**Section V. DSRIP Projects**

## Category 4: Population-Focused Improvements (Hospitals Only)

RHP 17 Category 4 Projects

* + 1. Baylor Scott & White Hospital – Brenham
    2. CHI St. Luke’s The Woodlands Hospital
    3. College Station Medical Center
    4. Conroe Regional Medical Center
    5. Huntsville Memorial Hospital
    6. St. Joseph Regional Health Center

**Performing Provider Name:** Baylor Scott & White Hospital - Brenham

**Performing Provider TPI #:** 135226205

**Domain Descriptions:**  We are opting out of reporting for the optional Domain 6 and will report as required on Domains 1 through 5. Our Category 1, 2 and 3 projects may impact Domain 1 and Domain 2 metrics. It is unlikely to impact Domain 3, 4 or 5 because all are related to ED and hospital processes not targeted by this project. Each is described in more detail below:

* **DOMAIN 1:** POTENTIALLY PREVENTABLE ADMISSIONS (8 MEASURES)
  + CHF admission rate
  + Diabetes admission rate
  + Behavioral Health & Substance Abuse admission rate
  + COPD or Asthma in Adults admission rate
  + Hypertension admission rate
  + Pediatric Asthma
  + Bacterial pneumonia immunization
  + Influenza immunization

Our Category 1 project will add primary care providers at one free clinic and our Category 2 project will employ continuous quality improvement. Category 1 and 2 projects aimed at impacting our Category 3 project milestones of reducing avoidable ED utilization and reducing potentially preventable admissions for the identified target group of adults. Domain 1 of Category 4 will include all potentially preventable admissions at the hospital, a subset of which are expected to be reduced by our other projects. Potentially preventable admissions are sensitive to ambulatory care access and quality. By improving access to primary care services for persons with financial limitations and addressing unnecessary utilization of services through quality improvement efforts, we expect to reduce exacerbations of chronic conditions and increase immunization rates in ways that prevent Domain 1 hospitalizations in this group.

* **DOMAIN 2:** POTENTIALLY PREVENTABLE READMISSIONS – 30 DAYS (7 MEASURES)
  + **CHF 30**-day readmissions
  + **Diabetes 30-**day readmissions
  + Behavioral Health & Substance Abuse 30-day readmissions
  + COPD 30-day readmissions
  + Stroke 30-day readmissions
  + Pediatric Asthma 30-day readmissions
  + All-cause 30-day readmissions

By adding capacity in one free clinic (Category 1 project) and addressing rapid cycle process improvements to reduce barriers to appropriate care (Category 2 project), we may impact potentially preventable readmissions through the same mechanisms that will impact potentially preventable admissions. In addition, the added capacity can be used to encourage timely follow-up following hospital discharge to address ongoing symptoms, potential complications, medication discrepancies and adherence, and other challenges that often lead to preventable readmissions.

* **DOMAIN 3:** POTENTIALLY PREVENTABLE COMPLICATIONS (64 MEASURES)
  + See Category 4 of the RHP Planning Protocol for all 64 measures

Our Category 1, 2 and 3 projects are unlikely to directly impact potentially preventable complications in the hospital setting because all are focused on preventing admission to the hospital when avoidable.

* **DOMAIN 4:** PATIENT-CENTERED HEALTHCARE (2 MEASURES)
  + Patient Satisfaction
  + Medication Management

Domain 4 measured are tied to hospital processes, which will not be changed in our Category 1, 2, or 3 projects.

* **DOMAIN 5:** EMERGENCY DEPARTMENT (1 MEASURE)
  + Admit decision time to ED departure time for admitted patients

Domain 5 is tied to ED processes that will not be impacted by our Category 1, 2, or 3 projects.

**Domain Valuation:** Domains were valued equally in each Demonstration Year, as required. In each year, Category 4 reporting was valued at the minimum required (i.e., 5% of total project value in DY2, 10% DY3, DY4, DY5) because a) the minimum percentages will provide sufficient resources to gather and report required data, and b) valuing reporting requirements at a minimum leaves the maximum percent of total project value available to run the Category 1 program and meet our Category 3 metrics.

**Performing Provider Name:** CHI St. Luke’s – The Woodlands Hospital (SLWH)

**Performing Provider TPI #:** *160630301*

We opted out of reporting for the optional Domain 6 and will report as required on Domains 1 through 5.

**DOMAIN 1:** POTENTIALLY PREVENTABLE ADMISSIONS (8 MEASURES)

* **Description** Improving primary care access through the addition of providers, clinic hours or space will reduce ED utilization and potentially preventable admissions for the identified target group. Most measures require the number of residents age 18 or older living in the RHP counties to determine the denominator. This data would be provided by the state. Behavioral health and substance abuse admission rate would not be measurable since our facility does not provide psychiatric or substance abuse services.
* **Valuation - $164,619**
* **Rationale/Justification** Many admissions can be prevented by receiving timely and appropriate primary care. The value SLWH placed on this domain is based upon the value the hospital attributes to understanding the causes of and health/financial impacts of potentially preventable admissions. Understanding our starting point and tracking our improvement is essential to making progress.

**DOMAIN 2:** POTENTIALLY PREVENTABLE READMISSIONS – 30 DAYS (7 MEASURES)

* **Description** By adding primary care capacity, we expect to impact potentially preventable readmissions by encouraging timely follow-up following hospital discharge to address ongoing symptoms, potential complications, medication discrepancies and adherence, and other challenges that often lead to preventable readmissions. We will be able to report data for all areas in this domain with the exception of behavioral health and substance abuse admission 30-day readmission rate. Since we do not provide psychiatric or substance abuse services, we would not be able to report this data.
* **Valuation – $164,619**
* **Rationale/Justification** With proper follow up care with a primary care physician, readmissions should be significantly impacted. The value SLWH placed on this domain is based upon the value the hospital attributes to understanding the causes of and health/financial impacts of potentially preventable readmissions. Understanding our starting point and tracking our improvement is essential to making progress.

**DOMAIN 3:** POTENTIALLY PREVENTABLE COMPLICATIONS (64 MEASURES)

* **Description** We will be able to report data for all areas in this domain; however, we do not expect the project to impact this domain directly.
* **Valuation - $113,694**
* **Rationale/Justification** The value SLWH placed on this domain is based upon the value the hospital attributes to understanding the causes of and health/financial impacts of potentially preventable complications. Understanding our starting point and tracking our improvement is essential to making progress.

**DOMAIN 4:** PATIENT-CENTERED HEALTHCARE (2 MEASURES)

* **Description** We expect patient satisfaction in the Emergency Department to improve with the implementation of this project. With greater primary care capacity and reduced ED utilization, we expect wait times to improve which will impact our patient satisfaction. We will be able to report data for all areas in this domain.
* **Valuation - $164,619**
* **Rationale/Justification** The value SLWH placed on this domain is based upon the value the hospital attributes to understanding how well it is serving its patients and the health/financial impacts of patient satisfaction in improving self-management, patient follow up, and perceived quality of life and care. Understanding our starting point and tracking our improvement is essential to making progress.

**DOMAIN 5:** EMERGENCY DEPARTMENT (1 MEASURE)

* **Description** Improving access to primary care will reduce ED utilization for low levels of care. We will be able to report data for all areas in this domain.
* **Valuation - $164,619**
* **Rationale/Justification** The value SLWH placed on this domain is based upon the value the hospital attributes to understanding how well SLWH’s emergency department is functioning and how efficiently patients are being triaged and appropriately routed, whether that be to inpatient admission, transfer to another facility, or discharged home. Tracking performance improvement in the ED is essential to making progress.

**Performing Provider Name:** College Station Medical Center

**Performing Provider TPI #:** 020860501

**DOMAIN 1:** POTENTIALLY PREVENTABLE ADMISSIONS (8 MEASURES)

* + CHF admission rate
  + Diabetes admission rate
  + Behavioral Health & Substance Abuse admission rate
  + COPD or Asthma in Adults admission rate
  + Hypertension admission rate
  + Pediatric Asthma
  + Bacterial pneumonia immunization
  + Influenza immunization
* **Description:** Category 4 Potentially Preventable Admissions measures line up with the intended outcomes of our Category 2 Patient Navigation ACP Program project. We expect our category 2 ACP Project and corresponding Category 3 Outcomes to reach low‐income, Medicaid, and uninsured individuals in addition to those individuals with targeted disease processes such as CHF, Diabetes, Behavioral health issues, COPD or asthma or Hypertension. With education and outreach provided by the ACP, these patients should be able to manage their chronic conditions without utilizing 911 and avoid the emergency department – which could potentially result in an admission.

College Station Medical Center utilizes an electronic medical record that will allow for the easy extraction of data on these potentially preventable admissions. We will hold regular meetings with all stakeholders from Health Information Management to Information Technology to ensure we are capturing the correct measures and reporting accurately and timely.

* **Valuation:** $9,238 in each of the demonstration years, for a total of $27,714 over the three years
* **Rationale/Justification**: The subcontractor serves an area of nearly 700 square miles affecting over 30,000 people and can have a cost avoidance of over $1.2 million per year on the local healthcare expenses in the service area. By eliminating staffing expansion plans over the next three years ($450,000/year) and diverting healthcare expenses (EMS, ED, etc.), local funding for the program for DY2 is estimated at over $250,000 per year.

Washington County is the IGT entity who will be providing the funding for this project. The county indicated they had $188,000 to transfer in IGT for this ACP project. We took the amount of money we expect to get back, less the FMV subcontracting fee to the EMS provider. This amount was then split evenly among each domain in category four, based on the percentages outlined by HHSC. Each of the domains are important to report on and no one domain was given more importance than another.

**DOMAIN 2:** POTENTIALLY PREVENTABLE READMISSIONS – 30 DAYS (7 MEASURES)

* + **CHF 30-**day readmissions
  + **Diabetes 30-**day readmissions
  + Behavioral Health & Substance Abuse 30-day readmissions
  + COPD 30-day readmissions
  + Stroke 30-day readmissions
  + Pediatric Asthma 30-day readmissions
  + All-cause 30-day readmissions
* **Description:** Category 4 Potentially Preventable 30-day readmissions are also addressed by our Category 2 Patient Navigation ACP Program project. We expect our category 2 ACP project to continue education outreach to low‐income, Medicaid, and uninsured individuals, as well as those individuals with the targeted diseases as listed above. Regional goals of the ACP project include increasing the proportion of residents with a regular source of care, increasing coordination of preventative, primary, and behavioral health care for residents, including those with multiple needs, and reducing costs by minimizing inappropriate utilization of services. CSMC expects to decrease inappropriate ED utilization and improve health outcomes for those identified as frequent users of the ED and those identified with the specific disease processes mentioned above. The continuous effort of education and outreach should eliminate, or at least reduce, the number of 30-day readmissions for this target population. In addition, we are also involved in a collaborative effort with the Texas A&M Health Science Center in the outreach of the targeted population. This joint project will allow us cover patients in multiple counties, with special focus on patients in Brazos County, where College Station Medical Center is located. This collaborative project will be aimed specifically at reducing inappropriate ED usage and managing chronic care conditions with the assistance of a patient navigation team.

College Station Medical Center utilizes an electronic medical record that will allow for the easy extraction of data on these potentially preventable readmissions. We will hold regular meetings with all stakeholders from Health Information Management to Information Technology to ensure we are capturing the correct measures and reporting accurately and timely.

* **Valuation:** $9,238 in each of the demonstration years, for a total of $27,714 over the three years
* **Rationale/Justification:** The subcontractor serves an area of nearly 700 square miles affecting over 30,000 people and can have a cost avoidance of over $1.2 million per year on the local healthcare expenses in the service area. By eliminating staffing expansion plans over the next three years ($450,000/year) and diverting healthcare expenses (EMS, ED, etc.), local funding for the program for DY2 is estimated at over $250,000 per year.

Washington County is the IGT entity who will be providing the funding for this project. The county indicated they had $188,000 to transfer in IGT for this ACP project. We took the amount of money we expect to get back, less the FMV subcontracting fee to the EMS provider. This amount was then split evenly among each domain in category four, based on the percentages outlined by HHSC. Each of the domains are important to report on and no one domain was given more importance than another.

**DOMAIN 3:** POTENTIALLY PREVENTABLE COMPLICATIONS (64 MEASURES)

**Description:** Both the Category 2 Patient Navigation ACP Program project and collaborative patient navigation program with Texas A&M Health Science Center have the potential to improve many of the potentially preventable complications listed in domain 3. Education and outreach will make all the difference for many areas such as congestive heart failure, post-operative infection and deep wound disruption and other complications of medical care. College Station Medical Center utilizes an electronic medical record that will allow for the easy extraction of data on these potentially preventable complications. We will hold regular meetings with all stakeholders from Health Information Management to Information Technology to ensure we are capturing the correct measures and reporting accurately and timely.

* **Valuation:** $9,238 in each of the demonstration years, for a total of $27,714 over the three years
* **Rationale/Justification:** The subcontractor serves an area of nearly 700 square miles affecting over 30,000 people and can have a cost avoidance of over $1.2 million per year on the local healthcare expenses in the service area. By eliminating staffing expansion plans over the next three years ($450,000/year) and diverting healthcare expenses (EMS, ED, etc.), local funding for the program for DY2 is estimated at over $250,000 per year.

Washington County is the IGT entity who will be providing the funding for this project. The county indicated they had $188,000 to transfer in IGT for this ACP project. We took the amount of money we expect to get back, less the FMV subcontracting fee to the EMS provider. This amount was then split evenly among each domain in category four, based on the percentages outlined by HHSC. Each of the domains are important to report on and no one domain was given more importance than another.

**DOMAIN 4:** PATIENT-CENTERED HEALTHCARE (2 MEASURES)

* + Patient Satisfaction
  + Medication Management
* **Description:** We believe HCAHPS would not be affected by our ACP program as our goal is to eliminate, or at least reduce, the number of inappropriate ED visits. College Station Medical Center currently holds weekly HCAHPS meetings with the Patient Satisfaction committee. We review our current HCAHPS standings and identify areas for improvement. These meetings will continue throughout the waiver period and the committee will be responsible for gathering the data needed in domain 4.
* **Valuation:** $9,238 in each of the demonstration years, for a total of $27,714 over the three years
* **Rationale/Justification:** The subcontractor serves an area of nearly 700 square miles affecting over 30,000 people and can have a cost avoidance of over $1.2 million per year on the local healthcare expenses in the service area. By eliminating staffing expansion plans over the next three years ($450,000/year) and diverting healthcare expenses (EMS, ED, etc.), local funding for the program for DY2 is estimated at over $250,000 per year.

Washington County is the IGT entity who will be providing the funding for this project. The county indicated they had $188,000 to transfer in IGT for this ACP project. We took the amount of money we expect to get back, less the FMV subcontracting fee to the EMS provider. This amount was then split evenly among each domain in category four, based on the percentages outlined by HHSC. Each of the domains are important to report on and no one domain was given more importance than another.

**DOMAIN 5:** EMERGENCY DEPARTMENT (1 MEASURE)

* + Admit decision time to ED departure time for admitted patients
* **Description:** Our Category 2 Patient Navigation ACP Program project does not target the emergency department specifically in relation to admit decision time to ED departure time. The program is designed to eliminate, or reduce, the number of admissions and readmissions in the ED. College Station Medical Center uses an electronic medical record and holds Emergency Department patient follow meetings monthly to discuss particular cases and outliers in the way of time spent in the ED or abnormal length of stay as an inpatient. The committee currently tracks this data and it will be easy to report for category 4 in the waiver.
* **Valuation:** $9,238 in each of the demonstration years, for a total of $27,714 over the three years
* **Rationale/Justification:** The subcontractor serves an area of nearly 700 square miles affecting over 30,000 people and can have a cost avoidance of over $1.2 million per year on the local healthcare expenses in the service area. By eliminating staffing expansion plans over the next three years ($450,000/year) and diverting healthcare expenses (EMS, ED, etc.), local funding for the program for DY2 is estimated at over $250,000 per year.

Washington County is the IGT entity who will be providing the funding for this project. The county indicated they had $188,000 to transfer in IGT for this ACP project. We took the amount of money we expect to get back, less the FMV subcontracting fee to the EMS provider. This amount was then split evenly among each domain in category four, based on the percentages outlined by HHSC. Each of the domains are important to report on and no one domain was given more importance than another.

**Performing Provider Name:** Conroe Regional Medical Center (“CRMC”)

**Performing Provider TPI #:** 020841501

**DOMAIN 1:** POTENTIALLY PREVENTABLE ADMISSIONS (8 MEASURES)

* **Description** – CRMC will report on the 8 measures in this domain in an effort to gain information on and understanding of the health status of its patients with regard to potentially preventable admissions, which are often linked with poor chronic disease management and lack of access to appropriate outpatient healthcare. This domain is related to CRMC’s Cat. 1 project involving the expansion of access to specialty care services in that expanded access to specialty care services in the community should help decrease the number of potentially preventable admissions, because patients will be better able to receive earlier interventions in either trauma care or preventative care situations before complications escalate into more serious issues that would require hospital visits. Additionally, this domain is related to CRMC’s Cat. 1 project involving the implementation of a chronic disease management registry in that the registry will enable CRMC to better track and address the health practices of patients suffering from chronic disease(s), thereby helping to improve drug compliance /management and helping to avoid preventable hospital admissions.
* **Valuation**
  + **Rationale/Justification** – The value CRMC placed on this domain is based upon the value the hospital attributes to understanding the causes of and health/financial impacts of potentially preventable admissions. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress. CRMC valued this reporting domain at $24,464 over Demonstration Years 3-5.

**DOMAIN 2:** POTENTIALLY PREVENTABLE READMISSIONS – 30 DAYS (7 MEASURES)

* **Description** – CRMC will report on the 7 measures in this domain in an effort to gain information on and understanding of the health status of patients it has treated, discharged, and then readmitted for the same principal diagnosis. Too many patients are released from the hospital into the community with no follow-up or support, and end up back in the hospital inpatient setting soon thereafter. This domain is related to CRMC’s Cat. 1 project involving the implementation of a chronic disease management registry in that the registry will enable CRMC to identify individuals with chronic health conditions to ensure that these individuals are offered and provided care coordination services, e.g. physical health, mental health, and community social services, to help break the cycle of frequent potentially preventable readmissions.
* **Valuation**
  + **Rationale/Justification** - The value CRMC placed on this domain is based upon the value the hospital attributes to understanding the causes of and health/financial impacts of 30-day readmissions. Specifically, the measures are targeted towards prevalent chronic diseases and then allow for a broad measure of readmissions, which will allow the hospital to gauge the potential causes of these rates in conjunction with each other and as a whole. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress. CRMC valued this reporting domain at $24,464 over Demonstration Years 3-5.

**DOMAIN 3:** POTENTIALLY PREVENTABLE COMPLICATIONS (64 MEASURES)

* **Description** – CRMC will report on the 64 measures in this domain in an effort to understand the most prevalent causes of PPCs and to use the information to make institutional reforms toward reducing the rates. Hospitals suffer from shortages of space, staffing, equipment, and protocols for preventing complications like the measures in this domain, and CRMC is dedicated to assuring that it takes all possible steps to improve its provision of healthcare where indicated. This domain is related to CRMC’s Cat. 1 project involving the expansion of specialty trauma care capacity in that having increased access to trauma care physicians will enhance the trauma care providers’ ability to be attentive to the needs of each individual patient and reduce the likelihood of potentially preventable complications that could arise due to staff shortages at the trauma care facilities.
* **Valuation**
  + **Rationale/Justification** - The value CRMC placed on this domain is based upon the value the hospital attributes to understanding the causes of and health/financial impacts of potentially preventable complications. Reporting on this domain will require the hospital to evaluate its own performance, and will allow for institutional change that will be invaluable for the hospital’s patients and the hospital’s operating costs. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress. CRMC valued this reporting domain at $17,063 over Demonstration Years 3-5.

**DOMAIN 4:** PATIENT-CENTERED HEALTHCARE (2 MEASURES)

* **Description** – CRMC will report on Patient Satisfaction and Medication Management for this domain in an effort to gauge how well the hospital is serving its patients. How a patient perceives his/her care often affects that patient’s willingness to engage in follow-up, self-management, and honest interactions with practitioners. In turn, patients may experience negative health outcomes and be even more unsatisfied. CRMC is committed to preventing this from happening. Additionally, medication management is a primary function that the hospital’s providers need to engage in with patients to avoid readmissions, complications, and to promote improved health outcomes outside of the hospital setting. This domain is related to CRMC’s Cat. 1 project involving the expansion of specialty care capacity in that patient satisfaction is directly linked with patients having regular and easy access to specialty care. CRMC, like most Level III trauma centers does not have consistent specialty coverage for certain types of less severe trauma. This results in higher costs for travel, increased inconvenience, loss of family support mechanisms--all of which distract from patient satisfaction. Additionally, this domain is related to CRMC’s Cat. 1 project involving the implementation of a chronic disease management registry in that the registry will enable CRMC to better track and address the health practices of patients suffering from chronic disease(s), thereby helping to improve drug compliance /management and improving the patients’ ability to manage their own healthcare post-discharge.
* **Valuation**
  + **Rationale/Justification** - The value CRMC placed on this domain is based upon the value the hospital attributes to understanding how patients perceive the care they receive from CRMC and how well CRMC performs its function of promoting medication management. CRMC is committed to improving patient outcomes, and therefore places a high value on these measures. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress. CRMC valued this reporting domain at $24,464 over Demonstration Years 3-5.

**DOMAIN 5:** EMERGENCY DEPARTMENT (1 MEASURE)

* **Description** – CRMC will measure the admit decision time to ED departure time for admitted patients. This measure is important because patients often languish in EDs due to lack of systemic cooperation between hospitals, their departments, and other types of providers, and the patients experience poor health outcomes as a result. CRMC is committed to reducing its ED admit decision time to ED departure if it is not within the recommended < 1 hour threshold. This domain is related to CRMC’s Cat. 1 project involving the expansion of specialty care trauma care capacity in that having expanded/enhanced trauma care services and facilities will enable patients to receive better and quicker ED services, thereby decreasing patient wait times and improving patient outcomes.
* **Valuation**
  + **Rationale/Justification** - The value CRMC placed on this domain is based upon the value the hospital attributes to knowing how well it is currently performing in the ED and to making goals for self-improvement. Long ED wait times can lead to complications, poor outcomes, and patient dissatisfaction with their care. The goals of the Waiver are to reduce the cost of providing care and to improve patient access and health outcomes. Understanding our starting point and tracking our improvement is essential to making progress. CRMC valued this reporting domain at $24,464 over Demonstration Years 3-5.

**Performing Provider Name:** Huntsville Memorial Hospital

**Performing Provider TPI #:** 189791001

**DOMAIN 1:** POTENTIALLY PREVENTABLE ADMISSIONS

* **Description**

The mobile is HMH’s DSRIP project that is expected to specifically impact potentially preventable admissions. HMH is anticipating this impact due to an increase in primary care visits that will be supplied to the community; potentially leading to the treatment before a resident’s health declines to the point leading to hospitalization. HMH will directly monitor this impact through Category 3 Improvement Target-2.9, admission rates for uncontrolled diabetes.

* **Valuation:** 
  + **DY3-5:** $288,325.00
  + **Rationale/Justification**

The valuations given for Reporting Domain 4 were calculated using the following method. First, the yearly valuations for the whole category were determined based on two different factors. The first factor was the funding distribution given on page 27 of the PFM protocols. This funding distribution required that HMH allocate 5% of DSRIP funding in DY2 and 10% of funds in DY3-5, this is limited due to the fact that HMH is opting out of the Reporting Domain 6. The second factor, the amount of IGT funding allocated to HMH.These two factors were taken into consideration when calculating a yearly valuation.Then, the yearly valuations were further stratified among the five required reporting domains.

**DOMAIN 2:** POTENTIALLY PREVENTABLE READMISSIONS – 30 DAYS

* **Description**

The catheterization Laboratory is one project through which Potentially Preventable readmissions can be reduced. HMH is anticipating that by offering this service in Walker County patient’s health outcomes will improve resulting in reduced readmissions. To further emphasize this correlation HMH is monitoring 30 day readmission for Acute Myocardial Infarction as defined in Category 3, IT- 3.5.

* **Valuation**
  + **DY3-5**: $288,325.00
  + **Rationale/Justification**

The valuations given for Reporting Domain 4 were calculated using the following method. First, the yearly valuations for the whole category were determined based on two different factors. The first factor was the funding distribution given on page 27 of the PFM protocols. This funding distribution required that HMH allocate 5% of DSRIP funding in DY2 and 10% of funds in DY3-5, this is limited due to the fact that HMH is opting out of the Reporting Domain 6. The second factor, the amount of IGT funding allocated to HMH.These two factors were taken into consideration when calculating a yearly valuation.Then, the yearly valuations were further stratified among the five required reporting domains.

**DOMAIN 3:** POTENTIALLY PREVENTABLE COMPLICATIONS (64 MEASURES)

* **Description**

HMH’s Nursing Fellowship program is intended to produce well trained and capable staff with ultimately leading to reductions in potentially preventable complications. It is the expectation that through this training HMH’s staff will be able to provide excellent patient care. The high level of patient care will aid in the reduction of potentially preventable complications that patients experience while admitted in HMH. This improvement will be further monitored through the improvement target in category, Hospital Acquired deep pressure ulcers; IT-4.7.

* **Valuation**
  + **DY4-5**: $213,324.00
  + **Rationale/Justification:**

The valuations given for Reporting Domain 4 were calculated using the following method. First, the yearly valuations for the whole category were determined based on two different factors. The first factor was the funding distribution given on page 27 of the PFM protocols. This funding distribution required that HMH allocate 5% of DSRIP funding in DY2 and 10% of funds in DY3-5, this is limited due to the fact that HMH is opting out of the Reporting Domain 6. The second factor, the amount of IGT funding allocated to HMH.These two factors were taken into consideration when calculating a yearly valuation.Then, the yearly valuations were further stratified among the five required reporting domains.

**DOMAIN 4:** PATIENT-CENTERED HEALTHCARE (2 MEASURES)

* **Description**

Patient-centered healthcare is represented by medication management and patient satisfaction score. While none of the DSRIP projects HMH is implementing directly relate to this area it can be expected that several of the projects will lead to increased satisfaction through the improvement created by each DSRIP project. HMH anticipates that medication management will be improved indirectly by the Nursing Fellowship Program as well as the chronic care management models which will be created for chronic disease treatment. Even though these models and plans have not yet been created it is logical to assume that as HMH makes steps to improving the quality of care delivered that there will be improvements in patient-centered healthcare.

* **Valuation**
  + **DY3-5**: $325,000.00
  + **Rationale/Justification**

The valuations given for Reporting Domain 4 were calculated using the following method. First, the yearly valuations for the whole category were determined based on two different factors. The first factor was the funding distribution given on page 27 of the PFM protocols. This funding distribution required that HMH allocate 5% of DSRIP funding in DY2 and 10% of funds in DY3-5, this is limited due to the fact that HMH is opting out of the Reporting Domain 6. The second factor, the amount of IGT funding allocated to HMH.These two factors were taken into consideration when calculating a yearly valuation.Then, the yearly valuations were further stratified among the five required reporting domains.

**DOMAIN 5:** EMERGENCY DEPARTMENT

* **Description**

Currently it is unclear how this area will be impacted by HMH’s DSRIP projects. None of the projects directly involve the ED’s decision to transfer time. However, both the Dialysis Unit and the Catheterization Lab will reduce the number of transfers out of the ER because of new services which HMH offers. Because HMH will have to transfer fewer patients it is likely that this will impact transfer time; however what that impact may be is unforeseeable.

* **Valuation** 
  + **DY3-5**: $310,000.00
  + **Rationale/Justification**

The valuations given for Reporting Domain 4 were calculated using the following method. First, the yearly valuations for the whole category were determined based on two different factors. The first factor was the funding distribution given on page 27 of the PFM protocols. This funding distribution required that HMH allocate 5% of DSRIP funding in DY2 and 10% of funds in DY3-5, this is limited due to the fact that HMH is opting out of the Reporting Domain 6. The second factor was the amount of IGT funding allocated to HMH.These two factors were taken into consideration when calculating a yearly valuation.Then the yearly valuations were further stratified among the five required reporting domains.

**Performing Provider Name:** St. Joseph Regional Health Center

**Performing Provider TPI #:** 127267603

**Domain Descriptions:** Overall, Category 4 Domain measures have minimal relation to, or effect on, our Category 2 and 3 projects, the Prenatal Navigation Program (PNP).

As the Prenatal Navigation Project is fully implemented, it is possible that the program may impact Domain 1 by preventing the possible admission of expectant mothers who have diabetes. With better education about the risk from diabetes and hypertension during pregnancy, as well as regular obstetrical care, expectant mothers may be less likely to have complications severe enough to hospitalize them during their pregnancy.

There is a connection with the PNP and Domain 2, potentially preventable readmissions, but the project is not expected to significantly impact outcomes measures. Although hhigh blood sugar (glucose) levels often go back to normal after delivery, women with gestational diabetes should be watched closely after giving birth and at regular doctor's appointments to screen for signs of diabetes.

Although Domain 3’s preventable complications have no measures related to low birth weight, it is expected that the PNP will favorably impact the number of low birth weight cases seen at St. Joseph Regional Health Center. Domain 4, which is patient-centered healthcare, is not expected to see improvement based on our PNP DSRIP project. Although the PNP will involve and engage Emergency Department providers and processes in identifying pregnant moms who meet at-risk criteria, the Emergency Department admit decision time (Domain 5) is not expected to be impacted by the PNP project.

**Reporting Domains:**

* **DOMAIN 1:** POTENTIALLY PREVENTABLE ADMISSIONS (8 MEASURES)
  + CHF admission rate
  + Diabetes admission rate
  + Behavioral Health & Substance Abuse admission rate
  + COPD or Asthma in Adults admission rate
  + Hypertension admission rate
  + Pediatric Asthma
  + Bacterial pneumonia immunization
  + Influenza immunization

Admission rates for these diagnoses are currently not being calculated. The source of census data will need to be defined and collected for some of the denominators. Other denominators will need to be pulled from primary care clinic EMRs.

Any improvement in these metrics will occur slowly as medical homes are developed within our region, perhaps a 5% improvement over the DY 2-5 time frame. Significant progress needs to be made in population health management region wide before significant improvement will be seen. It is also not clear what ongoing aging of population will do to admission rates that will offset reductions from population health management. Immunization rates are currently being collected and are near 100% therefore with minimal opportunity for improvement.

* **DOMAIN 2:** POTENTIALLY PREVENTABLE READMISSIONS – 30 DAYS (7 MEASURES)
  + **CHF 30-**day readmissions
  + **Diabetes 30-**day readmissions
  + Behavioral Health & Substance Abuse 30-day readmissions
  + COPD 30-day readmissions
  + Stroke 30-day readmissions
  + Pediatric Asthma 30-day readmissions
  + All-cause 30-day readmissions

Thirty day readmission data can be obtained with minimal effort. However, only CHF and stroke readmission data is currently being collected. Ongoing improvement in readmission reduction is expected as cross continuum care protocols are developed. 10% reduction per year is a realistic estimate.

* **DOMAIN 3:** POTENTIALLY PREVENTABLE COMPLICATIONS (64 MEASURES)
  + See Category 4 of the RHP Planning Protocol for all 64 measures

St Joseph currently tracks the AHRQ patient safety indicators and CMS hospital acquired conditions. Expanding the list to 64 total indicators will require investment of considerable time and resource.

* **DOMAIN 4:** PATIENT-CENTERED HEALTHCARE (2 MEASURES)
  + Patient Satisfaction
  + Medication Management

These measures are already being collected by St Joseph. Ongoing improvement in patient satisfaction to top percentile levels is expected over DY 2-5. Medication reconciliation numbers will approach 100% over same time frame.

* **DOMAIN 5:** EMERGENCY DEPARTMENT (1 MEASURE)
  + Admit decision time to ED departure time for admitted patients

This is already being measured and performance is expected to approach top percentile levels in DY 2-5 time frame.

**Domain Valuation:** Domains 1-5 valuations were all set at 2% each (totaling the 10% allocation) given that none of the domains had a strong correlation to the project and all would require similar resources to gather and report.