



Hospital Transformation Program

Hospital Application

1. Please use the space below to provide an executive summary clearly articulating how the hospital will advance the goals of the Hospital Transformation Program (HTP):

- Improve patient outcomes through care redesign and integration of care across settings;
- Improve the patient experience in the delivery system by ensuring appropriate care in appropriate settings;
- Lower Health First Colorado (Colorado’s Medicaid Program) costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery;
- Accelerate hospitals’ organizational, operational, and systems readiness for value-based payment; and
- Increase collaboration between hospitals and other providers, particularly Accountable Care Collaborative (ACC) participants, in data sharing and analytics, evidence-based care coordination and care transitions, integrated physical and behavioral care delivery, chronic care management, and community-based population health and disparities reduction efforts.

The executive summary should:

- Succinctly explain the identified goals and objectives of the hospital to be achieved through participation in the HTP; and
- Provide the hospital’s initial thinking regarding how the HTP efforts generally can be sustainable beyond the term of the program.

Response (Please seek to limit the response to 750 words or less)

HEALTHONE NORTH SUBURBAN MEDICAL CENTER
HTP EXECUTIVE SUMMARY AND VISION STATEMENT

North Suburban Medical Center (NSMC) is a certified Level II Trauma hospital licensed for 157 beds that has provided comprehensive medical and emergency services to the North Metro Denver community since 1985. NSMC provides a full spectrum of patient care services including specialized pediatric care through its Level II neonatal intensive care unit (“NICU”), its Pediatric Inpatient Unit and through the provision of child-friendly emergency care, in affiliation with the Rocky Mountain Hospital for Children. As a hospital, we strive at all times to improve the health of our community through education, prevention, and timely access to quality care. North Suburban will further that mission by adopting Measures and Interventions that align with this Mission and with the HTP objectives.

North Suburban Medical Center is an HCA Hospital and therefore serves the same Mission of “Above All Else We Are Committed to the Care and Improvement of Human Life.” North Suburban will further that Mission by adopting Measures and Interventions that align with this Mission and with the HTP objectives.



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North Suburban Medical Center's Community Health Neighborhood Engagement (CHNE) provided perspectives of the care offered to our patients from our Community partners and consumers. This input provided guidance to North Suburban Medical Center in its selection of Measures and Interventions to better align with the needs of the communities we serve, specifically in the areas of service to our underserved and at risk populations.

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- ***Reduce avoidable hospitalization through activities that decrease the risk of subsequent adverse health events and readmission.*** Measure RAH4, *Percentage of patients with ischemic stroke who are discharged on statin medication*, for example, provides an opportunity to measure the consistency and continuity of these activities during the HTP and beyond. Administration of a statin significantly reduces a patient's risk for subsequent cardiovascular events and total mortality. Prescribing statins upon discharge will reduce at-risk patients' reliance on hospital services and re-admission, freeing those resources for other critical admissions and improving overall health outcomes. Review of all patients readmitted to the hospital within 30 days for any cause (**SW-RAH1 Adult 30 day all-cause risk adjusted readmission rate**) will decrease risk adjusted readmission rates. Focused Reviews on patients admitted and discharged with high frequency chronic conditions such as CHF, COPD and Diabetes to name a few can provide tactics to prevent readmissions in the future. This is reflected in Measure **CP1**, *Readmission rate for a high frequency chronic condition*.
- ***Perform evaluations of the patient that recognize behavioral and clinical health needs.*** North Suburban Medical Center plans to take both a behavioral and clinical approach to achieve this goal, recognizing that patients are more than their diagnoses. Even with aggressive medical treatment, North Suburban Medical Center recognizes that many adverse conditions arise from or are exacerbated by social stressors. Social Needs Screening will incorporate the five core domains as listed in the HTP program: housing instability, transportation issues, utility assistance needs and interpersonal safety. Through Measure **SW-CP1 Social Needs screening and Notification**, North Suburban Medical Center hopes to identify social stressors as above that may impact diet, mental health, and/or overall well-being. Through collaboration with community providers and the Regional Accountable Entity ("RAE"), North Suburban Medical Center hopes that this holistic approach will yield fewer complications and readmissions while focusing on Core Populations. North Suburban Medical Center also plans to improve outcomes for patients through proactive screenings that complement its holistic evaluation of the patient (e.g., through Measure **CP6**, *Screening and*



referral for Perinatal and Post-Partum Depression and Anxiety and notification of positive screens to the RAE).

- Decrease opioid dependency through collaboration and innovation*** will address **SW-BH3** *using alternatives to Opioids (ALTO's) in hospital ED's –decrease opioid use and increase use of ALTO's*. Prescription opioid use is a major risk factor for opioid and heroin abuse. Many patients with Substance Use Disorders (“SUDs”) have their first encounter with addictive substances during medical treatment. North Suburban Medical Center recognizes the responsibility of healthcare providers to reduce patient access to these highly addictive substances and to replace them with humane and effective treatment alternatives. Accordingly, North Suburban Medical Center has made the appropriate treatment and discharge planning for patients with a SUD a major priority for its HTP activities (Measure **SW-BH1**, *Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appreciate RAE for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or ED*). North Suburban Medical Center has also committed to decreasing its use of opioids for pain management and increasing its use of pain-relieving alternatives (**SW-BH3**) through collaboration with the RAE, North Suburban Medical Center will develop a long-term strategy to assist patients with SUDs and promote rehabilitative resources in the community. And by decreasing the use of opioids in the emergency department, North Suburban Medical Center hopes to slow the growth of opioid reliance in its community and to educate patients on effective and safe pain management.
- Improve the patient experience through efficient and accessible care***. North Suburban Medical Center recognizes in the HTP an opportunity to expand its technological capacities. Medical technology empowers hospitals to critically assess the efficiency of their services. Tools like the Hospital Index (Measure **SW-COE1**, *Hospital Index*), will allow North Suburban Medical Center to evaluate the care it provides in each procedural episode and isolate decision points and decision makers that cause inefficient or avoidable outcomes. Once identified, North Suburban Medical Center will be equipped to correct these inefficiencies moving forward, reducing length of stays under Measure **SW-PH1**, *Severity Adjusted length of Stay*. Likewise, investment in electronic technology to transmit patient information to Primary Care Physicians (Measure **COE1**, *Increase the successful transmission of a summary of care record to a patient's primary care physician or other healthcare professional within 1 business day of DC from an inpatient facility to home.*), will foster collaboration, interactivity, and reliable communication with community care providers that should yield long-term savings for North Suburban Medical Center and improve overall patient outcomes

Summary

Maximizing the benefit of these goals requires more than a five-year plan. Wherever possible, North Suburban Medical Center will incorporate its successful HTP activities into its long-term practice. It will educate physicians and staff on the HTP to ensure a common vision. Further, successful performance of these measures will require collaboration within the community and through the RAE. North Suburban Medical Center does not intend to relinquish these valuable relationships after the final program year. North Suburban Medical Center has selected measures



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and developed interventions with the understanding that hospital reimbursement is trending toward value-based payments. North Suburban Medical Center is prepared to excel in this new environment and excited to support the advancement of quality and innovation fostered by the HTP.

2. Please provide the legal name and Medicaid ID for the hospital for which this Hospital Application is being submitted, contact information for the hospital executive, and a primary and secondary point of contact for this application.

Hospital Name: North Suburban Medical Center

Hospital Medicaid ID Number: 05065008

Hospital Address: 9191 Grant Street, Thornton CO 80229

Hospital Executive Name: Daphne David

Hospital Executive Title: CEO

Hospital Executive Address: 9191 Grant Street, Thornton CO 80229

Hospital Executive Phone Number: 303 450-4402

Hospital Executive Email Address: daphne.david@healthonecares.com

Primary Contact Name: Carol Barrett

Primary Contact Title: Director of Case Management

Primary Contact Address: 9191 Grant Street, Thornton CO 80229

Primary Contact Phone Number: 303 450-3551

Primary Contact Email Address: carol.barrett@healthonecares.com

Secondary Contact Name: Gaby McCormick

Secondary Contact Title: VP of Quality and Risk

Secondary Contact Address: 9191 Grant Street, Thornton CO 80229

Secondary Contact Phone Number: 303 450-4447

Secondary Contact Email Address: gaby.mccormick@healthonecares.com



3. a. Please use the space below to describe the planned governance structure for the hospital’s HTP engagement and how it will align with the hospital’s overall project management capabilities. A description of the governance structure that will be put in place to support the hospital’s HTP engagement;

Response (Please seek to limit the response to 250 words or less)

North Suburban Medical Center's HTP governance structure engages the full support of the Administrative Team at the hospital. This Team includes the CEO, COO, CNO, CFO and CMO. The HTP Team is led by the VP of Quality and Risk and the Director of Case Management. In addition to these Team Leads, the Core HTP team includes the CFO, Director of Quality, Regulatory Compliance and Clinical Data Science and the Director of Information Technology. Ad Hoc members include but are not limited to the Division Director of HTP, the Division Director of Case Management, the Director of Emergency Services, the Director of Women's Services, The Director of Health Information Management, the Medical Director of the Emergency Department, the Director of Pharmacy, the Community Relations Manager and Injury Prevention Coordinator, the Director of Marketing and Communications and others as needed.

Responsibilities of the HTP Core Team: Ensure accurate and timely communication with stakeholders; consultation with North Suburban Medical Center departments as necessary and applicable; communication and consultation with North Suburban Medical Center community partners; tracking and reporting of required metrics; review of measures and interventions; establishing process improvement measures to increase compliance as needed

- b. How the planned structure has been adapted to the needs and unique experiences of the hospital and how it will ensure successful oversight of the hospital’s HTP engagement;

Response (Please seek to limit the response to 250 words or less)

The HTP Committee was designed to incorporate input from many departments and specialty areas across the hospital in order incorporate the program activities into all service lines to meet the needs of our entire hospital patient population and departments. The HTP Steering Committee consists of executive level leaders as well as leaders at the department level. The Steering Committee members are committed to developing, implementing, and sustaining the interventions and milestones set forth in the HTP process. Subgroups will be developed to implement measure specific interventions as identified through this process. These subgroups may include subject matter experts in the area of the intervention as well as community leaders and stakeholders.

- c. Specifically, how the structure will ensure management and transparency and engage members of impacted populations and community partners;

Response (Please seek to limit the response to 250 words or less)

The HTP Committee will be committed to continuing to meet the health needs of the impacted populations as identified in the CHNE with our community partners. The Committee is also committed to ongoing communication and engagement with all hospital Service Lines and community partners both in receipt and provision of information.



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The HTP Committee utilizes the North Suburban Medical Center's Community Health Neighborhood Engagement (CHNE) process to identify the specific needs of the populations we serve. These identified needs, together with input from our community stakeholders will help guide North Suburban Medical Center's goals in toward meeting our community's needs. With increased collaboration and communication with our community partners, including the RAEs, North Suburban Medical Center will improve the transitions and access of care within our community for our patients.

- d. The overall project management structure of the hospital, including how it is organized into operational, clinical, financial, and other functions, and how it will be leveraged to support the hospital's efforts under the HTP and the governance of those efforts;

Response (Please seek to limit the response to 250 words or less)

The Senior Team of North Suburban Medical center, consisting of the CEO, CFO, CNO, COO, and CMO, is ultimately responsible for the approval of all measures and interventions adopted by the HTP Committee. The Senior Team is dedicated to the purpose of HTP and will offer guidance and support to the HTP Steering Committee

The HTP Steering Committee includes executive and department level multidisciplinary leadership representatives who are charged with the responsibility for coordinating department level implementation of HTP interventions and initiatives. The HTP Steering Committee will report to the Senior Team on a regular basis to provide and receive feedback related to interventions and metrics.

The Division Director of HTP and the Division Director of Case Management provide oversight to the HTP Core Team and incorporate interventions and data from North Suburban Medical Center into the Division wide efforts to improve the health of the communities that we serve.

Members and/or subgroups will be added to the HTP Steering Committee as needs are identified for subject matter experts. These subgroups will report to the HTP Steering Committee on a regular basis and additionally as needed.

- e. How the hospital's project management structure is aligned with the hospital leadership structure; and

Response (Please seek to limit the response to 250 words or less)

North Suburban Medical Center's Hospital Transformation Project work has the support of the hospital's Senior Team as well as the HealthOne Health System's Senior Leadership as well. This positions include CEO, CFO, CNO, CMO, and VP of Quality at both levels of leadership within the organization. The HTP project management structure consists of individual or subgroup subject matter experts who report to the Steering Committee on a regular basis. North Suburban Medical Center's interventions are aligned with the interventions adopted with the HealthOne Health System in order to integrate processes and technology across all campuses.

- f. The current state of centralized reporting capabilities for the hospital.

Response (Please seek to limit the response to 250 words or less)

North Suburban Medical Center, and all hospitals in the HealthOne System currently utilize reporting from Meditech, Midas, NaviHealth, and several other systems. North Suburban Medical Center, via HCA, has access to myriad dashboards and reports that are easily accessed by hospital leaders and



others in quality positions. This wealth of information allows hospital leaders to review data and reports to enable them to make informed decisions on driving change in processes. North Suburban Medical Center has support staff available to run custom or ad hoc reports on an as needed basis.

4. Please use the space below to describe the hospital's plan for continuing Community and Health Neighborhood Engagement throughout the hospital's HTP participation. A detailed plan is not required. Instead, hospitals can outline a high-level approach to CHNE going forward, including, for example, the stakeholders to be engaged and the types and frequency of activities to be used. Hospitals should consult the Continued Community and Health Neighborhood Engagement document, which can be found on the [HTP webpage](#), to ensure their planned activities fulfill program requirements.

Response (Please seek to limit the response to 500 words or less)

North Suburban Medical Center completed the Community Health Neighborhood Engagement project in accordance with the HTP directive.

North Suburban Medical Center, in cooperation with the HealthOne Division team and all HealthOne hospitals, engaged the services of Colorado Health Institute and participated in several community partner meetings including meeting with representatives of Federally Qualified Health Clinics (FQHCs), Skilled and Long Term Care Nursing facilities, Home Health Care agencies (HHC) and RAEs.

North Suburban Medical Center has held membership in the Adams County Health Alliance (ACHA) for several years prior to HTP and is committed to maintaining that membership. Additionally a representative from North Suburban Medical Center serves on the Steering Committee for the ACHA currently. The Adams County Health Alliance offers myriad resources to assist with Social Determinants of Health (SDOH) for our patient population.

North Suburban Medical Center, along with all HealthOne hospitals, maintains a Plus Care Network that includes preferred providers of HHC SNF, Inpatient Rehabilitation Facilities (IRF), and Long Term Acute Care (LTAC) hospitals to ensure quality patient care in an effort to decrease hospital readmissions.

North Suburban Medical Center engages a robust Patient Advisory Counsel and will continue to seek opinions and recommendations from community members and former patients and families.

North Suburban Medical Center intends to maintain our excellent relationship with our community EMS partners. North Suburban Medical Center offers educational opportunities for our EMS partners. North Suburban Medical Center has a formal process whereby EMS can leave referrals for North Suburban Case Management Department and ED Department for at risk patients when they have identified persons with overutilization of EMS and ED. This is a precursor to a CARES program. North Suburban Medical Center will work to refine this program to increase utilization for referrals.



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North Suburban Medical Center will maintain and continue to improve relationships and reporting with the FQHCs that serve our patient population including Clinica Campesina locations and Saluud Clinics.

5. As part of continuing Community Health Neighborhood Engagement (CHNE), hospitals must share a draft of their application with stakeholders to allow them the opportunity to provide feedback for hospitals' consideration. This Public Input process must last at least 10 business days, with an additional 5 business days allotted to hospital review and response to any Public Input received. Hospitals must submit applications by **[DATE]**, but hospitals may resubmit revised applications with revisions based solely on feedback from the Public Input process by **[DATE]**. The Department of Health Care Policy & Financing will also make submitted applications public once applications are complete and approved by the review board. Please refer to the Ongoing CHNE Requirements document on the Hospital Transformation Program website for a list of key stakeholder categories. At a minimum, the stakeholders should include those who engaged in or were invited to engage in the CHNE process.

Has the Public Input process been completed and does this draft incorporates any potential revisions based on that public feedback:

- X Yes
- No

Please enter the dates of your proposed or completed Public Input timeline. If you have not yet completed your Public Input process by the initial submission deadline of April 30, 2021, please fill in proposed dates. You will need to fill in the actual dates when you resubmit your application at the conclusion of the Public Input process by May 21, 2021. Please use **mm/dd/yyyy** format.

Proposed Public Input Period : 4/12/2021 to 4/26/2021
 Proposed Hospital Review of Public Input Period: 4/26/2021 to 4/30/2021

Actual Public Input Period : ___ to ___
 Actual Hospital Review of Public Input Period: ___ to ___

If you answered no to the above question and your submission is subject to change based on an ongoing Public Input process, please note that you must turn in your revised application by May 21, 2021. After incorporating your Public Input process changes, applicants are required to submit both a clean and a red-lined version of the Hospital Application to aid HTP review staff in identifying the Public Input based changes compared to your initial submission.

Please use the spaces below to provide information about the hospital's process for gathering and considering feedback on the hospital's application.

Please list which stakeholders received a draft of your application and indicate which submitted feedback.

Response (Please seek to limit the response to 250 words or less)

Adams County Health Alliance



9 Health Fair

Project Angel Heart

HealthOne Crisis Assessment Team

Colorado Access RAE

Mile High Foothills RETAC

Please explain how the draft application was shared and how feedback was solicited.

Response (Please seek to limit the response to 250 words or less)

North Suburban Medical Center sent e mails to the organizations listed above. These e mails included a copy of the application, a request for feedback to be shared via e mail and a link to the HealthOne website where HealthOne HTP applications are maintained for all community partners and stakeholders to view. Recipients were asked to provide any comments about the application to the sender within 10 business days to the sender of the email

With a bulleted list, please list the shared stakeholder feedback and explain if any changes were made to the application based on the feedback. If no changes were made, please explain why. If the same or similar feedback was shared by more than one stakeholder, please list it only once.

Response (Please seek to limit the response to 500 words or less)

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Please consult the accompanying Intervention Proposal before completing the remainder of this application.

6. Please use the space below to identify which statewide and local quality measure(s) from the [HTP Measure List on the Colorado Hospital Transformation Program website](#) the hospital will address for each Focus Area.

Hospitals have the option to replace a local measure with a statewide priority. Each statewide priority will be worth 20 points and, if selected, the points for each remaining local measure will be equal to the remaining total required local measure points divided by the number of local measures, greatly reducing the risk associated with those measures.

As applicable, please identify the Statewide Priority your hospital is pursuing as a part of the HTP Hospital Application:

- SP-PH1 - Conversion of Freestanding EDs
- SO-PH2 - Creation of Dual Track ED

Please note that hospitals are required to complete the accompanying Intervention Proposal for the statewide priorities identified above.



The selections should align with the hospital's improvement priorities and community needs. As a reminder, hospitals must adhere to the following requirements when selecting quality measures:

- Large hospitals (91+ beds) will be accountable for six statewide measures, totaling 60 points and a minimum of four local measures, which will account for 40 points. Points per local measure will equal 40 divided by the number of local measures selected.
- Medium hospitals (26-90 beds) will be accountable for six statewide measures and a minimum of two local measures. If two local measures are selected, statewide measures will total 75 points, and local measures will account for 25 points. Points per local measure will equal 25 divided by the number of local measures selected. If three local measures are selected, then statewide measures will total 67 points and local measures will account for 33 points. Points per local measure will equal 33 divided by the number of local measures selected. If four or more local measures are selected, then statewide measures will then total 60 points and local measures will account for 40 points. Points per local measure will equal 40 divided by the number of local measures selected for four or more local measures.
- Small hospitals (<26 beds) excluding critical access hospitals will be accountable for six measures (statewide or local) to account for 100 points. Points per each measure will equal 100 divided by the number of measures selected.
- Critical access hospitals will be accountable for six measures (statewide or local) and will have their risk for measures reduced by 40%.
- Pediatric hospitals will be accountable for five statewide measures, totaling 50 points and a minimum of five local measures, which will account for 50 points. Points per local measure will equal 50 divided by the number of local measures selected.
- Respiratory specialty hospital(s) will be accountable for four statewide measures and a minimum of four local measures. If four measures are selected then statewide measures will total 56 points and local measures will account for 44 points. Points per local measure will equal 44 divided by the number of local measures selected. If five or more measures are selected, then statewide measures will total 50 points and local measures will total 50 points. Points per local measure will equal 50 divided by the number of local measures selected.

Please use the unique identification code from the Performance Measures List (which is available on the [HTP website](#)) to identify your selected measures. For example, the measure "30 Day All Cause Risk Adjusted Hospital Readmission" should be listed as SW-RAH1.

Response (Please format the response as a numbered list)

1. SW-RAH1
2. SW-CP1
3. SW-BH1
4. SW-BH3
5. SW-COE1
6. SW-PH1
7. RAH4



- 8. CP1
- 9. CP6
- 10. COE1

7. Please use the space below to identify all of the hospital’s proposed interventions. Following each listed proposed intervention, please identify which of the measures from the response to Question 6 will be addressed by that intervention. Please list the unique identification code listed in response to Question 6 to identify the applicable measures and please format your response in accordance with the following example:

- 1. Intervention Name
 - a. Measures: SW-RAH1, RAH2

Response (Please format the response as a numbered list)

1. Reduce Hospital Readmissions	Measures SW-RAH1 and CP1
2. Reduce Unnecessary Hospital Care	Measure SW-COE1
3. Social Needs Screening and Notification	Measure SW-CP1
4. Implement Discharge Planning and Notification Process for patients with Mental Illness and/or Substance Abuse Disorder (SUD)	Measure SW-BH1
5. Using Alternatives to Opioids (ALTO) in Emergency Departments	Measure SW-BH3
6. Reduce Hospital Severity Adjusted Length of Stay	Measure SW-PH1
7. Patients with Ischemic Stroke Discharged on Statin Medication	Measure RAH4
8. Screening and Referral for Postpartum Depression and Anxiety	Measure CP6
9. Increase Successful Transmission of a Summary of Care to a patient’s Healthcare professional within 1 business day of Discharge from an Inpt Facility	Measure COE1

