



CHASE

Colorado Healthcare Affordability and Sustainability Enterprise

1570 Grant Street
Denver, CO 80203

DRAFT

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)

For more than 110 years, Swedish Medical Center ("Hospital") has provided the south metro Denver area with comprehensive services in nearly every medical specialty. Hospital serves as the Rocky Mountain Region's referral center for the most advanced stroke treatment and was Colorado's first Joint Commission-certified Comprehensive Stroke Center. In addition, Hospital is the region's only Level I Trauma facility with a dedicated burn and reconstructive center. Hospital is committed to the continued improvement of healthcare in its community through the advancement of education, prevention, and quality.

Consistent with the HTP's priority areas, and in consideration of its Community Health Needs Evaluation, Hospital has identified the following HTP goals:

- Reduce avoidable hospital utilization through appropriate and proactive measures. Hospital will make efforts to assist patients in managing their health following discharge without resorting to hospital services. For example, for admitted patients, Hospital will assist in scheduling a follow-up appointment with a primary care provider ("PCP") prior to discharge (Measure RAH1). Scheduling non-hospital visits prior to discharge should decrease future, avoidable utilization of emergency services in favor of the PCP (Measure SW-RAH1). Together, these efforts will free hospital resources for other critical admissions and improve health outcomes for all.
- Perform evaluations of the patient that recognize behavioral and clinical health needs. Hospital plans to supplement clinical treatments with wellness screenings that detect social risk factors for



medical complications. Even with aggressive medical treatment, Hospital recognizes that many diagnoses arise from or are exacerbated by a patient's environment. Through Measure SW-CP1, for example, Hospital hopes to identify social stressors (e.g., food insecurity, interpersonal safety, or transportation issues) that may impact diet, mental health, or overall well-being.

- Improve health outcomes for pregnant mothers. Hospital will implement anxiety and depression screenings for pregnant patients from the prenatal to the postnatal stages. Addressing mothers' mental well-being at even the earliest stages of pregnancy can meaningfully increase health outcomes for both mother and child as the term progresses (Measure CP6).
- Decrease opioid dependency through collaboration and innovation. Many patients with Substance Use Disorders ("SUDs") first encounter addictive substances during medical treatment. Hospital recognizes healthcare providers' responsibility to reduce access to these substances and to replace them with humane and effective alternatives. Hospital has prioritized the appropriate treatment of SUDs as an HTP focus area (Measure SW-BH1). Hospital will increase its use of pain-relieving opioid alternatives (Measure SW-BH3).
- Improve the patient experience through efficient and accessible care. The HTP presents an opportunity to expand Hospital's technological capacities. Medical technology empowers hospitals to critically assess the efficiency of their services. Tools like the Hospital Index (Measure SW-COE1) will allow Hospital to evaluate the care it provides in each procedural episode and isolate decision points and decisionmakers that cause inefficient or avoidable outcomes. Once identified, Hospital will be equipped to correct these inefficiencies moving forward, reducing length of stays under Measure SW-PH1. Finally, through Measure COE1, Hospital will take responsibility for transmitting summaries of care to patients' PCPs to ensure a smooth transition of services upon discharge.

Maximizing the benefit of these goals requires more than a five-year plan. Wherever possible, Hospital 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. Hospital does not intend to relinquish these valuable relationships after the final program year. Hospital has selected measures and developed interventions with the understanding that hospital reimbursement is trending toward value-based payments. Hospital is prepared to excel in this new environment and excited to join in 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: Swedish Medical Center

Hospital Medicaid ID Number: 5034004

Hospital Address: 501 E. Hampden Avenue, Englewood, CO 80113

Hospital Executive Name: Regina Ramazani

Hospital Executive Title: Chief Financial Officer

Hospital Executive Address: 501 E. Hampden Avenue, Englewood, CO 80113

Hospital Executive Phone Number: 303-788-6277

Hospital Executive Email Address: Regina.Ramazani@HCAHealthcare.com

Primary Contact Name: Susan Hanlon

Primary Contact Title: Vice President of Quality & Risk Management

Primary Contact Address: 501 E. Hampden Avenue, Englewood, CO 80113

Primary Contact Phone Number: 303-788-5133

Primary Contact Email Address: Susan.Hanlon@HealthONEcares.com

Secondary Contact Name: Philip Joines

Secondary Contact Title: Director of Quality & Safety

Secondary Contact Address: 501 E. Hampden Avenue, Englewood, CO 80113

Secondary Contact Phone Number: 303-788-6684

Secondary Contact Email Address: Philip.Joines@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)

Swedish Medical Center began planning for the management and implementation of the Hospital Transformation Program (HTP) in 2019. The steering committee includes the Chief Financial Officer (CFO), Nursing executive, such as Chief Nursing Officer (CNO) or Associate Chief Nursing Officer (ACNO), Medical Executive such as Chief Medical Officer (CMO) or Associate Chief Medical Officer (ACMO), Vice President of Quality and Risk, Vice President of Emergency Services, Director of Case Management, and the HTP Project Coordinator. Additional internal stakeholders including department leaders and department chairs will be consulted on an ad-hoc basis. The development of this committee will allow Swedish Medical Center to fully understand the requirements of the HTP, understand the facility's current state with regards to the program requirements, and perform a gap analysis to determine what resources are needed in order to ensure the success of the program.

The HTP steering committee will be responsible for providing guidance, strategy, and resources needed in order to execute the goals of the HTP. The governance structure of the steering committee is headed by the CFO, who is our executive sponsor. The CNO/ACNO, CMO/ACMO, Vice Presidents will provide oversight for the HTP Coordinator and department leaders who will lead subcommittees to plan and implement the identified interventions, and will report progress back to the steering committee.

- 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)

Through the HTP application process the steering committee has adapted and continues to adapt to the every changing needs and unique experiences of Swedish medical Center. The steering committee consists of the executive sponsorship of the Chief Financial Officer (CFO). Additional members include Nursing executive, such as Chief Nursing Officer (CNO) or Associate Chief Nursing Officer (ACNO), Medical Executive such as Chief Medical Officer (CMO) or Associate Chief Medical Officer (ACMO), Vice President of Quality and Risk, Vice President of Emergency Services, Vice President of Human Resources, and the Director of Case Management, and the HTP Project Coordinator. This committee will have a high-level overview of the HTP and is responsible for providing guidance, strategy, and resources needed to ensure successful oversight of the subcommittees that are led by the HTP Coordinator and department leaders.

These subcommittees led by the HTP Coordinator and department leaders will then implement the process improvements for the successful execution of the chosen interventions. The HTP Coordinator will then report back to the steering committee their accomplishments as well as barriers.

As the subcommittees report back to the steering committee, the committee will provide the required support to remove barriers and provide resources back to the subcommittees for the successful implementation of the HTP. This oversight and structure will ensure the success of the program.



- 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)

With engagement of key stakeholders and community partners through the Community and Health Neighborhood Engagement of HTP, Swedish Medical Center has identified the needs of the focus population in our community. Swedish Medical Center is dedicated to improving care not only in the hospital, but through relationship building with community partners, improvement of care outside the hospital as well. The structure of the HTP steering committee has been strategically comprised of hospital service lines that have a direct impact on the identified population of need in our community. The same is true of the community partners we are collaborating with in this program.

Swedish Medical Center plans to partner with other HealthONE facilities on a biannual basis to engage our community stakeholders and provide progress updates. We will also openly communicate our progress and encourage feedback from our community and community partners. We plan to do this in a variety of manners to include virtual and in-person events, online communication, and through emails and newsletters. This will ensure transparency and ensure that our implementation of the program serves the needs of our community.

- 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)

As previously stated, the HTP steering committee includes highly engaged executive leadership and department leadership. This team was strategically created to include members with the ability to leverage both clinical and operational aspects of service lines. This will give the committee the ability to lead efforts needed in order to be successful. Our CFO is our executive sponsor and will provide financial leverage. As mentioned, additional internal stakeholders and department leaders consulted on an ad-hoc basis in order to support the clinical and operational efforts of the program.

- 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)

Swedish Medical Center’s steering committee project management structure is aligned with the hospital leadership’s project management structure in that it will provide support and accountability. The leadership teams at Swedish Medical Center are innovative and skilled at implementing new projects and processes to enhance quality patient care and efficiency of operation for the community we serve. This steering committee is comprised of experienced leaders who are accustomed to operating in a fast-paced environment while meeting and exceeding challenging goals. These leaders will be overseeing the subcommittee groups and will drive the success of the program.

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

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



The current state of centralized reporting capabilities for Swedish Medical Center, and HealthONE as a hospital system is robust. The hospital has access to a multitude of dashboards, reports, and warehouse data allowing leadership to access meaningful data and a fast and efficient manner. Swedish Medical Center plans to collaborate with HealthONE to find solutions for any data collection that we find deficient with regards to the HTP.

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)

Swedish Medical Center plans to consult key stakeholders on a regular basis to provide them with updates and to get their input and feedback. Swedish plans to do this by publishing HTP updates on our website on a quarterly basis, email communications, as well as by holding regularly scheduled virtual or live forums as appropriate. In addition Swedish Medical Center will partner with other HealthONE facilities on a biannual basis to engage our community stakeholders and provide progress updates.

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:

- 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, 2020, 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, 2020. Please use **mm/dd/yyyy** format.

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

Actual Public Input Period : 3/24/2021 to 4/9/2021



Actual Hospital Review of Public Input Period: 4/9/2021 to 4/15/2021

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, 2020. 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)

Swedish Medical Center’s HTP intervention proposals were sent to the following community stakeholders via email for review on March 24, 2021. A response was requested no later than April 9, 2021: Adams County Health Alliance; AllHealth Network; Aurora Health Alliance; Boulder County Health Improvement Collaborative; Broomfield FISH; Center for African American Health; Center for Health Progress; City and County of Denver; Clinica Family Health; Clinica Tepeyac; Colorado Access; Colorado Center on Law and Policy; Colorado Children’s Campaign; Colorado Coalition for the Homeless; Colorado Community Health Alliance; Colorado Criminal Justice Reform Coalition; Colorado Cross-Disability Coalition; Colorado Mental Wellness Network; CORHIO; Denver DPHE Office of Behavioral Health Strategies; Denver Health and Hospital Authority; Denver Human Services; Denver Regional Council of Governments; Doctors Care; Douglas County Health Alliance; Every Child Pediatrics; Family Resource Center Association; Focus Points Family Resource Center; Healthy Learning Paths; High Plains Community Health Center; Hunger Free Colorado; InnovAge; Jefferson Center for Mental Health; Jefferson County Health Alliance; Marillac Clinic; Mile High & Foothills RETAC; Mile High Health Alliance; Mission Health Care Services; Mountain Family Community Health Center; Peak Vista Community Health Center; Project Angel Heart; Rocky Mountain Children’s Foundation; Sheridan Health Services; Signal Behavioral Health; South Denver Care Continuum; STRIDE Community Health Center; Sunrise Community Health Center; The Denver Hospice; The Family Tree; Tri-County Health Department; Vibra.

Feedback was received from Doctors Care as well as Colorado Cross-Disability Coalition.

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)

As stated above, Swedish Medical Center sent emails with our proposed interventions for all of the selected measures to stakeholders for review on March 24, 2021. We requested that each stakeholder review our proposed interventions and submit feedback via email no later than April 9, 2021.

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)



- Include person's with disabilities in Improve Leadership Diversity addressing local measure PH3. We plan to include persons with disabilities in the definition of underrepresented groups while implementing this intervention.
- Include people who use wheelchairs at baseline in walking program (SW-PH1) to get them up and out of bed and moving in wheelchairs. We have made an adjustment to our intervention for SW-PH1 to include wheelchair mobility for our wheelchair bound population to be included in the walking program.
- Request for staff and provider education regarding Substance Use Disorders (SUD), and appropriate functional opioid use as opposed to inappropriate use. The request includes educating providers and nurses about correct hospital opioid dosing for those appropriately taking opioids at baseline. There is also a request to not labeling these patients as having SUD in medical record. While this request is not directly related to the HTP measure defined by the state (which is ED specific), we have ongoing initiatives throughout the hospital and wholeheartedly agree that it is an important topic.
- Request to send Medicaid patients directly home as SNUs and SNFs can cause people to lose housing. Request to use rehab only facilities when in home care is not an option upon discharge. While this is not directly related to any of our selected HTP interventions, this is our practice. Our case management team will continue to work with community partners to ensure appropriate discharge care and follow up is in place for our Medicaid population.
- Comment that re-hospitalization causes are more complex than simply requiring PCP follow up. Swedish Medical Center agrees that re-hospitalization is a more complex issue than PCP follow up. Swedish hopes to address these complex situations in the intervention “Reducing Avoidable Hospitalization Utilization/Readmissions Reduction Program” which addresses measures SW-RAH1 and CP1. We will continue to partner with community partners for improvements and to address identified trends.
- Comment that mental health admissions need someone to call when they get home for medication issues. Suggestion of on-call psychiatrist to be available to discharged patients as well as hospital follow up once home. We will address discharge planning for patients with mental health diagnoses with our “Behavioral Health Care Coordination” intervention addressing SW-BH1. We recognize that we do not provide outpatient follow up and rely on community partners to provide the planned structured follow-up we set up for patients as part of discharge planning. At this time Swedish Medical Center does not have the infrastructure or resources to supply an on-call psychiatrist, however we do see value in partnering with community partners to provide a more concrete follow up plan for patients with mental health and substance use disorder diagnoses.
- Comment that Swedish Medical Center does not consider patient’s lives outside of the hospital setting, which can be a reason for readmission. Swedish Medical Center recognizes that there are existing gaps between the inpatient and outpatient settings. Swedish Medical Center hopes to address these gaps with our intervention “Social Needs Screening and Notification” addressing SW CP1. In this intervention we address screening for social determinants of health, which include, housing instability, food insecurity, transportation problems, utility help needs, and interpersonal safety. We will continue to work with community partners to ensure a smooth transition to life after discharge for our patients.
- Request for Hospital leadership participation on boards, councils, and committees of local organizations (examples: Doctors Care, Change the Trend, South Metro Community Foundation, local food banks). While this does not directly relate to HTP interventions, our hospital leadership team agree that there is value in board, council and committee participation, and our senior leadership collectively sit on the following boards and



foundations: Alliance for Commerce in Englewood (ACE), Denver Kids (formerly Denver Urban Scholars), Englewood Downtown Matters Revitalization Project , Friends of AIRLIFE, There With Care Advisory Board, South Metro Chamber of Commerce, Colorado Hospital Association, CEO Against Cancer, Gaetha Mills - Board on Parkinson's Association of Colorado, Epilepsy Foundation of Colorado, and Stroke Advisory Board - State of Colorado

- Request for active case management participation with community navigators, hosting regular meetings to stay informed on changes in local services. While this does not directly relate to our HTP interventions, our case management team is always looking for ways to stay informed of changes to local services.
- Request for joint training opportunities with community partners that improve understanding and engagement. This is not something directly related to Swedish Medical Center's HTP interventions. Currently the Hospital does not have the infrastructure or resources to host joint training opportunities. We are open to evaluating this recommendation in the future.

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. CP1
3. RAH1
4. SW-CP1
5. CP6
6. SW-BH1
7. SW-BH3
8. SW-COE1
9. SW-PH1
10. PH3

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. Reducing Avoidable Hospitalization Utilization / Readmissions Reduction Program
 - a. Measures: SW-RAH1, CP1
2. Follow up appointment with a clinician made prior to discharge and notification to the Regional Accountable Entities (RAE) within one business day
 - a. Measure: RAH1
3. Social needs screening and notification
 - a. Measure: SW-CP1
4. Perinatal screening and referral
 - a. Measure: CP6
5. Behavioral health care coordination
 - a. Measure: SW-BH1
6. Decrease opioid use and increase ALTO use in ED
 - a. Measure: SW-BH3
7. Enhancing Clinical and Operational Efficiencies
 - a. Measure: SW-COE1
8. The NATE Tempo Tool, barrier rounds and the walking program
 - a. Measure: SW-PH1
9. Increase the percentage of management staff from underrepresented groups
 - a. Measure: PH3

