governance meetings while hospital HTP leads will provide the content expertise. These will include continuing the community engagement in governance, albeit not the operational tactics outlined in the interventions. We plan on having governance board representation from each hospital, RAE Regions 2 and 4, along with other key stakeholders such as organizational partners named in the application. The governance board will be responsible for ensuring stewardship in the areas of goal progress and attainment, resource distribution, along with the alignment of CHNE priorities. Additionally, this body's representation will be relied upon to add their own expertise and perspective into the region's HTP progress. As aforementioned, our hospitals are already unique in comparison to others across the state. Because we are resource poor, but relationship rich, the original structure to have each hospital have its own governing board has been modified. Based upon Matt Haynes' feedback, we want to emphasize that each hospital will be implementing the interventions independently. Governance, however, refers to the oversight of the overall process, for which EPHC will be highly involved. For the last six years, EPHC members have developed strong and lasting relationships with one another - we know how to work together. We will bring this culture of collaboration to the development and implementation of the HTP governing board. Each member hospital has had input in leading what the structure will entail, along with the ability to independently adapt, as needed. We view HTP as similar to most things in healthcare - adaptable and evolving. We anticipate that our governing body will be similar by having a constant framework, with the ability to be fluid in its approaches as environmental changes occur (i.e., COVID).

Our EPHC board is composed of the CEO of each member hospital. Our board values the importance of HTP and will be ensuring the HTP governing body's charge meets the requirements that HCPF has laid out. HTP is a standing item on our monthly EPHC board meetings. While the HTP governing body will ensure programmatic progress, they will also provide oversight, helping to minimize the financial penalties throughout the HTP process. Our structure will include bi-monthly meetings with the opportunity to meet more frequently as needed. We anticipate that ad-hoc groups may convene as issues arise. As aforementioned, our hospitals are already unique in comparison to others across the state. Because we are resource poor, but relationship rich, the original structure to have each hospital have its own governing board has been modified. Based upon Matt Haynes' feedback, we want to emphasize that each hospital will be with particular measures. These ad-hoc groups may consist of additional members with specific expertise and/or lived experience (patient engagement aspect). To keep with the spirit of transparency, we will incorporate non-hospital employees in the governing body's composition. These will include our RAEs along with other key stakeholders that serve a portion or all of the region. Perhaps most importantly, we want to be inclusive of those directly impacted by the HTP measures, specifically the Medicaid population. As most hospitals have patient advisory boards, we will collaboratively recruit Medicaid patients to provide input on governing matters that directly impact their care. To ensure an equitable approach, we plan on utilizing accessible means for meeting, while also providing technology to participants, as needed. The community partners to that will be solicited for regular input will be those that also work closely with the Medicaid population in our region. These may include, but are not limited to behavioral health providers, school districts, employers of Medicaid recipients, and others. We will recruit members that work with the entire region, or significant portions. Much of HTP's success will be our ability to appropriately communicate our progress and the importance of the initiative with our community members. We anticipate that the governing body will act as advisors on communication methods, such as Spanish-translated materials. Although each hospital has its own structural nuances, much of the project management structure is similar. Each hospital has its own administration department with a designated quality director. The quality staff have been the main leads on HTP thus far, and they will continue to provide the majority of program implementation. Our rural hospitals are mainly the only inpatient and outpatient providers within their respective communities. Because of this, the clinical teams are already heavily integrated and will continue to be throughout the project period. While we anticipate that many of the interventions will be standardized across all our hospitals, we are leaving latitude for each individual organization to implement according to their own unique operations. Based upon Matt Haynes' feedback, we again emphasize that the interventions related to the proposal outline how each hospital will implement the tactics related to achieving the measures. As the governing body will encompass hospital HTP leads, those leads will be able to provide insight for integration with financial, clinical, and operational considerations for their respective facilities. The leads for each individual hospital can be found in the first section of the proposal. The leads, along with each hospital's CEO, will be responsible for ensuring interventions are implemented appropriately. For example, as measure progress relies upon clinical staff participation, the governing body may act as a sounding board to share strategies for successful implementation with a team-based approach. Therefore, the governing body will not only provide oversight, but they will also provide shared resources and solutions for our thinly staffed facilities. The EPHC board will act as a 'governing body' of the governing body. They may be employed to approve large expenditures, or notable plan changes, for example. All critical access hospital staff, including those working with our facilities, are over capacity, wearing multiple hats. This is the scenario regarding project management. Much of the anxiety related to HTP is the administrative burden in implementation and progress measurement. Combining our resources to create economies of scale will not only reduce the management load, it will also lead to greater outcomes. Each hospital's individual staff will be allowed more time on the important aspect of HTP - the implementation of interventions at the direct patient level. Based upon feedback from Matt Haynes, the implementation plan will further clarify how "each hospital will manage internally." Please refer to the intervention section for additional detail. EPHC staff will manage the coordination and work plan execution. We plan on a shared investment of consultants, such as data extractors and analysts, to assist in reporting and measurement at an individual hospital level and region. As we want to utilize everyone's time well, we will focus on clear communication guidelines to ensure that the governing body's decisions and actions are distributed across each hospital's leadership. For example, if the governing body anticipates a financial risk with one of the interventions/measures, descriptive talking points will be established that can then be shared with each hospital's CFOs and CEOs. We will also include subject matter experts depending on the meeting's agenda. One of our collective challenges is the ability to efficiently and meaningfully enter and extract

data necessary for success with HTP. This challenge is not new. Most of our hospitals have struggled with this since the inception of the EHR. Through our development of this application and the CHNE process, we have discovered that our centralized reporting capabilities are lacking individually, but are strong when combined. This is for a variety of reasons. We found that over 75% of our members would have to manually extract data necessary for HTP. Without financial resources to increase labor, this would put an undue detriment on each of our hospitals. One of the major benefits for collaborating at a regional level is to combine resources for hiring consultants who will be able to not only pull the data, but also analyze it in a digestible manner. We see this as beneficial for HTP and beyond. Our Medicaid volume is significantly smaller than most other areas of the state, not in density related to our community, but because our population as a whole is small. Many times, our data is suppressed because we cannot individually reach a crude rate. Yet, together, we will not only be able to see carve outs on data for our individual facility, but we will also get meaningful snapshots of the entire region. Centralized reporting through EPHC will allow our individual hospitals to spend time making extremely important decisions based upon the data, versus all our time trying to manually extract it. Based upon feedback from Matt Haynes, we reiterate our emphasis that EPHC will be a conduit for helping how data is extracted and streamlined, yet they will each be responsible for reporting their own data to HCPF.



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Approach to Intervention Implementation

Reporting Hospital: Sedgwick County Health Center

III. Approach to Intervention Implementation

A. Overview of Interventions

Hospitals must complete the remainder of this Implementation Plan (Section III) in the Data Collection Tool separately for each of the interventions approved for inclusion in the HTP.



Overview of Interventions - Intervention 1

Reporting Hospital	Sedgwick County Health Center
Intervention	Patient information sent to RAE
Measure	SW-CP1 - Social needs screening and notification 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 RAH1 - Follow up appointment with a clinician made prior to discharge and notification to the Regional Accountable Entities (RAE) within one business day COE1 - Increase the successful transmission of a summary of care record to a patient-s primary care physician (PCP) or other healthcare professional within one business day of discharge from an inpatient facility to home

The next section deals with information on one of the hospital's proposed interventions.

III.A.4. Is this an existing intervention (an intervention that the hospital has previously planned and is currently implementing or executing)?

Yes

No



III.A.5. The below chart is for principal internal and external administrative roles for this intervention. If there are more than five individuals working on this intervention, please list the five individuals with the greatest leadership roles or most time dedicated to this intervention.

	Name of Individual	Intervention-Specific Role	Will This Individual Lead Implementation of the Intervention? (Y/N)	Name of Organization
Individual #1	Danna Wilson	Lead and project manager	Y	Sedgwick County Health Center
Individual #2	Marius de Munnink	IT direction	N	Sedgwick County Health Center
Individual #3	Alexandra Mannerings	Data analysis and integration	N	Merakinos
Individual #4	Melissa Bosworth	Governance coordination	N	Eastern Plains Healthcare Consortium
Individual #5	Brian Robertson	RAE leadership	N	Northeast Health Partners

Key Deliverables/ Responsibilities

Individual #1	Coordinating team members, measuring progress, and adapting as needed
Individual #2	Ensuring feasibility, troubleshooting, and implementing new solutions in relation to IT needs
Individual #3	Providing data solutions and reconciling data for regular reporting
Individual #4	Developing cohesion of implementation as it relates to the governing body
Individual #5	Providing partnership and implementation strategies in relation to the RAE



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Overview of Interventions

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

III.A.6.a. Briefly describe the intervention's target population for the intervention. This should align with the hospital's approved HTP Application.

Please respond in no more than two sentences.

Target population: Target populations for this intervention include both pediatrics and adults who are enrolled in Medicaid.

I.A.6.b. Describe how individuals within the target population will be identified and engaged in the intervention.

Please seek to limit response to 500 words.

Patient identification and engagement: All Medicaid patients, both pediatric and adult, will be engaged with this intervention. As the intervention relates to communication with the RAE, most of the activities will be "behind the scenes" of patient care. Our intake processes include requesting payor type and status, therefore we do not foresee any problems accurately identifying our Medicaid patients. Regarding active patient engagement, we will ensure HIPAA compliance with patient information being transferred to the RAE.

III.A.7.a. Please describe what major functions and resources, supporting the intervention throughout the course of implementation are already in place, or are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please address the following functional areas and resources at a minimum, when responding:

- People (Workforce / Training)
- Processes of Care

- Technology and Data Systems
 - Patient Engagement
-

III.A.7.b. Use the following space to describe the major functions and resources that are already in place.

Please seek to limit response to 1,000 words.

Functions in place: Many processes are currently in place including the team that will lead coordination (people). This was noted in more detail in the previous intervention. It will be the quality team that will work most closely with the RAE on processes and then in the implementation of the intervention. The addition of direct admissions will integrate into this current workflow. As noted in the application, we will be needing to manually extract the patient information directly from the EMR and then fax to our RAE (technology). While this system is already in place, it will likely also show up in the challenges requiring mitigation. At this point in time, we believe that we currently have the staff required to implement this intervention. And as noted earlier, patients will automatically be engaged during the intake process. Regarding workflows and processes of care, we are currently in the process of developing the necessary processes to integrate direct admissions in our daily correspondence with the RAE. We also have morning hand offs that are currently in place for communicating between shifts to ensure intervention compliance.

III.A.7.c. Use the following space to describe the major functions and resources that are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please seek to limit response to 1,000 words.

Function gaps: During our evaluation of the implementation plan, it is apparent that we have more gaps than current processes and resources available to us. First, we currently do not have the workflow or IT infrastructure to report direct admissions to our RAEs, therefore requiring additional work. We anticipate a steep learning curve for our clinical and administrative team in remembering to notify the RAE on a daily basis. Our EMR functionality is currently lacking. We anticipate the need to add costly build-outs to add this intervention's measure requirements to our EMR capabilities. Additionally, while we do not plan on hiring additional staff, we have limited resources. For example, we do not have a ward clerk for these shifts. The ward clerk would be optimal, but instead the work will need to be completed by our quality director.

III.A.8.a. Describe any major challenges and risks to intervention implementation and how the hospital will mitigate those challenges and risks. In the response, specifically address the following areas:

- Workforce;
- Budget;
- Health Information Technology;
- Regulatory Barriers; and

- Challenges related to engaging difficult-to-reach populations.

III.A.8.b. Use the following space to describe any major challenges and risks to intervention implementation.

Please seek to limit response to 750 words.

Challenges and mitigations: The challenges identified were stated in the previous question's response. This section will further breakdown the challenge and attach it with a mitigation plan. Workforce. We do not anticipate needing to hire additional staff, but we do foresee the need for continual education and support to ensure that our staff have the reminders and tools they need to report to the RAE on a daily basis. To mitigate, we plan on leaning on our colleagues within EPHC. Budget. We anticipate this intervention requiring a substantial amount of financial investment. We will need to create the build-outs within our EMR to reduce the amount of time required to manually extract the data daily. Once the data is pulled, we will be investing in Merakinos to help us analyze and reconcile our data for HCPF reporting requirements. We have dedicated monies from the Rural Support Fund to help mitigate these expenses. Yet, the RSF dollars are not continuing in perpetuity, but our need for data tools and analysis will continue. We will be working with the Department on innovative solutions to fund this past the initial project period. Health Information Technology. The barriers have been noted above, yet it is important to reiterate. The HIT barriers are among the most difficult for us to overcome, largely because of the associated cost. Please see the aforementioned for mitigation plans. Additionally, we again plan to rely upon EPHC so that we may collectively pool our resources and develop creative solutions for the long-term.

III.A.8.c. Use the following space to describe how the hospital will mitigate the challenges and risks described above.

Please seek to limit response to 750 words.

Mitigations: Please see the narrative above, as mitigations were added directly with our perceived challenges.

III.A.9. Describe how this intervention will benefit from the hospital's ongoing Community and Health Neighborhood Engagement efforts.

Please seek to limit response to 500 words.

CHNE Response: Background and process. Each hospital within the consortium conducted independent CHNEs that resulted in three to five community-directed priorities. The CHNE process included the following elements: 1. Quantitative analysis of population health statistics, specifically measuring social determinants of health. Although some clinical data was included, we were most interested in understanding the population health outcomes of each community. Data points were measured by zip code, census tract, service catchment area, and county. Data were then correlated against the Eastern Plains region, rural Colorado, state, and national averages. Data were presented to community stakeholders ranging from groups of eight to over twenty. During this meeting, community stakeholders developed a list of priorities based upon the data and their own lived experiences as

community members. 2. Qualitative analysis was conducted through surveys distributed through a variety of methods including: patient visits, local media, social media, and collaboration with partners such as schools, local businesses, and law enforcement. For most hospitals, the questions were standardized, thereby giving a snapshot of the local community that can be used to measure longitudinally across the region and time. After the data were analyzed, the results were presented to the same community group as convened for the quantitative analysis. Community members combined these findings with the priorities from the first meeting to provide their final recommendations to the hospitals. 3. Priority adoption by the hospital occurred during the third community stakeholder meeting. Between the 2nd and 3rd meetings, hospital leadership determined which community-recommended priorities were within the scope of feasibility. They coupled feasibility with mission alignment and determining how the priorities related to HTP goals. Hospital leadership presented the priorities that would be adopted to community stakeholders. After each hospital completed their CHNE, the priorities were correlated among others. We found that the majority (over 80%) of hospital priorities were the same across EPHC membership. The overlapping priorities include: • Behavioral health and substance abuse • Health literacy and wellness • Specialty care and service lines • Aging services • Workforce development • Transportation • Cultural competency • Housing development Quality measure alignment. The measures associated with this intervention include: (1) RAH-1, (2) RAH-2, (3) COE-1, (4) SW-CP-1, and (5) SW-BH-1. Some are statewide, while other measures are local. RAH-1, RAH-2, COE-1. This measure refers to clinician follow-up made prior to discharge, transmission of Summary of Care to PCPs, and RAE notification. Our goal is to keep patients out of the hospital and emergency departments. In this sense, part of reducing readmissions is to ensure that inpatient providers are assisting patients in scheduling their follow-up appointments with primary care. This directly relates to the community goal of increasing health literacy and wellness, in that the PCP follow-up visit will provide guidance on how to avoid additional hospital stays or ED visits. Further, our hospitals heavily serve a Spanish speaking population. We will be increasing our culturally competent practices by securing appointments for this population. SW-CP-1. The social needs screening will directly relate to multiple community priorities. Our social needs screening will identify issues of housing security, relating to the housing development community priority. Additionally, we may discover that culturally diverse and competent resources are needed for some patients. As transportation issues are a sustained concern, we will be able to identify the breadth of the problem among our Medicaid populations, and therefore create solutions at local and regional levels. Further, we will likely see that many issues identified through the social needs screening will show areas for education related to health literacy and wellness, for which we develop appropriate resources if none currently exist. Examples may include cooking courses, parenting classes, among others. Please note that this is dependent upon Interventions 10 and 11. SW-BH-1. Behavioral health needs were strongly identified in the quantitative and qualitative data, and reinforced as an ongoing need among all communities. Substance abuse and mental illness is directly related to the strategies needed to chip away at the behavioral needs of each community. Intervention alignment. While not all directly relate to HTP goals and measurements, many of the interventions will apply directly toward the community-determined goals. This intervention is particularly tactical, therefore the alignment with CHNE priorities will be indirect but necessary to move toward community goals. We consider our RAEs (regions 2 and 4) as particularly integral in helping us move the needle on our community-driven priorities. The mission of Northeast Health Partners and Health Colorado is: "...to join your physical and behavioral health benefits into one plan. We are here to help you improve your health, wellness, and life outcomes." When reviewing each individual hospital's mission statements, we find direct alignment with those of our RAE partners. While the purpose of all entities is similar, we can only achieve our missions if we work in concert with one another. One major piece of collaboration is to share valid, consistent, and meaningful data. This intervention will systemize how data is communicated, even bi-directionally. The intervention's process will also open pathways to further develop our work together through systemic accountabilities from the tactical all the way to the governance of the project. Once implementation begins, we hope to be able to see positive movements, in coordination with our RAEs, toward the following community priorities: (1) health literacy and wellness, (2) cultural competency, (3) housing development, (4) transportation, and (5) behavioral health. It should be noted that RAE representatives were among the community stakeholders involved throughout the CHNE process.

This concludes the information input for this intervention. Information input for the next intervention

will now begin.



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Overview of Interventions - Intervention 2

Reporting Hospital	Sedgwick County Health Center
Intervention	Ensuring patient follow-up and RAE communication
Measure	RAH1 - Follow up appointment with a clinician made prior to discharge and notification to the Regional Accountable Entities (RAE) within one business day

The next section deals with information on one of the hospital's proposed interventions.

III.A.4. Is this an existing intervention (an intervention that the hospital has previously planned and is currently implementing or executing)?

Yes

No



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Overview of Interventions

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

III.A.5. The below chart is for principal internal and external administrative roles for this intervention. If there are more than five individuals working on this intervention, please list the five individuals with the greatest leadership roles or most time dedicated to this intervention.

	Name of Individual	Intervention-Specific Role	Will This Individual Lead Implementation of the Intervention? (Y/N)	Name of Organization
Individual #1	Danna Wilson	Quality lead and project manager	Y	Sedgwick County Health Center
Individual #2	Dr. Donald Regier	CMO	N	Sedgwick County Health Center
Individual #3	Alexandra Mannerings	Data analytics and solutions	N	Merakinos
Individual #4	Melissa Bosworth	Regional leadership	N	Eastern Plains Healthcare Consortium
Individual #5	Brian Robertson	RAE	N	Northeast Health Partners

	Key Deliverables/ Responsibilities
Individual #1	Coordinating team members, measuring progress, and adapting as needed
Individual #2	Lead ambassador program to get all providers engaged
Individual #3	Data reporting reconciliation and analysis, data vendor choice
Individual #4	Governing body coordination and regional convening and troubleshooting
Individual #5	ED to RAE information transmission





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Overview of Interventions

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

III.A.6.a. Briefly describe the intervention's target population for the intervention. This should align with the hospital's approved HTP Application.

Please respond in no more than two sentences.

Target population: Target populations, in accordance with each measure's population, include both pediatric and adults who are enrolled in Medicaid.

I.A.6.b. Describe how individuals within the target population will be identified and engaged in the intervention.

Please seek to limit response to 500 words.

Engaging patients: This intervention is tackling three areas of need. First, we plan on systemizing our team-based rounds and interprofessional collaboration. Patients will be indirectly, although positively, impacted by the intervention. By having interprofessional collaboration, we will ultimately be ensuring our Medicaid patients receive the highest quality services while under our care. It is presumed that this process will stretch beyond Medicaid patients, thus negating the need to specifically pull out this population. The real meat of the intervention, as it relates to measure compliance, is ensuring our Medicaid patients have a follow-up appointment created with their PCP after an inpatient visit at our facility. This will require patient education at times, along with a systemized manner for which to connect with the patient's PCP with the assistance of our RAE. We will be engaging patients through the education process on the importance of primary care and preventive medicine, along with helping them to establish a PCP if they do not have one. Our milestones, along with the work plan outlined in our application, will show the pathways on how we intend to implement these practices. The final component of the intervention has to do with the enhancement of our EMR functionality. As outlined in our application, most of the EPHC members' EMRs are sorely lacking in functionality. At this point, many hospital systems do not connect with the outpatient system. It should be noted that most, although not all, patients receive their primary and acute care services under our hospital entity. Without this intervention to correct the issues, it would be difficult to identify, let alone successfully engage, our full target population in primary care follow-up. Yet, as we resolve these issues, you can begin to see the flow of how patient engagement/identification will be impacted by this intervention. EMR fixes will lead to more accurate identification of Medicaid patients along with their primary care provider of record. Team-based rounds will ensure the entire care team is engaged with the unique needs of each patient, along with ensuring patient education. The final piece of the puzzle is the outcome that our ED patients will have a PCP appointment within a timely manner after being

outcome that our ED patients will have a PCP appointment within a timely manner after being discharged. This will require the full collaboration with our RAE.

III.A.7.a. Please describe what major functions and resources, supporting the intervention throughout the course of implementation are already in place, or are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please address the following functional areas and resources at a minimum, when responding:

- People (Workforce / Training)
- Processes of Care
- Technology and Data Systems
- Patient Engagement

III.A.7.b. Use the following space to describe the major functions and resources that are already in place.

Please seek to limit response to 1,000 words.

Functions currently in place: People. We do not anticipate having to hire many additional staff for this intervention. Our care team described in the application will include: • Provider • Nurses • Discharge Planner, or designee • Rehab and therapy This team will collectively ensure that the PCP has a thorough summary of care, along with helping to operationalize the need to make the follow-up appointment at discharge. Processes of care. We are currently able to identify Medicaid patients and therefore will be able to appropriately implement the workflows related to this intervention. This will apply toward patient education, along with flagging those patients as needing a PCP visit scheduled. Our hospital staff currently have a shift debrief that can be used as the interprofessional rounds component of this intervention. While the full process is not yet in place, we have a good start from which to build upon. Additionally, we have strong lines of communication established with our RAE. Technology and data systems. There is not much that we currently have in place that will assist with streamlining much of this intervention's requirements. One asset that we do have is the reliance on Merakinos and EPHC that are helping to develop solutions related to our technology and data needs. Functions for identifying and engaging patients/target population. Our EMR has the ability to identify the payor status of patients, including Medicaid. This will assist as a first step toward engaging and educating on the importance of primary care after a hospital visit.

III.A.7.c. Use the following space to describe the major functions and resources that are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please seek to limit response to 1,000 words.

Functions not in place: People. While we do not foresee hiring many additional staff, we do anticipate a major increase of additional duties for our quality team, along with case management representatives. Additionally, our providers completing the summary of care records will be asked to perform additional duties. Processes of care. Our team based rounds are strongly instituted, yet their functions and

duties. Processes of care. Our team-based rounds are strongly instituted, yet their functions and processes will need to be adapted to include the requirements outlined within this intervention. We will also need to establish digital and/or manual processes to get summary of care records and appointment creation with the PCP done in the most efficient way possible. Further, we will need to establish efficient pathways to transmit patient data to our RAE. Technology and data systems. We will need to develop technology solutions that allow ED to clinic communications for providers outside of our system. For example, when an ED patient has a PCP in a neighboring community on a different EMR. Further, our current EMR does not speak between clinic, ED and hospital. Therefore, all summary of care records will need to be sent manually until resources are identified to fix this issue. Patient engagement/target population. Patient education on their unique needs is already institutionalized in our facility. What currently does not exist is to ensure that the value of primary care, in specific relation to the patient's presenting complaint, is included with each discharge.

III.A.8.a. Describe any major challenges and risks to intervention implementation and how the hospital will mitigate those challenges and risks. In the response, specifically address the following areas:

- Workforce;
- Budget;
- Health Information Technology;
- Regulatory Barriers; and
- Challenges related to engaging difficult-to-reach populations.

III.A.8.b. Use the following space to describe any major challenges and risks to intervention implementation.

Please seek to limit response to 750 words.

Challenges and risks: Workforce. We are still in the middle of a pandemic and the lasting effects are likely to last years. We are seeing increased turnover rates that are also likely to continue. This may impact the longitudinal experience and engagement from our workforce on the intervention. To mitigate, we plan on leaning on our regular HR practices, along with the collective support of EPHC. We have nine other hospitals that we can borrow their knowledge and labor as the need arises. Budget. Budgetary issues are definitely connected with this intervention, but are similar to all other interventions. Our technology is cumbersome and not fully functional. And any adaptations are ridiculously expensive. We've had over a decade now to understand how data and EMR vendors function, so we can accurately predict that the overall technology expense will continue to be a burden, and likely far surpass the funds available through the Rural Support Funds. That said, our immediate mitigation to this challenge is to utilize the Rural Support Funds to: (1) update our EMR as needed, (2) continue to explore connection with an HIE, and (3) purchase data integration vendor services. It should be noted that the data integration services, alone, have been quoted at over \$80,000 per year. This is just for our Medicaid population! Health information technology. Many of the barriers related to HIT have been aforementioned. To restate, the outside vendors related to technology are not taking into account the limited budgets of the EPHC's member critical access hospitals. Yet, we have no choice but to employ them. Related to this specific intervention, we see these as our main challenges: (1) maintaining internal HIT expertise in-house, (2) data reporting on the intervention to satisfy HCPF's requirements, and (3) ensuring we have access to all possible PCPs of our Medicaid patients. The mitigations to these challenges are multi-faceted. We plan on leaning on the collective expertise of EPHC to fill in any IT labor gaps we may face. We have contracted Merkleline to assist with data

EPHC to fill in any IT labor gaps we may face. We have contracted Merakios to assist with data analytics and reporting. Additionally, we are currently leaning toward working with CORHIO as our HIE to connect PCPs with our Medicaid patients. Yet, there are delays in implementation that are out of our control. Regulatory barriers. We do not currently anticipate any regulatory issues with this intervention. Challenges related to patient engagement. We do not currently anticipate any major challenges with filling in the gaps of resources regarding patient engagement. We have some growth to do, but nothing that should be defined as a barrier.

III.A.8.c. Use the following space to describe how the hospital will mitigate the challenges and risks described above.

Please seek to limit response to 750 words.

Challenge mitigation: Please see above for detailed challenge mitigation strategies.

III.A.9. Describe how this intervention will benefit from the hospital's ongoing Community and Health Neighborhood Engagement efforts.

Please seek to limit response to 500 words.

CHNE alignment: Background and process. Each hospital within the consortium conducted independent CHNEs that resulted in three to five community-directed priorities. The CHNE process included the following elements: 1. Quantitative analysis of population health statistics, specifically measuring social determinants of health. Although some clinical data was included, we were most interested in understanding the population health outcomes of each community. Data points were measured by zip code, census tract, service catchment area, and county. Data were then correlated against the Eastern Plains region, rural Colorado, state, and national averages. Data were presented to community stakeholders ranging from groups of eight to over twenty. During this meeting, community stakeholders developed a list of priorities based upon the data and their own lived experiences as community members. 2. Qualitative analysis was conducted through surveys distributed through a variety of methods including: patient visits, local media, social media, and collaboration with partners such as schools, local businesses, and law enforcement. For most hospitals, the questions were standardized, thereby giving a snapshot of the local community that can be used to measure longitudinally across the region and time. After the data were analyzed, the results were presented to the same community group as convened for the quantitative analysis. Community members combined these findings with the priorities from the first meeting to provide their final recommendations to the hospitals. 3. Priority adoption by the hospital occurred during the third community stakeholder meeting. Between the 2nd and 3rd meetings, hospital leadership determined which community-recommended priorities were within the scope of feasibility. They coupled feasibility with mission alignment and determining how the priorities related to HTP goals. Hospital leadership presented the priorities that would be adopted to community stakeholders. After each hospital completed their CHNE, the priorities were correlated among others. We found that the majority (over 80%) of hospital priorities were the same across EPHC membership. The overlapping priorities include: • Behavioral health and substance abuse • Health literacy and wellness • Specialty care and service lines • Aging services • Workforce development • Transportation • Cultural competency • Housing development Quality measure alignment. Our goal is to keep patients out of the hospital and emergency departments. In this sense, part of reducing readmissions is to ensure that inpatient providers are assisting patients in scheduling their follow-up appointments with primary care. This directly relates to the community goal of increasing health literacy and wellness, in that the PCP follow-up visit will provide guidance on how to avoid additional hospital stays or ED visits. Further, our hospitals heavily serve a Spanish speaking population. We will be increasing our culturally competent practices by securing appointments for this population.

population. Intervention alignment. While not all directly relate to HIP goals and measurements, many of the interventions will apply directly toward the community-determined goals. This intervention is particularly operational, therefore the alignment with CHNE priorities will be indirect, although necessary to move toward community goals. Our providers and care teams are at the heart of our mission statements, and therefore we need to ensure that each member of our teams are given the resources necessary to live out our missions. All of our community priorities are expected to be enhanced by improved collaboration between care teams. Specifically, we hope to see positive movement toward the following community priorities: (1) health literacy and wellness, (2) cultural competency, (3) housing development, (4) transportation, and (5) behavioral health. It should be noted that care team representatives were among the community stakeholders involved throughout the CHNE process.

This concludes the information input for this intervention. Information input for the next intervention will now begin.



COLORADO

Overview of Interventions - Intervention 3

Reporting Hospital	Sedgwick County Health Center
Intervention	Patient Follow-Up Compliance
Measure	RAH2 - Emergency Department (ED) visits for which the member received follow-up within 30 days of the ED visit

The next section deals with information on one of the hospital's proposed interventions.

III.A.4. Is this an existing intervention (an intervention that the hospital has previously planned and is currently implementing or executing)?

Yes

No



COLORADO

Overview of Interventions

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

III.A.5. The below chart is for principal internal and external administrative roles for this intervention. If there are more than five individuals working on this intervention, please list the five individuals with the greatest leadership roles or most time dedicated to this intervention.

	Name of Individual	Intervention-Specific Role	Will This Individual Lead Implementation of the Intervention? (Y/N)	Name of Organization
Individual #1	Danna Wilson	Quality lead and oversight	Y	Sedgwick County Health Center
Individual #2	Melissa Bosworth	EPHC governance	N	Eastern Plains Healthcare Consortium
Individual #3	Alexandra Mannerings	Data analytics	N	Merakinos
Individual #4				
Individual #5				

	Key Deliverables/ Responsibilities
Individual #1	Coordinating team members, measuring progress, and adapting as needed
Individual #2	Troubleshooting, connecting to resources among EPHC members
	Troubleshooting, assisting with data

Troubleshooting, assisting with data analytics and reconciliation for HCPF reporting

Individual #3

Individual #4

Individual #5



COLORADO

Overview of Interventions

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

III.A.6.a. Briefly describe the intervention's target population for the intervention. This should align with the hospital's approved HTP Application.

Please respond in no more than two sentences.

Target population: Target populations, in accordance with this measure's population, include both pediatric and adults who are enrolled in Medicaid, or 0-64.

I.A.6.b. Describe how individuals within the target population will be identified and engaged in the intervention.

Please seek to limit response to 500 words.

Patient identification and engagement: This intervention requires our team to identify our Medicaid ED patients and ensure that they have a primary care follow-up appointment within 30 days. We will be going into greater detail on our engagement strategies when outlining our resources and gaps. In summary, however, we will plan on utilizing our current patient contact methods and then connecting them with their PCP to ensure the follow-up appointment. The caveat will be those patients that have a primary care provider outside of our hospital entity. In this case, we will be employing strategies to ensure we can appropriately connect with the patient's PCP, which may require additional technology functioning (i.e. HIE connectivity). An additional special circumstance will be in cases that the patient does not yet have a PCP. In that case, we will be providing the patient with referrals to our hospital's primary care clinic. As with the previous intervention, an educational component is needed. We will need to spend time educating our patients on the importance of primary care to reduce return visits to the ED. This will be integrated into our care and discharge planning processes.

III.A.7.a. Please describe what major functions and resources, supporting the intervention throughout the course of implementation are already in place, or are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please address the following functional areas and resources at a minimum, when responding:

- People (Workforce / Training)
- Processes of Care
- Technology and Data Systems
- Patient Engagement

III.A.7.b. Use the following space to describe the major functions and resources that are already in place.

Please seek to limit response to 1,000 words.

Functions in place: People. We do not currently anticipate the need to hire many additional staff, which is a benefit. We also have a strong relationship with our RAE and will rely upon them to help us with patient PCP identification. Processes of care. We collect patient phone numbers and email at registration, therefore we will be able to ensure follow-up after discharge. Our patients are connected to our patient portal... when it is functional. Additional processes include phone calls for follow-up. Technology and data systems. There is not much that we currently have in place that will assist with streamlining much of this intervention's requirements. One asset that we do have is the reliance on Merakinos and EPHC that are helping to develop solutions related to our technology and data needs. Identifying and engaging patients. Our EMR has the ability to identify the payor status of patients, including Medicaid. This will assist as a first step toward engaging and educating on the importance of primary care after a hospital visit.

III.A.7.c. Use the following space to describe the major functions and resources that are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please seek to limit response to 1,000 words.

Function gaps: People. We will be employing the same practices as described in Intervention 2 to ensure that our care teams and discharge planning processes include patient follow-up with a PCP. We will also need assistance with data reporting and analytics and have contracted Merakinos, through EPHC, to assist with this process. Processes of care. We currently have a problem with the attribution list from the RAE not always being accurate. That is why we are actively working with our RAE representatives on both of our processes in order to ensure that PCPs are accurately identified. Until a system is in place, we will be reconciling each list directly with the patient to ensure their medical home is listed on record. We have no other internal processes to know where patients are receiving their primary care from the ED side. We are currently lacking a process to ensure that the patient did indeed attend their follow-up appointment. While technology solutions have yet to be identified, we will be working with EPHC to determine a solution that will meet our needs, in addition to those of our nine

working with EPHC to determine a solution that will meet our needs, in addition to those of our nine colleague hospitals. Technology and data systems. We will need to develop technology solutions that allow ED to clinic communications for providers outside of our system. For example, when an ED patient has a PCP in a neighboring community on a different EMR. Further, our current EMR does not speak between clinic, ED and hospital. Therefore, all summary of care records will need to be sent manually until resources are identified to fix this issue. Functions for identifying and engaging patients. There are not substantial resources not already in place for identifying and engaging our patients. Additional education may be needed depending on the unique needs of our patient, but we will approach this on a case-by-case basis.

III.A.8.a. Describe any major challenges and risks to intervention implementation and how the hospital will mitigate those challenges and risks. In the response, specifically address the following areas:

- Workforce;
- Budget;
- Health Information Technology;
- Regulatory Barriers; and
- Challenges related to engaging difficult-to-reach populations.

III.A.8.b. Use the following space to describe any major challenges and risks to intervention implementation.

Please seek to limit response to 750 words.

Challenges and risks: The challenges, risks, and mitigations for this intervention are the same as Intervention 2 as they are similar in requirements. Workforce. We are still in the middle of a pandemic and the lasting effects are likely to last years. We are seeing increased turnover rates that are also likely to continue. This may impact the longitudinal experience and engagement from our workforce on the intervention. To mitigate, we plan on leaning on our regular HR practices, along with the collective support of EPHC. We have nine other hospitals that we can borrow their knowledge and labor as the need arises. Budget. Budgetary issues are definitely connected with this intervention, but are similar to all other interventions. Our technology is cumbersome and not fully functional. And any adaptations are ridiculously expensive. We've had over a decade now to understand how data and EMR vendors function, so we can accurately predict that the overall technology expense will continue to be a burden, and likely far surpass the funds available through the Rural Support Funds. That said, our immediate mitigation to this challenge is to utilize the Rural Support Funds to: (1) update our EMR as needed, (2) continue to explore connection with an HIE, and (3) purchase data integration vendor services. It should be noted that the data integration services, alone, have been quoted at over \$80,000 per year. This is just for our Medicaid population! Health information technology. Many of the barriers related to HIT have been aforementioned. To restate, the outside vendors related to technology are not taking into account the limited budgets of the EPHC's member critical access hospitals. Yet, we have no choice but to employ them. Related to this specific intervention, we see these as our main challenges: (1) maintaining internal HIT expertise in-house, (2) data reporting on the intervention to satisfy HCPF's requirements, and (3) ensuring we have access to all possible PCPs of our Medicaid patients. The mitigations to these challenges are multi-faceted. We plan on leaning on the collective expertise of EPHC to fill in any IT labor gaps we may face. We have contracted Merakinos to assist with data analytics and reporting. Additionally, we are currently leaning toward working with CORHIO as our HIE to connect PCPs with our Medicaid patients. Yet, there are delays in implementation that are out of our

to connect PCPs with our Medicaid patients. Yet, there are delays in implementation that are out of our control. Regulatory barriers. We do not currently anticipate any regulatory issues with this intervention. Challenges related to patient engagement. We do not currently anticipate any major challenges with filling in the gaps of resources regarding patient engagement. We have some growth to do, but nothing that should be defined as a barrier.

III.A.8.c. Use the following space to describe how the hospital will mitigate the challenges and risks described above.

Please seek to limit response to 750 words.

Challenge mitigation: Please see above for detailed challenge mitigation strategies.

III.A.9. Describe how this intervention will benefit from the hospital's ongoing Community and Health Neighborhood Engagement efforts.

Please seek to limit response to 500 words.

CHNE: Background and process. Each hospital within the consortium conducted independent CHNEs that resulted in three to five community-directed priorities. The CHNE process included the following elements: 1. Quantitative analysis of population health statistics, specifically measuring social determinants of health. Although some clinical data was included, we were most interested in understanding the population health outcomes of each community. Data points were measured by zip code, census tract, service catchment area, and county. Data were then correlated against the Eastern Plains region, rural Colorado, state, and national averages. Data were presented to community stakeholders ranging from groups of eight to over twenty. During this meeting, community stakeholders developed a list of priorities based upon the data and their own lived experiences as community members. 2. Qualitative analysis was conducted through surveys distributed through a variety of methods including: patient visits, local media, social media, and collaboration with partners such as schools, local businesses, and law enforcement. For most hospitals, the questions were standardized, thereby giving a snapshot of the local community that can be used to measure longitudinally across the region and time. After the data were analyzed, the results were presented to the same community group as convened for the quantitative analysis. Community members combined these findings with the priorities from the first meeting to provide their final recommendations to the hospitals. 3. Priority adoption by the hospital occurred during the third community stakeholder meeting. Between the 2nd and 3rd meetings, hospital leadership determined which community-recommended priorities were within the scope of feasibility. They coupled feasibility with mission alignment and determining how the priorities related to HTP goals. Hospital leadership presented the priorities that would be adopted to community stakeholders. After each hospital completed their CHNE, the priorities were correlated among others. We found that the majority (over 80%) of hospital priorities were the same across EPHC membership. The overlapping priorities include: • Behavioral health and substance abuse • Health literacy and wellness • Specialty care and service lines • Aging services • Workforce development • Transportation • Cultural competency • Housing development Quality measure alignment. The measure associated with this intervention includes RAH-2. RAH-2. This measure refers to understanding, encouraging and tracking how well our patients are at complying with their PCP visit after the ED. Our goal is to keep patients out of the hospital and emergency departments. In this sense, part of reducing readmissions is to ensure that inpatient providers are assisting patients in scheduling their follow-up appointments with primary care, and then ensuring that they actually attended. This directly relates to the community goal of increasing health literacy and wellness, in that the PCP follow-up visit will provide guidance on how to avoid additional hospital stays or ED visits. Further, our hospitals heavily serve a Spanish speaking population. We will be increasing our culturally

competent practices by securing appointments for this population. Intervention alignment. While this intervention may not seem to directly align with HTP goals and measurements, we argue that it does correlate with our community priorities. This intervention is particularly operational, therefore the alignment with CHNE priorities will be indirect, although necessary to move toward community goals. It is not enough to make follow-up appointments for our patients. Instead, we need to continue to improve our internal processes to help them know that we consider their health our primary objective, as stated in all of our mission statements. All of our community priorities are expected to be enhanced by improved patient contact, and subsequently primary care compliance. Specifically, we hope to see positive movement toward the following community priorities: (1) health literacy and wellness and (2) cultural competency. It should be noted that patient representatives were among the community stakeholders involved throughout the CHNE process.

This concludes the information input for this intervention. Information input for the next intervention will now begin.



Overview of Interventions - Intervention 4

Reporting Hospital	Sedgwick County Health Center
Intervention	Data Collection Analysis and Dashboard Development
Measure	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

The next section deals with information on one of the hospital's proposed interventions.

III.A.4. Is this an existing intervention (an intervention that the hospital has previously planned and is currently implementing or executing)?

Yes



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Overview of Interventions

Reporting Hospital:

Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

III.A.5. The below chart is for principal internal and external administrative roles for this intervention. If there are more than five individuals working on this intervention, please list the five individuals with the greatest leadership roles or most time dedicated to this intervention.

	Name of Individual	Intervention-Specific Role	Will This Individual Lead Implementation of the Intervention? (Y/N)	Name of Organization
Individual #1	Danna Wilson	Quality Expert	Y	Sedgwick County Health Center
Individual #2	Marius de Munnink	IT	N	Sedgwick County Health Center
Individual #3	Alexandra Mannerings	Data analysis	N	Merakinos
Individual #4	Karla Dunker	CFO	N	Sedgwick County Health Center
Individual #5	Melissa Bosworth	Regional Coordination	N	Eastern Plains Healthcare Consortium

Key Deliverables/ Responsibilities

Individual #1

Coordinating team and measuring

Individual #2

Integration implementation and troubleshooting

Individual #3

Data analysis and troubleshooting

Individual #4

Feasibility and sustainability of investment

Individual #5

Managing regional resources toward intervention



COLORADO

Overview of Interventions

Reporting Hospital:

Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

III.A.6.a. Briefly describe the intervention’s target population for the intervention. This should align with the hospital's approved HTP Application.

Please respond in no more than two sentences.

Target populations: Target populations, in accordance with each measure’s population, include both pediatric and adults who are enrolled in Medicaid.

I.A.6.b. Describe how individuals within the target population will be identified and engaged in the intervention.

Please seek to limit response to 500 words.

Patient identification and engagement: This intervention does not directly touch the patient, therefore engagement will not be fully applicable. Identification of the appropriate population will be key to success. As aforementioned in previous interventions, our EMR is able to accurately pull out the Medicaid population from the remainder of our patients. Our long-term hope is that we will be able to implement these data collection and analysis procedures among our full population, but we will be starting with Medicaid patients. From our application, we separated this intervention into the phases of:

(1) assessment, (2) partnerships, (3) planning, and (4) implementation. For assessment, we will be deeply identifying what data gaps currently exist among our Medicaid population. Merakinos has been integral in this process. Regarding partnerships, we are in the process of evaluating responses to our RFPs for partners/vendors that will help us efficiently pull out the necessary data in an efficient and accurate manner. We then anticipate a period of planning that will include multiple discussions with our EMR vendors, along with HIE integration, among other data solutions. Finally, once these phases have occurred, we will be ready to implement with the end goal of clearly and consistently identifying our patient population.

III.A.7.a. Please describe what major functions and resources, supporting the intervention throughout the course of implementation are already in place, or are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please address the following functional areas and resources at a minimum, when responding:

- People (Workforce / Training)
- Processes of Care
- Technology and Data Systems
- Patient Engagement

III.A.7.b. Use the following space to describe the major functions and resources that are already in place.

Please seek to limit response to 1,000 words.

Functions in place: People. Our hospital currently employs IT personnel. IT staff will arguably be the most vital role for this intervention to succeed. Our technology systems are fractured, and therefore we lean on our IT expertise at the hospital, and within the EPHC membership for workarounds and creative solutions to meet regulatory and operational demands. Acquiring the services of Alexandra Mannerings and Merakinos has been an enormous win for our hospital. Already, she has helped navigate us through the gap analysis and will be working closely with us through all future phases and stages of the intervention. This will include helping to choose a data integration vendor, and ensuring that the implementation fits our needs and requirements. She will also be reconciling the data to ensure it is accurate and reliable. Processes of care. Because of our fractured technology systems, we will be building most of our processes from scratch. That said, it is expected that our current quality reporting systems will still be utilized. This includes regular data extraction, working within the clinical teams to ensure accurate documentation, and data analysis prior to reporting. Our quality assurance processes will also be important to maintain and evolve as we get deep into the implementation and impact phase of HTP. Technology and data systems. We will be relying heavily on our EMR to use as the foundation for this intervention. It has multiple limitations, but we will also need to utilize its assets to get us off the ground and move on this intervention. Patient engagement and target population. Please refer to the identification and engagement section for the functions in place regarding the use of our data systems.

III.A.7.c. Use the following space to describe the major functions and resources that are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please seek to limit response to 1,000 words.

Function gaps: People. Like with many aspects of HTP, we currently do not have the staff necessary to successfully implement this intervention. While we have IT support, we anticipate it will not be sufficient to complete the requirements for this intervention, nor build out processes for our full population. We believe we will need to work with EPHC to garner additional, shared, IT expertise. Processes of care. We hope that the new technology systems will allow us to reduce the manual extraction and data analysis that is currently occurring. This is not yet in place. It is too early to provide a detailed account of what those new processes will entail. Yet, we anticipate that the processes will follow the milestones outlined within the Implementation Plan. Technology and data systems. This summer, we embarked on a detailed evaluation of data integration tools that would help our EMRs fill in current gaps and more efficiently extract the needed data for HTP. Multiple vendors responded, and with Merakinos lead, we have chosen three top vendors to choose from. The data integration vendors that we are evaluating include: Innovacer, i2i, and Lightbeam. Each vendor will be presenting to EPHC, including our hospital, in early October. Our QD forum will provide vendor recommendations to the EPHC board who will make the final decision. This technology solution is one of the biggest missing pieces to our HTP puzzle, along with the most expensive. Patient engagement and target population. Please refer to the identification and engagement section for the functions in place regarding the use of our data systems.

III.A.8.a. Describe any major challenges and risks to intervention implementation and how the hospital will mitigate those challenges and risks. In the response, specifically address the following areas:

- Workforce;
- Budget;
- Health Information Technology;
- Regulatory Barriers; and
- Challenges related to engaging difficult-to-reach populations.

III.A.8.b. Use the following space to describe any major challenges and risks to intervention implementation.

Please seek to limit response to 750 words.

Challenges and mitigations: Workforce. As noted previously, our hospital, along with many of our colleagues, lack the in-house IT expertise and dedicated labor time to successfully implement most of the HTP interventions. This is notably frustrating in that HTP is related to patient outcomes, yet we are continually stagnated based on the technology shortcomings that are available within our hospital's resources. We are not alone, in that our fellow EPHC members are in the same situation. While we do have in-house IT, the scope of this project is beyond the capacity and potential skill level of our current staffing. Therefore, we will need to get creative to garner the man-power needed to not only meet the requirements of data collection and analysis, but also within HCPF's time frame. Our mitigation plan will be to heavily rely upon our collective EPHC resources. We may be going to our EPHC board to request contracting with a highly skilled IT consultant that can help us troubleshoot and streamline the integration, if necessary. This plan has not yet been confirmed. Budget. Technology has the highest projected expense related to HTP. This includes both labor and platforms necessary to meet the

requirements of this initiative. As noted earlier, we anticipate at least \$80,000 per year for the data integration platform. This amount is only for our Medicaid population, and would not include the build-out. Further, the majority of our vendors under consideration require a multi-year contract that will obligate us past the HTP initiative timeline. We plan on utilizing our Rural Support Fund dollars to get us started, but this will likely not cover us for the length of the required contracts. To mitigate, EPHC is actively searching for philanthropic and government dollars to subsidize, although this has not been confirmed. As EPHC members, we have participated in a special assessment to assist with financing Merakinos and their expertise. Because the requirements of HTP continue to evolve (i.e. measure definitions), it is somewhat of a moving target that has been difficult to budget for. We have covered the first year of the project, but we will need to be seeking funds as a membership organization for future years. Prospecting is already underway. We also noted that we may need to contract with additional IT experts. As you can see, HTP continues to add on expenses as we get further into the process. On the policy side, our EPHC board will continue to communicate our concerns with Department leadership to work on mutually beneficial solutions. Health information technology. Our tribulations, even beyond HTP, would be solved if we had the resources to purchase an EMR like Epic. Alas, this is not our reality. Therefore, we continue to grow our resilience and creative problem solving to piece together solutions for our EMR shortcomings. Again, we are regularly working with our Eastern Plains colleagues to work on these problems collectively. The shortcomings of our EMR may find a solution from our fellow hospitals in the region. We have detailed our data integration vendor process earlier. The challenges with this HIT solution is mainly the cost and amount of time it takes to not only evaluate, but then create workflows around the solution. Our mitigation is provided, at length, in our application, which details the steps and approach we will be taking to achieve success. Regulatory barriers. We do not currently foresee any regulatory barriers. Population outreach. We do not foresee any outreach or patient identification barriers.

III.A.8.c. Use the following space to describe how the hospital will mitigate the challenges and risks described above.

Please seek to limit response to 750 words.

Mitigations: Please refer to previous challenges section for mitigation planning.

III.A.9. Describe how this intervention will benefit from the hospital's ongoing Community and Health Neighborhood Engagement efforts.

Please seek to limit response to 500 words.

Background and process. Each hospital within the consortium conducted independent CHNEs that resulted in three to five community-directed priorities. The CHNE process included the following elements: 1. Quantitative analysis of population health statistics, specifically measuring social determinants of health. Although some clinical data was included, we were most interested in understanding the population health outcomes of each community. Data points were measured by zip code, census tract, service catchment area, and county. Data were then correlated against the Eastern Plains region, rural Colorado, state, and national averages. Data were presented to community stakeholders ranging from groups of eight to over twenty. During this meeting, community stakeholders developed a list of priorities based upon the data and their own lived experiences as community members. 2. Qualitative analysis was conducted through surveys distributed through a variety of methods including: patient visits, local media, social media, and collaboration with partners such as schools, local businesses, and law enforcement. For most hospitals, the questions were standardized, thereby giving a snapshot of the local community that can be used to measure longitudinally across the region and time. After the data were analyzed, the results were presented to the same community

group as convened for the quantitative analysis. Community members combined these findings with the priorities from the first meeting to provide their final recommendations to the hospitals. 3. Priority adoption by the hospital occurred during the third community stakeholder meeting. Between the 2nd and 3rd meetings, hospital leadership determined which community-recommended priorities were within the scope of feasibility. They coupled feasibility with mission alignment and determining how the priorities related to HTP goals. Hospital leadership presented the priorities that would be adopted to community stakeholders. After each hospital completed their CHNE, the priorities were correlated among others. We found that the majority (over 80%) of hospital priorities were the same across EPHC membership. The overlapping priorities include: • Behavioral health and substance abuse • Health literacy and wellness • Specialty care and service lines • Aging services • Workforce development • Transportation • Cultural competency • Housing development Quality measure alignment. Behavioral health and substance abuse are aligned under measures SW-BH-1 in that many of the associated patients will need substance use/abuse services, along with other mental and behavioral health interventions. This is best done outside of the hospital setting, therefore partnering with the RAE will help streamline communications. We plan on addressing health literacy and wellness, along with cultural competency through all of the interventions, utilizing a similar rationale as the paragraph above. Intervention alignment. Data, data, data! How does this intervention align with our community priorities? We will remain inefficient, overworked, and under-resourced until we develop sustainable data collection and analyses. As aforementioned, by reducing the unnecessary labor burden in current data collection and extraction, we will free up time to work toward things that really matter - our patients and their chosen priorities. We foresee that this intervention will directly and indirectly free up resources to work toward behavioral health and substance abuse, by giving us the time and energy to invest in current and future innovations, such as behavioral telehealth initiatives. We believe that our energies can be associated toward health literacy and wellness programs, like those working on social determinants of health. We may be able to focus on expanding our specialty care and service lines by incorporating a regional Centers of Excellence. Aging services can be addressed with innovations like remote patient monitoring and the development of smart homes to allow our aging community members to age in place. We can spend more time on workforce development by freeing up more of our providers time to reduce many of the factors leading to high turnover. Transportation initiatives can be launched, specifically for our Medicaid population, and we can invest resources to further our understanding and applicable tools toward cultural competency. Finally, nearly all of our communities are asking for better housing options. While some of our hospitals, like those in Phillips County, are actively participating in initiatives, we can attach our expertise in relation to how sustainable housing results in better health outcomes.

This concludes the information input for this intervention. Information input for the next intervention will now begin.



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Overview of Interventions - Intervention 5

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Reporting Hospital	Sedgwick County Health Center
Intervention	Bridging social and clinical patient needs
Measure	SW-CP1 - Social needs screening and notification

The next section deals with information on one of the hospital's proposed interventions.

III.A.4. Is this an existing intervention (an intervention that the hospital has previously planned and is currently implementing or executing)?

Yes

No



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Overview of Interventions

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

III.A.5. The below chart is for principal internal and external administrative roles for this intervention. If there are more than five individuals working on this intervention, please list the five individuals with the greatest leadership roles or most time dedicated to this intervention.

Individual #1	Name of Individual	Intervention-Specific Role	Will This Individual Lead Implementation of the Intervention? (Y/N)	Name of Organization
	Danna Wilson	QD expert and coordinator	Y	Sedgwick County Health Center

Individual #	Name of Individual	Specific Role	Will This Individual Lead Implementation of the Intervention? (Y/N)	Name of Organization
Individual #2	Alexandra Mannerings	Data Solutions	N	Merakinos
Individual #3	Melissa Bosworth	Regional coordination	N	Eastern Plains Healthcare Consortium
Individual #4	Brian Robertson	RAE partnership	N	Northeast Health Partners
Individual #5	Dr. Donald Regier	CMO	N	Sedgwick County Health Center

Key Deliverables/ Responsibilities

Individual #1	Coordinating stakeholders, project management
Individual #2	Vendor integrations and data analysis
Individual #3	Regional coordination and process troubleshooting
Individual #4	RAE collaboration
Individual #5	Clinical integration



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Overview of Interventions

Reporting Hospital:

Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

III.A.6.a. Briefly describe the intervention's target population for the intervention. This should align with the hospital's approved HTP Application.

Please respond in no more than two sentences.

Target population: Target populations, in accordance with each measure's population, include both pediatric and adults who are enrolled in Medicaid.

I.A.6.b. Describe how individuals within the target population will be identified and engaged in the intervention.

Please seek to limit response to 500 words.

Population engagement and identification: Per our application, we have broken this intervention into four distinct areas, all with different identification and engagement needs. These domains include: (1) HIE connectivity, (2) a common social needs screening tool, (3) social needs screening tool intake, and (4) community resource navigation. We hope to use the HIE connectivity to have the full picture of our Medicaid patients whose medical home may not be within our facility. It's use will help us to better engage with our patients with more efficient access to their complete health story. Our collaboration with EPHC is of meaningful importance for HTP. This is in part because many of our Medicaid patients travel regionally between our hospitals. Further, a good percentage of the social support organizations and partners serve the region, not just our immediate catchment area. With that, we plan on creating a common social needs tool that can be utilized by our ten members. This will give us the strongest opportunity to fully engage and serve our patient population. The social needs screening tool will be applied to all of our Medicaid inpatient discharges. Our volume in this population segment is small, therefore we do not anticipate issues with appropriately identifying patients. Our quality team will be working closely with our medical team to ensure patients receive the screening at discharge. The magic of this intervention occurs when we can connect positively screened patients with appropriate community resources. Patient engagement will require ongoing productive relationships with our RAE.

III.A.7.a. Please describe what major functions and resources, supporting the intervention throughout the course of implementation are already in place, or are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please address the following functional areas and resources at a minimum, when responding:

- People (Workforce / Training)
- Processes of Care
- Technology and Data Systems
- Patient Engagement

III.A.7.b. Use the following space to describe the major functions and resources that are already in place.

Please seek to limit response to 1,000 words.

Functions in place: People. This is a dynamic intervention that will require internal and external ongoing collaboration. Internally, our Quality Director will be working closely with the CMO and discharge planning personnel. Together, they will be responsible for ensuring that all Medicaid inpatient discharges have received a social needs screen. Externally, the intervention will be leaning on Merakinos to help us ensure the data is extracted in the appropriate and most efficient manner possible. We will also utilize the support from EPHC to help us coordinate our efforts regionally, including strategic direction with community resources and RAE relationships. Finally, we will continue

to evolve our relationship with our RAE to help navigate our most vulnerable patients to the community resources that will help them be healthy, in the holistic sense. Processes of care. Our discharge systems are already extremely functional, and we plan on building upon that to integrate the social needs screening process. Our collective EPHC Quality Directors Forum has been working closely with one another for over a year now. This is not a patient-facing process, but ongoing collaboration will help our endurance throughout the HTP project period, in various ways. Our quality assurance and reporting systems have already been established, although they are currently very cumbersome. Our technology and regional team-based approach will hopefully streamline many of the currently redundant and manual processes. Technology and data systems. HIE connectivity is a major factor within this intervention. We are not yet connected, however, we have been building out our plan. We will also be relying upon the functional pieces of our EMR, from which we will build upon. Patient engagement and target population. Our patients are our community members and neighbors. We know them. Therefore, we will build upon our person-centered approach to healthcare by adding on addressing their social determinants of health, or social needs.

III.A.7.c. Use the following space to describe the major functions and resources that are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please seek to limit response to 1,000 words.

Function Gaps: People. While we have many of the “people” in place to launch this intervention, we foresee that we may need to add labor. Please refer to the previous intervention regarding IT needs. The gaps in expertise and labor will likely apply to this intervention to address our EMR’s functionality gaps. Processes of care. As aforementioned, much of our discharge planning, regional collaboration, and RAE partnership have already established a foundation from which we can grow. Pieces that are still missing include (1) HIE connectivity (see next section), (2) the development of a common social needs tool, (3) adding the screening to our discharge planning, and then (4) having a continually updated list of community resources for the positively screened patient. As noted earlier, we plan on working together as a regional consortium to develop a common social needs tool. To do this, we will be collecting tools already in existence within our colleagues’ EMRs, offerings from our local public health and RAEs, among other resources. From there, we will use a collaborative approach to create a digestible tool that reflects the most common needs within our communities. This will heavily stress the findings from our CHNE. Our discharge processes will be evolved to include the social needs screen, with following communication with our RAE to ensure the patient is connected to the community resources they need. Technology and data systems. We plan on connecting to CORHIO as our HIE. Our EMR sometimes can access files from our clinic, but the frequency is sporadic. We will also need to employ the strategies outlined in Intervention 4 for data extraction, analysis, and HCPF reporting. Patient engagement and target population. We are not currently using a social needs tool, so this will need to be implemented throughout the HTP project period.

III.A.8.a. Describe any major challenges and risks to intervention implementation and how the hospital will mitigate those challenges and risks. In the response, specifically address the following areas:

- Workforce;
- Budget;
- Health Information Technology;
- Regulatory Barriers; and

- Challenges related to engaging difficult-to-reach populations.

III.A.8.b. Use the following space to describe any major challenges and risks to intervention implementation.

Please seek to limit response to 750 words.

Challenges and mitigations: Workforce. We do not foresee many workforce challenges that have not already been addressed in this and previous interventions. It should be noted, however, that our quality departments already wear various different hats. We ask that the Department be cognizant that this intervention, along with others, does not always easily flow into our current processes. Therefore, one workforce challenge is the higher risk of burnout and turnover. What is our mitigation strategy? It may have to evolve and be on a case-by-case basis. Yet, we will be leaning on EPHC to connect our hospital with the quality departments of our colleagues in times of need. Budget. The budget challenges that were discussed in Intervention 4 will be the most applicable barriers and mitigations for this intervention. Health information technology. We are not yet connected to the HIE, and we foresee there being process lags and a high opportunity cost while we are going through the HIE implementation phase. We again have a request to the Department to understand that there are countless moving parts and new technology integrations that must occur to be successful in HTP. We ask for flexibility and understanding related to our project management of keeping all the juggled balls from falling. Regulatory. We do not foresee any regulatory challenges at this time. Difficult to reach populations. This intervention comes with specific sensitivities, as we will be asking extremely personal questions of our patients, beyond their presenting medical needs. The social needs screen may cause emotional vulnerability, and our teams may require additional and ongoing training on how best to support our patients in these cases. We also anticipate that some of our applicable patients may either (1) not want to take the screening or (2) refuse the resources provided to them. In any of these scenarios, we will approach the situation first with compassion and grace. We also plan on referring back to our Banner partners and the collaborative mentorship from Dr. Jeff Bacon to help motivate and support our clinical teams. Our RAE partnership and guidance will also be an asset to help us mitigate these perceived barriers.

III.A.8.c. Use the following space to describe how the hospital will mitigate the challenges and risks described above.

Please seek to limit response to 750 words.

Challenge mitigations: Please reference the previous question for challenges and mitigations.

III.A.9. Describe how this intervention will benefit from the hospital's ongoing Community and Health Neighborhood Engagement efforts.

Please seek to limit response to 500 words.

CHNE: Background and process. Each hospital within the consortium conducted independent CHNEs that resulted in three to five community-directed priorities. The CHNE process included the following elements: 1. Quantitative analysis of population health statistics, specifically measuring social

elements. 1. Quantitative analysis of population health statistics, specifically measuring social determinants of health. Although some clinical data was included, we were most interested in understanding the population health outcomes of each community. Data points were measured by zip code, census tract, service catchment area, and county. Data were then correlated against the Eastern Plains region, rural Colorado, state, and national averages. Data were presented to community stakeholders ranging from groups of eight to over twenty. During this meeting, community stakeholders developed a list of priorities based upon the data and their own lived experiences as community members. 2. Qualitative analysis was conducted through surveys distributed through a variety of methods including: patient visits, local media, social media, and collaboration with partners such as schools, local businesses, and law enforcement. For most hospitals, the questions were standardized, thereby giving a snapshot of the local community that can be used to measure longitudinally across the region and time. After the data were analyzed, the results were presented to the same community group as convened for the quantitative analysis. Community members combined these findings with the priorities from the first meeting to provide their final recommendations to the hospitals. 3. Priority adoption by the hospital occurred during the third community stakeholder meeting. Between the 2nd and 3rd meetings, hospital leadership determined which community-recommended priorities were within the scope of feasibility. They coupled feasibility with mission alignment and determining how the priorities related to HTP goals. Hospital leadership presented the priorities that would be adopted to community stakeholders. After each hospital completed their CHNE, the priorities were correlated among others. We found that the majority (over 80%) of hospital priorities were the same across EPHC membership. The overlapping priorities include: • Behavioral health and substance abuse • Health literacy and wellness • Specialty care and service lines • Aging services • Workforce development • Transportation • Cultural competency • Housing development Quality measure alignment. Behavioral health and substance abuse are aligned under measures SW-CP-1 in that many of the associated patients will need substance use/abuse services, along with other mental and behavioral health interventions. This is best done outside of the hospital setting, therefore having a functional HIE will help streamline communications. We plan on addressing health literacy and wellness, along with cultural competency through all of the interventions, utilizing a similar rationale as the paragraph above. Intervention alignment. How does this intervention align with our community priorities? We will remain inefficient, overworked, and under-resourced until we develop sustainable data sharing methods. As aforementioned, by reducing the unnecessary labor burden in current data collection and extraction, we will free up time to work toward things that really matter - our patients and their chosen priorities. We foresee that this intervention will directly and indirectly free up resources to work toward behavioral health and substance abuse, by giving us the time and energy to invest in current and future innovations, such as behavioral telehealth initiatives. We believe that our energies can be associated toward health literacy and wellness programs, like those working on social determinants of health. We may be able to focus on expanding our specialty care and service lines by incorporating a regional Centers of Excellence. Aging services can be addressed with innovations like remote patient monitoring and the development of smart homes to allow our aging community members to age in place. We can spend more time on workforce development by freeing up more of our providers time to reduce many of the factors leading to high turnover. Transportation initiatives can be launched, specifically for our Medicaid population, and we can invest resources to further our understanding and applicable tools toward cultural competency. Finally, nearly all of our communities are asking for better housing options. While some of our hospitals, like those in Phillips County, are actively participating in initiatives, we can attach our expertise in relation to how sustainable housing results in better health outcomes.

This concludes the information input for this intervention. Information input for the next intervention will now begin.



Overview of Interventions - Intervention 6

Reporting Hospital	Sedgwick County Health Center
Intervention	CHA ALTOs Participation
Measure	SW-BH3 - Using Alternatives to Opioids (ALTO's) in hospital ED-s: Decrease use of opioids and Increase use of ALTO-s.

The next section deals with information on one of the hospital's proposed interventions.

III.A.4. Is this an existing intervention (an intervention that the hospital has previously planned and is currently implementing or executing)?

Yes

No



Overview of Interventions

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

III.A.5. The below chart is for principal internal and external administrative roles for this intervention. If there are more than five individuals working on this intervention, please list the five individuals with the greatest leadership roles or most time dedicated to this intervention.

	Name of Individual	Intervention-Specific Role	Will This Individual Lead Implementation of the Intervention? (Y/N)	Name of Organization
Individual #1	Danna Wilson	Quality expert and project management	Y	Sedgwick County Health Center
Individual #2	Dr. Donald Regier	CMO	N	Sedgwick County Health Center
Individual #3	Sylvia Park	ALTOs expert	N	Colorado Hospital Association
Individual #4	Melissa Bosworth	Regional coordination	N	Eastern Plains Healthcare Consortium
Individual #5	Alexandra Mannerings	Data expert	N	Merakinos

	Key Deliverables/ Responsibilities
Individual #1	Project management, compliance, and troubleshooting
Individual #2	Clinical integration
Individual #3	Program training and consultation
Individual #4	Regional project management
Individual #5	Data analysis and solutions



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Overview of Interventions

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

III.A.6.a. Briefly describe the intervention's target population for the intervention. This should align with the hospital's approved HTP Application.

Please respond in no more than two sentences.

Target population: Target populations, in accordance with each measure's population, include patients over 18 who are enrolled in Medicaid.

I.A.6.b. Describe how individuals within the target population will be identified and engaged in the intervention.

Please seek to limit response to 500 words.

Patient identification and engagement: This intervention focuses on Medicaid patients visiting our ED presenting with pain complaints. Using the Colorado ALTO Project pain pathways, the following patient diagnosis will be used for identifying intervention related patients. These include: (1) headache and migraines, (2) musculoskeletal pain, (3) renal colic, (4) chronic abdominal pain, and (5) extremity fracture or joint displacement. Engagement into the ALTOs program will be automatic if ED Medicaid patients' complaints fit into any of the aforementioned categories.

III.A.7.a. Please describe what major functions and resources, supporting the intervention throughout the course of implementation are already in place, or are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please address the following functional areas and resources at a minimum, when responding:

- People (Workforce / Training)
 - Processes of Care
 - Technology and Data Systems
 - Patient Engagement
-

III.A.7.b. Use the following space to describe the major functions and resources that are already in place.

Please seek to limit response to 1,000 words.

Functions in place: People. We have an extremely strong clinical team that are patient-centered and practice evidence-based medicine. Even as pain pathways and recommended interventions evolve, we are assured that our clinicians will provide stellar care to our Medicaid patients suffering from chronic and/or acute pain. Our quality department will continue to work collaboratively with our internal team. Externally, our meaningful and productive relationship with EPHC colleagues will continue to support our efforts to provide quality assurance related to this intervention. Merakinos will be providing the data analytics to be compliant with HTP requirements. We will also lean upon the Colorado Hospital Association for ongoing training and support. Processes of care. We are currently participating in the Colorado Hospital Association's ALTOs program. As noted, our clinical team is not novice to patients presenting with extraordinary pain. They will be adapting their current processes to be in alignment with the ALTOs program's outlined approach and methodologies. This includes measuring the MEUs appropriately. Our quality team has already established and long-implemented quality assurance practices. With that, the ALTOs requirements, and subsequent HTP reporting, will be incorporated into our current processes. Technology and data systems. The potential assets for technology and data are similar, if not identical, to those already outlined in previous interventions. Our EMR is functional, yet there is needed improvement to maximize efficiency. Patient engagement and target population. Please reference the previous section for proposed identification and engagement strategies of our target population.

III.A.7.c. Use the following space to describe the major functions and resources that are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way.

Please seek to limit response to 1,000 words.

Function gaps: People. We do not anticipate having to hire additional staff to implement this intervention. We do, however, foresee that additional duties will be placed on our quality, nursing, and medical teams. Processes of care. We have already started participating in ALTOs, so the gaps should be minimal. We will continue to evolve our current processes of care as the program changes its processes and direction. Technology and data systems. Data extraction that is not manual works at times, but functionality is not consistent. Gaps exist in being able to efficiently (not manually) extract the required documentation to report accurately to HCPF. Patient engagement and target population. We do not currently see any patient engagement issues for this intervention, as patients presenting to the ED with pain are almost always eager to have relief.

III.A.8.a. Describe any major challenges and risks to intervention implementation and how the hospital will mitigate those challenges and risks. In the response, specifically address the following areas:

- Workforce;
- Budget;
- Health Information Technology;
- Regulatory Barriers; and
- Challenges related to engaging difficult-to-reach populations.

III.A.8.b. Use the following space to describe any major challenges and risks to intervention

implementation.

Please seek to limit response to 750 words.

Challenges and mitigations: Workforce. We do not foresee many workforce challenges that have not already been addressed in this and previous interventions. It should be noted, however, that our quality and clinical departments already wear various different hats. We ask that the Department be cognizant that this intervention, along with others, does not always easily flow into our current processes. Therefore, one workforce challenge is the higher risk of burnout and turnover. What is our mitigation strategy? It may have to evolve and be on a case-by-case basis. Yet, we will be leaning on EPHC to connect our hospital with the quality departments of our colleagues in times of need. As a consortium, we are also evaluating different resiliency funding resources and practices. Budget. The budget challenges that were discussed in Intervention 4 will be the most applicable barriers and mitigations for this intervention. Health information technology. The HIT challenges are repetitive from previous interventions. Our EMR interoperability is calling for better functionality. We must spend an inordinate amount of money to upgrade our EMR functionality, purchase an entire new system to extract the data required for this project, along with contracting out data analytics and solutions navigation. Our mitigation strategies have been previously outlined. A synopsis is that we are utilizing the Rural Support Funds, along with collectively tackling this enormous undertaking with the help of our fellow Eastern Plains CAHs. Regulatory. We do not foresee any regulatory barriers at this point. Engaging difficult-to-reach patients. We do not foresee any challenges related to reaching patients that need this intervention. They are coming to us for help.

III.A.8.c. Use the following space to describe how the hospital will mitigate the challenges and risks described above.

Please seek to limit response to 750 words.

Challenge mitigations: Please see the previous question for mitigations associated with identified challenges and barriers.

III.A.9. Describe how this intervention will benefit from the hospital's ongoing Community and Health Neighborhood Engagement efforts.

Please seek to limit response to 500 words.

Response: Background and process. Each hospital within the consortium conducted independent CHNEs that resulted in three to five community-directed priorities. The CHNE process included the following elements: 1. Quantitative analysis of population health statistics, specifically measuring social determinants of health. Although some clinical data was included, we were most interested in understanding the population health outcomes of each community. Data points were measured by zip code, census tract, service catchment area, and county. Data were then correlated against the Eastern Plains region, rural Colorado, state, and national averages. Data were presented to community stakeholders ranging from groups of eight to over twenty. During this meeting, community stakeholders developed a list of priorities based upon the data and their own lived experiences as community members. 2. Qualitative analysis was conducted through surveys distributed through a variety of methods including: patient visits, local media, social media, and collaboration with partners such as schools, local businesses, and law enforcement. For most hospitals, the questions were standardized, thereby giving a snapshot of the local community that can be used to measure longitudinally across the

region and time. After the data were analyzed, the results were presented to the same community group as convened for the quantitative analysis. Community members combined these findings with the priorities from the first meeting to provide their final recommendations to the hospitals. 3. Priority adoption by the hospital occurred during the third community stakeholder meeting. Between the 2nd and 3rd meetings, hospital leadership determined which community-recommended priorities were within the scope of feasibility. They coupled feasibility with mission alignment and determining how the priorities related to HTP goals. Hospital leadership presented the priorities that would be adopted to community stakeholders. After each hospital completed their CHNE, the priorities were correlated among others. We found that the majority (over 80%) of hospital priorities were the same across EPHC membership. The overlapping priorities include: • Behavioral health and substance abuse • Health literacy and wellness • Specialty care and service lines • Aging services • Workforce development • Transportation • Cultural competency • Housing development Quality measure alignment. The measure associated with this intervention is SW-BH3. Behavioral health and substance abuse are aligned under measures RAH-1 in that many of the associated patients will need substance use/abuse services, along with other mental and behavioral health interventions. While this is best done outside of the hospital setting, we have better tools to address pain crises. This rationale is the same for RAH-2, with a slight variation. We plan on addressing health literacy and wellness, along with cultural competency through all of the interventions, utilizing a similar rationale as the paragraph above. Intervention alignment. The intervention will align with the quality measure's associated community priority using the same rationale.

This concludes the information input for this intervention. Information input for the next intervention will now begin.



B. Intervention Milestones

The next section concerns program milestones for this intervention.

Hospitals must propose and record in the Implementation Plan submission tool one milestone in both Quarters 2 and 4 (Q2 and Q4) for each Program Year (PY) starting with PY2Q2 (Jan-Mar 2023). Milestones should be discrete tasks that, when completed, have an easily identifiable, quantifiable, and definable goal that has been reached or action that has been completed. The milestones established must be completed by the end of the quarter for which the milestone is applicable (Q2 or Q4).

All milestones should be associated with their applicable phase: Planning and Implementation or Continuous Improvement, Distinct milestone requirements apply to each phase, and timing of the phases depends on whether the intervention is new or existing. Planning and Implementation should

phases depends on whether the intervention is new or existing. Planning and implementation should be completed no later than PY3Q4 (Jul-Sep 2024) and Continuous Improvement milestones should begin no later than PY4Q2 (Jan-Mar 2025), with accelerated milestones for existing interventions subject to the timeline outlined in this document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. Additionally, unique considerations apply for the Hospital Index measure, as outlined in the Milestone Requirements section of this document.

This submission tool will guide hospitals through recording milestones per intervention for each applicable program year quarter. Hospitals will indicate the milestone phase and whether it is an impact milestone. Interventions will be prepopulated in the submission tool based on the hospital's approved HTP Application.



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Intervention Milestones - Intervention 1

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY2Q2

B. Intervention Milestones

III.B. Please answer the following questions with information related to this intervention's PY2Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin

reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
- Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY2Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention Phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

- Yes
- No**

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

- People**
- Process**

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY2Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Facility and RAE have collaboratively created a Policy, to function as a framework of care coordination. The structure will consist of timelines corresponding with Intervention Milestones. Finalization of Policy will occur during Impact Milestones and have evolved into a Standard Operating Procedure. The facility has identified key personnel to represent this team.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have identified process workflows for timely RAE communication. Workflows have been implemented for testing purposes.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Workflow process map of facility for RAE communication.

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have identified initial technologies to meet the required needs/limitations of the facility communication to the RAE. Future technologies have been identified and timeline occurrences have been generated to meet these needs.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. List of technologies to be utilized for RAE communication. 2. Screenshot/sample of tested technology confirmation.





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY2Q4

III.B. Please answer the following questions with information related to this intervention's PY2Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
 - Continuous Improvement
-



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY2Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Patient Engagement / Target Population Functional Area

Please include a brief description of the Patient Engagement / Target Population Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have identified key information to be published to community on whom and the purpose of the RAE are, the working relationships and goals of this collaboration.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. List of media sources to be administered for notification. 2. List of community resources to be addressed. 3. Sample letter of communication.



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY3Q2

III.B. Please answer the following questions with information related to this intervention's PY3Q2 milestone.

What phase does this milestone fall under?

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
- Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY3Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

- Yes**
 - No
-

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

- People
- Process
- Technology
- Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY3Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have finalized process workflows for RAE communication. Finalization of workflows have evolved into a Standard Operating Procedure and have been approved by Administration and RAE.

RAE.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Standard Operating Procedure 2. Letter of Administration/RAE approval"

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone

Key personnel have finalized process workflows for RAE communication. Changes occurred based on personnel surveys. Finalization of workflows have evolved into Written Protocols and have been approved by Administration and RAE.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Written Protocols 2. Survey Results "

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have finalized technology implementation for RAE Communication.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. List of technologies to be utilized for RAE communication. 2. Backup technology listed in preferred order of sequence, in event main communication fails. "

Patient Engagement / Target Population Functional Area

Please include a brief description of the Patient Engagement / Target Population Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Facility to host Community Meeting (may be in the shape of town hall meeting etc) to distribute RAE newsletter/letter of commitment.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Copy of Newsletter



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY3Q4

III.B. Please answer the following questions with information related to this intervention's PY3Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation
- **Continuous Improvement**



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY3Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be

submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Reviewing Intersectionalities of patient population to be involved with the RAE."



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY4Q2

III.B. Please answer the following questions with information related to this intervention's PY4Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY4Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Reviewing Intersectionalities of patient population to be involved with the RAE."



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY4Q2

III.B. Please answer the following questions with information related to this intervention's PY4Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY4Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Reviewing Intersectionalities of patient population to be involved with the RAE."



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY5Q2

III.B. Please answer the following questions with information related to this intervention's PY5Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY5Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Reviewing Intersectionalities of patient population to be involved with the RAE."



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY5Q4

III.B. Please answer the following questions with information related to this intervention's PY5Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY5Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Completion Date Definition - The expected date of completion of the milestone that will

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Reviewing Intersectionalities of patient population to be involved with the RAE."



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

This concludes the information input for this intervention's milestones. Information input for the next intervention's milestones will now begin.



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Intervention Milestones - Intervention 2

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY2Q2

B. Intervention Milestones

III.B. Please answer the following questions with information related to this intervention's PY2Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
 - Continuous Improvement
-



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY2Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention Phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- The impact milestone should address all functional areas applicable to the intervention.
- The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY2Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Quality Team has identified key personnel. Key personnel have developed policy detailing, identified roles, responsibilities and meeting times. The RAE has been notified of the key personnel

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. A roster of key personnel 2. Meeting timeline and current meeting minutes 3. Policy



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY2Q4

III.B. Please answer the following questions with information related to this intervention's PY2Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals

may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
- Continuous Improvement



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY2Q4

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

- Yes
- No**

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

- People
- Process**

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY2Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have established process workflows to schedule patient's follow-up. Training/education material have been identified and presented to required personnel.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Quality Team and key personnel in conjunction with Informatics have reviewed EMR Data Queries to be utilized at designated occurrences stated in policy for hospital reporting. An application template is designed and reviewed to ensure all patients have been notified to the RAE for internal purposes. Identified steps to establish requested SFTP file transfer between Facility and Rae.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. List of Data Headers for EMR Query/ies. 2. Template application design for documented RAE notification. 3. Steps identified for SFTP set-up"



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY3Q2

III.B. Please answer the following questions with information related to this intervention's PY3Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
- Continuous Improvement



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY3Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

- Yes**
 - No
-

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

- People
- Process
- Technology
- Patient Engagement / Target Population



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY3Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

"Key personnel have finalized training materials for current and future employees. Key departments and individuals have received the finalized training. A calendar of events have been crafted for continuing

individuals have received the finalized training. A calendar of events have been created for continuing education. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. List of departments/individuals trained. 2. Training material 3. Timeline/agenda of occurrences of feedback and reeducation. 4. Letter of Approval - Administration"

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone

Key personnel have finalized protocols to establish discharge planning with follow-up appointment.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Written protocols "

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

"Key personnel have tested and finalized all technologies required for EMR documentation and RAE notification. EMR query finalized for hospital self-report. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Screenshots of de-limited EMR documentation 2. Screenshots of de-limited application of RAE notification 3. Screenshots of EMR Data query "

Patient Engagement / Target Population Functional Area

Please include a brief description of the Patient Engagement / Target Population Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The target population are being scheduled upon discharge for follow-up. Extended population will begin to be targeted for an all inclusiveness.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Counts of Inpatient discharges. 2. Counts of documented/scheduled follow-up 3. Counts of RAE notifications"



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY3Q4

III.B. Please answer the following questions with information related to this intervention's PY3Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation
- Continuous Improvement**



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY3Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks. "

Please describe the supporting documentation which will be provided in support of the Functional

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).
Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Reviewing captured vs non-captured Inpatients to identify changes within organization and RAE necessities. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY4Q2

III.B. Please answer the following questions with information related to this intervention's PY4Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY4Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. De-limited data of intersectionalities and projected trend lines of targeted population. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY4Q4

III.B. Please answer the following questions with information related to this intervention's PY4Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY4Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. PDSA of targeted population in review of captured vs non-captured inpatients to identify changes within organization and RAE. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY5Q2

III.B. Please answer the following questions with information related to this intervention's PY5Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#)

● Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY5Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. De-limited data of intersectionalities and projected trend lines of total population. "





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone: PY5Q4

III.B. Please answer the following questions with information related to this intervention's PY5Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. PDSA of total population in review of captured vs non-captured inpatients to identify changes within organization. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Ensuring patient follow-up and RAE communication

This concludes the information input for this intervention's milestones. Information input for the next intervention's milestones will now begin.





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Intervention Milestones - Intervention 3

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY2Q2

B. Intervention Milestones

III.B. Please answer the following questions with information related to this intervention's PY2Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
 - Continuous Improvement
-



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY2Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention Phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY2Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Quality Team has identified key personnel. Key personnel have developed policy detailing, identified roles, responsibilities and meeting times. The RAE has been notified of the key personnel

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. A roster of key personnel 2. Meeting timeline and current meeting minutes 3. Policy



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY2Q4

III.B. Please answer the following questions with information related to this intervention's PY2Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
- Continuous Improvement



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY2Q4

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

- People
- Process**
- Technology**
- Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center
Intervention: Patient Follow-Up Compliance
Milestone: PY2Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have established process workflows to schedule patient's follow-up. Training/education material have been identified and presented to required personnel

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Training/education materials. 2. Process workflow mapping

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Quality Team and key personnel in-conjunction with Informatics have reviewed EMR Data requirements to be utilized at designated occurrences stated in policy for hospital reporting. An application template is designed and reviewed to ensure all patients have been notified to the RAE for internal purposes. Identified steps to establish requested SFTP file transfer between Facility and Rae.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. List of Data headers for EMR Query/ies. 2. Template application design for documented RAE notification. 3. Steps identified for SFTP set-up"



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

III.B. Please answer the following questions with information related to this intervention's PY3Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
 - Continuous Improvement
-



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY3Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*

- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY3Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have finalized training materials for current and future employees. Key departments and individuals have received the finalized training. A calendar of events have been detailed for continuing education. Administration has sign-off on impact designations.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. List of departments/individuals trained. 2. Training material 3. Timeline/agenda of occurrences of feedback and reeducation. 4. Letter of Approval - Administration"

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone

Key personnel have finalized protocols to establish discharge planning with follow-up appointment.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Written protocols "

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the

completion of the milestone.

"Key personnel have tested and finalized all technologies required for EMR documentation and RAE notification. EMR query finalized for hospital self-report."

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Screenshots of de-limited EMR documentation 2. Screenshots of de-limited application of documented RAE notification. 3. Screenshots of EMR Data query"

Patient Engagement / Target Population Functional Area

Please include a brief description of the Patient Engagement / Target Population Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The target population are being scheduled upon discharge for follow-up. Patients are tracked and reported to RAE according to Policy standards.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Counts of Inpatient discharges. 2. Counts of documented/scheduled follow-up 3. Counts of RAE notifications"



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

III.B. Please answer the following questions with information related to this intervention's PY3Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation
 - Continuous Improvement**
-



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY3Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks."

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data surrounding age, sex, race/ethnicity of targeted population in conjunction of follow-up to non-follow up. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY4Q2

III.B. Please answer the following questions with information related to this intervention's PY4Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#)

● Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY4Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks."

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. PDSA non follow-up population based on PY3Q4 data. "





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY4Q4

III.B. Please answer the following questions with information related to this intervention's PY4Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY4Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks."

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Survey and review effects of PDSA on targeted non follow-up population. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY5Q2

III.B. Please answer the following questions with information related to this intervention's PY5Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY5Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks."

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data surrounding age, sex, race/ethnicity of total population in conjunction of follow-up to non-follow up. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY5Q4

III.B. Please answer the following questions with information related to this intervention's PY5Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

Milestone: PY5Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

"Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks."

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. PDSA non follow-up population based on PY5Q2 data. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient Follow-Up Compliance

This concludes the information input for this intervention's milestones. Information input for the next intervention's milestones will now begin.



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Intervention Milestones - Intervention 4

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY2Q2

B. Intervention Milestones

III.B. Please answer the following questions with information related to this intervention's PY2Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
 - Continuous Improvement
-





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY2Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention Phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY2Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Quality Team has identified key personnel. Key personnel have developed policy detailing, identified roles, responsibilities and meeting times. The RAE has been notified of the key personnel

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. A roster of key personnel 2. Meeting timeline and current meeting minutes 3. Policy"



III.B. Please answer the following questions with information related to this intervention's PY2Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
 - Continuous Improvement
-



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY2Q4

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY2Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Clinicians have established process workflows to interview patients prior to discharge regarding care plan establishment. Training/education material have been identified and presented to required personnel.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Process workflow mapping 2. Training/education materials. 4. Collaboratively Agreed Discharge draft

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Quality Team and key personnel in conjunction with Informatics have reviewed EMR Data Queries to be utilized at designated occurrences stated in policy for hospital reporting.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. List of Data Headers for EMR Query/ies



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY3Q2

III.B. Please answer the following questions with information related to this intervention's PY3Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
 - Continuous Improvement
-



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY3Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY3Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be

submitted as evidence of the milestone's completion.

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone

The Quality Team and key personnel in conjunction with Informatics have reviewed EMR Data Headers and established baseline EMR data query/ies.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Screenshot of EMR Query/ies.



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY3Q4

III.B. Please answer the following questions with information related to this intervention's PY3Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation
- Continuous Improvement



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY3Q4

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

- Yes
- No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

- People
 - Process
 - Technology
 - Patient Engagement / Target Population
-



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY3Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel in conjunction with clinicians have finalized policy and escalated scope to Standard Operating Procedure, having adapted best practices and streamlined services.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be

submitted as evidence of the milestone's completion.

1. Standard Operating Procedure

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel in conjunction with clinicians have identified and written protocols.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Written Protocols

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have tested and finalized all technologies required for EMR documentation and RAE notification. EMR query finalized for hospital self-report.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Screenshots of de-limited EMR documentation 2. Screenshots of de-limited application of RAE notification 3. Screenshots of EMR Data query

Patient Engagement / Target Population Functional Area

Please include a brief description of the Patient Engagement / Target Population Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Target population are to receive follow-up with the RAE

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Counts of Inpatient / Emergency Department discharges w/dx of targeted population. 2. Counts of RAE notification."



COLORADO

Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY4Q2

III.B. Please answer the following questions with information related to this intervention's PY4Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● Continuous Improvement



COLORADO

Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY4Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Initial review of de-limited data and trend lines. "





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY4Q4

III.B. Please answer the following questions with information related to this intervention's PY4Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY4Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data surrounding age, sex race/ethnicity of targeted populations. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY5Q2

III.B. Please answer the following questions with information related to this intervention's PY5Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY5Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data surrounding age, sex race/ethnicity of targeted populations. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY5Q4

III.B. Please answer the following questions with information related to this intervention's PY5Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

Milestone: PY5Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Review of data metrics associated with measure created by Informatics. Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Aggregate data to identify common results and isolate needed community needs from total populated surveyed. " "



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Data Collection Analysis and Dashboard Development

This concludes the information input for this intervention's milestones. Information input for the next intervention's milestones will now begin.



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Intervention Milestones - Intervention 5

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY2Q2

B. Intervention Milestones

III.B. Please answer the following questions with information related to this intervention's PY2Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

Planning and Implementation

Continuous Improvement





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY2Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention Phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Patient information sent to RAE

Milestone: PY2Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Quality Team has identified key personnel. Key personnel have developed policy detailing, identified roles, responsibilities and meeting times. The RAE has been notified of the key personnel

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. A roster of key personnel 2. Meeting timeline and current meeting minutes 3. Policy



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY2Q4

III.B. Please answer the following questions with information related to this intervention's PY2Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
 - Continuous Improvement
-



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY2Q4

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY2Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Quality Team, working with key personnel and facilitators of Eastern Plains Healthcare Consortium have established a rough draft of social needs screening questions. Training documents have been drafted via the working parties.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Draft of Social Needs Screening questionnaire 2. Training documents



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY3Q2

III.B. Please answer the following questions with information related to this intervention's PY3Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital](#)

Planning and Implementation

Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY3Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY3Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel inconjunction with EPHC have selected a third-party vendor to be utilized to establish reporting protocols for regional data review and a regional approach to SDOH screening protocols.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Personnel roster to handle key completion items of Vendor/EMR/Facility integration



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY3Q4

III.B. Please answer the following questions with information related to this intervention's PY3Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
 - Continuous Improvement
-



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY3Q4

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY3Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

"Identified and trained personnel, in accordance with finalized policies of Social Determinants of Health Screening. Reviewed SDOH Tool with RAE Personnel, and incorporated feedback and Letter of Commitment from RAE. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Roster of key personnel and departments assigned and trained 2. Letter of Approval - Administration

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have finalized SDOH questionnaire screening tool and clinician protocols for distribution.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. SDOH Questionnaire 2. Written protocols

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Vendor technology has been fully integrated and tested within EPHC Region.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Screenshots of delimited Vendor reports 2. Screenshots of delimited SDOH screening tool

Patient Engagement / Target Population Functional Area

Please include a brief description of the Patient Engagement / Target Population Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have sent out and received feedback surveys from sample population, and addressed feedback to meet the needs of the SDOH Tool.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Survey results documentation. 2. Meeting minutes/memorandum of feedback edits. "



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY4Q2

III.B. Please answer the following questions with information related to this intervention's PY4Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY4Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone

constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data surrounding age, sex, race/ethnicity.



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY4Q4

III.B. Please answer the following questions with information related to this intervention's PY4Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin

may complete planning and implementation milestones at any point prior to FY1Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY4Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data surrounding age, sex race/ethnicity of all payor sources."



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY5Q2

III.B. Please answer the following questions with information related to this intervention's PY5Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- **Continuous Improvement**
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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY5Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data surrounding age, sex, race/ethnicity of all payor sources.



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY5Q4

III.B. Please answer the following questions with information related to this intervention's PY5Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

Milestone: PY5Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Aggregate data to identify common results and isolate needed community needs from total populated surveyed.



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: Bridging social and clinical patient needs

This concludes the information input for this intervention's milestones. Information input for the next intervention's milestones will now begin.



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Intervention Milestones - Intervention 6

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY2Q2

B. Intervention Milestones

III.B. Please answer the following questions with information related to this intervention's PY2Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation**
- Continuous Improvement



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center
Intervention: CHA ALTOs Participation
Milestone: PY2Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention Phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

- Yes
 - No**
-

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

- People**
- Process
- Technology
- Patient Engagement / Target Population



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY2Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

The Quality Team, has identified key personnel and during initial meetings been assigned roles and responsibilities. Policy has been drafted to address key components designated within Intervention.

Please describe the supporting documentation which will be provided in support of the Functional

Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Roster of Key Personnel 2. Meeting minutes 3. Policy 4. Leadership Attestation and Commitment



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY2Q4

III.B. Please answer the following questions with information related to this intervention's PY2Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

Planning and Implementation

Continuous Improvement





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY2Q4

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

People

Process

Technology

Patient Engagement / Target Population



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY2Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

"Key personnel have customized the previously utilized Colorado ALTO Project guidance to reflect current HTP Pain Pathways. Key personnel have drafted ED scripted protocols for medication administration. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Revised ALTO Project policy. 2. ED protocols of medication administration.

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

"The Quality team and key personnel in conjunction with Informatics defined data deliverables to CHA

The Quality team and key personnel in conjunction with informatics defined data deliverables to CHA. Order sets have been identified for build out for new Pain Pathways. Designated administration to be adjusted to the needs of Medication for Pain Pathways. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. List of data headers 2. List of needs within order Sets 3. Timeline/workflow of Programing and Charge buildouts."



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY3Q2

III.B. Please answer the following questions with information related to this intervention's PY3Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

Planning and Implementation

Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY3Q2

Is this the impact milestone for this intervention?

The final milestone of the Planning and Intervention phase should be an impact milestone. If this is the impact milestone for this intervention, please keep in mind:

- *The impact milestone should address all functional areas applicable to the intervention.*
- *The impact milestone functional area descriptions and supporting documentation should demonstrate that the intervention has been fully implemented.*

Yes

No

Please indicate which Functional Area(s) applies to this milestone. Select all that apply. Impact milestones must include all Functional Areas.

- People
 - Process
 - Technology
 - Patient Engagement / Target Population
-





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY3Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

"Key personnel have finalized and administered training to required personnel. Informatics have finalized reporting requirements for CHA submission, and policies for deadline requirements. "

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Training policies and roster of trained personnel 2. Screenshots of Final Data Query"

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone

Key personnel have finalized ALTO project guidance and scripted protocols for ED Medication Administration.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Finalized Commitment and Attestation Form 2. Protocols of ED Medicaiton workflow"

Technology Functional Area

Please include a brief description of the Technology Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Key personnel have implemented final Order Sets approved via Medical Staff within EMR. Designated administration to be adjusted to the needs of Medication for Pain Pathways.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Order set screenshot "

Patient Engagement / Target Population Functional Area

Please include a brief description of the Patient Engagement / Target Population Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Utilized CHA Marketing and Communications Toolkit to establish a Press Release, to be distributed through appropriate media's

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).
Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Press Release Letter 2. List of selected media to be administered."



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY3Q4

III.B. Please answer the following questions with information related to this intervention's PY3Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

- Planning and Implementation
- Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY3Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

"1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data to include intersectionalities, and trendline data and isolate common ICD-10 codes and medication administered."



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY4Q2

III.B. Please answer the following questions with information related to this intervention's PY4Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY4Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).
Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data and trendline data and isolate common ICD-10 codes and medication administered.



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY4Q4

III.B. Please answer the following questions with information related to this intervention's PY4Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital](#)

● Continuous Improvement



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY4Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data and trendline data and isolate common ICD-10 codes and medication administered.





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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY5Q2

III.B. Please answer the following questions with information related to this intervention's PY5Q2 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

Continuous Improvement



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY5Q2

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data and trendline data and isolate common ICD-10 codes and medication administered.



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY5Q4

III.B. Please answer the following questions with information related to this intervention's PY5Q4 milestone.

What phase does this milestone fall under?

Planning and Implementation milestones should be completed no later than PY3Q4 and Continuous Improvement milestones should begin no later than PY4Q2, with accelerated milestones for existing interventions subject to the timeline outlined in the Milestones Requirement Document. Hospitals may complete Planning and Implementation milestones at any point prior to PY4Q2 and begin reporting Continuous Improvement milestones. More information can be found on the [Hospital Transformation Program website](#).

● **Continuous Improvement**



Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

Milestone: PY5Q4

Milestone/Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

Provide a brief description of the milestone (no more than two sentences).

Key personnel continue to meet accordingly to projected timelines to identify and correct problems, operations and progress to scale accordingly to projected benchmarks.

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3.

1. Meeting minutes 2. Identified problems, operations and progress addressed this period. 3. Disaggregate data and trendline data and isolate common ICD-10 codes and medication administered.



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Intervention Milestones

Reporting Hospital: Sedgwick County Health Center

Intervention: CHA ALTOs Participation

This concludes the information input for this intervention's milestones. Information input for the next intervention's milestones will now begin.



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Thank you for filling out the HTP Implementation Plan. The milestones that you have submitted will become the basis of your quarterly reports. You will also have the opportunity to amend milestones prospectively in future quarterly reports.

Please print the full name of the individual submitting this Implementation Plan, as well as their title and the date.

By completing this form the individual identified attests that they are authorized to complete this Plan on behalf of the hospital indicated and that the Implementation Plan has been completed truthfully and accurately.

Danna Wilson, Quality Director November 1, 2021

Please ensure all responses are complete before you submit this Implementation Plan.

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