



## 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)

Opened in 2003, Sky Ridge Medical Center ("Hospital") was the first acute care hospital in Douglas County (the south Denver Metro area). Hospital provides quality healthcare in a modern facility that features a 24/7 Pediatric Emergency Department, Colorado's largest Spine & Total Joint Center, and Cancer Center. In partnership with community organizations, Hospital is committed to the improvement and innovation of healthcare 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 hospitalization through activities that decrease the risk of subsequent adverse health events and readmission. Measure RAH4, 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 (Measure RAH4). In addition, Hospital will assist admitted patients in securing a follow-up appointment with a primary care provider ("PCP") prior to discharge (Measure RAH1). If the patient did not before have a PCP, this new connection should decrease future, avoidable utilization of hospital services in favor of the PCP. These efforts will free emergency 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 proactive wellness screenings that detect physiological and 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. Through collaboration with community providers and the Regional Accountable Entity ("RAE"), Hospital hopes that this more holistic approach will yield fewer complications and readmissions (SW-RAH1).
- Improve health outcomes for pregnant mothers. Hospital will implement anxiety and depression screenings for pregnant patients in through the prenatal and 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. 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. Hospital 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, Hospital has made the appropriate treatment of SUDs a major priority for its HTP activities (Measure SW-BH1). Hospital has committed to increasing its use of pain-relieving alternatives to opioids (Measure SW-BH3), screening emergency department patients for substance use disorders (Measure BH1), and, if an Opioid Use Disorder is diagnosed, initiating medication-assisted treatment (Measure BH2). Through collaboration with the RAE, Hospital will also develop long-term strategies to assist patients with SUDs and promote rehabilitative resources in the community.
- Improve the patient experience through the efficient provision of care. Hospital recognizes the HTP as an opportunity to expand its technological capacities. Medical technology has empowered 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 decision makers that cause inefficient or avoidable outcomes. Once identified, Hospital will be equipped to correct these inefficiencies moving forward, reducing patients' length of stay under Measure SW-PH1.

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: Sky Ridge Medical Center

Hospital Medicaid ID Number: 56557230

Hospital Address: 10101 RidgeGate Pkwy, Lone Tree, CO 80124

Hospital Executive Name: Craig Sammons

Hospital Executive Title: CFO

Hospital Executive Address: 10101 RidgeGate Pkwy, Lone Tree, CO 80124

Hospital Executive Phone Number: 720-225-1002

Hospital Executive Email Address: Craig.Sammons@healthonecares.com

Primary Contact Name: Cathi Redmond

Primary Contact Title: Manager of Quality

Primary Contact Address: 10101 RidgeGate Pkwy, Lone Tree, CO 80124

Primary Contact Phone Number: 720-225-1934

Primary Contact Email Address: Cathi.Redmond@HealthONEcares.com

Secondary Contact Name: Bethany Hughes

Secondary Contact Title: Director of Case Management

Secondary Contact Address: 10101 RidgeGate Pkwy, Lone Tree, CO 80124

Secondary Contact Phone Number: 720-225-1215

Secondary Contact Email Address: Bethany.Hughes@HCAHealthcare.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)

Upon inception of the Hospital Transformation Program (HTP) in 2019, Sky Ridge Medical Center (SRMC) implemented a committee to analyze, manage and plan the implementation of the program. The committee was a collaboration of the VPs of Quality, Marketing/Community, Directors of Case Management, Emergency Services, and Women's Services, Data Analyst, the Quality Manager as the project lead with the executive sponsor, the Chief Financial Officer (CFO). Additional key members were consulted such as IT, pharmacy and the stroke team. The committee allowed the facility to gain understanding of the program requirements, the current state of the facility as it pertains to the program as well as identify gaps in the available resources.

This committee has transformed into the HTP Steering Committee with the responsibility of providing the strategy, direction and guidance necessary to execute the goals and objectives of the HTP. The governance structure of the HTP Steering Committee is headed by the executive sponsor, the Chief Financial Officer. Operating members of the committee include the VPs of Quality, Marketing/Community, the Directors of Case Management, Emergency Services, and Women's Services, Data Analyst, the Quality Manager as the project lead. Quality will analyze and provide findings. Additionally, department chairs such as Women's Services, Emergency Services and Medicine will be ad hoc members providing expert clinical guidance.

Department leaders will lead subcommittees to implement actions of the identified interventions and report back to the committee on the progress. The subcommittees will include clinical experts and other key stakeholders identified by the department leaders.

- 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)

As mentioned, the committee has adapted to the needs and unique experiences of the facility and has morphed into the HTP Steering Committee with layers of responsibility. The committee, with executive sponsorship of the CFO, is comprised of operating members including the VPs of Quality, Marketing/Community, the Directors of Case Management, Emergency Services, and Women's Services, Data Analyst, the Quality Manager as the project lead. This layer, having a broad level of understanding of the direction the facility needs to take to ensure success of HTP engagement, will provide oversight to the subcommittees led by department leaders.

The next layer of subcommittees, led by department leaders, will implement the process improvements and actions needed to ensure success of the facility engagement and success in the program. This layer will report up to the committee regarding progress, wins, and obstacles experienced.

As the subcommittees report back to the committee, the committee will provide needed support for the subcommittees to continue moving forward with the actions to support the interventions in place to ensure the success of the program. This support, oversight and planned 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)

Through the focus on our Community and Health Neighborhood Engagement of HTP, we have identified the needs of the focus population in our community. The planned structure of the HTP Steering Committee is strategically comprised of hospital service lines that have a direct impact on the populations we aim to serve. The same is true with community partners we have identified to collaborate with in this program.

The facility will communicate our efforts and solicit feedback from our community and community partners through a variety of settings. This will not only serve as transparency, but also provide feedback to ensure our actions are having the desired effect in meeting the needs of the community and improving care. Additionally, we will partner with other HealthONE facilities bi-annually to engage our community stakeholders and provide updates on our progress.

- 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 operating level of the HTP Steering Committee at Sky Ridge includes executive and department leadership highly engaged and supportive of this program. The strategy put forth in the formation of this team, to include members who direct the operational and clinical aspects of the service lines driving the efforts needed to ensure the success of the program, put the committee in a position of leverage. Financial leverage is also present as the CFO is the executive sponsor of the committee. Additionally, as previously noted, the committee will also pull in service line chairs ad hoc. The department chairs provide additional operational and clinical leverage to move forth the actions.

- 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)

The HTP Steering Committee project management structure is in alignment with the hospital leadership's project management structure, primarily in the form of accountability and support. Sky Ridge leadership is skilled at implementing new projects and processes to improve the efficiency and quality of care to the populations we serve. This committee is comprised of leaders who are accustomed to operating at a high level of excellence and meeting high standards. These are the leaders who will be leading the subcommittee groups and will drive for excellence.

- 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 of the facility and the hospital system is very strong. The facility has access to different dashboards, sources of data, and warehouse data for analysis. However, the minute details necessary to report out of some of the measures/interventions are cause for some concern. For example, our current system does not**



support collecting data for SBIRT or PP Depression screening. Currently, these are manual processes.

The Quality Data Analyst is on the HTP Steering Committee primarily as the expert to disseminate the analytical findings to the committee.

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)

Sky Ridge Medical Center plans to continue Community and Health Neighborhood Engagement throughout the hospital's HTP participation in a variety of forms of engagement with our community partners. In performing the exercise of the community survey, we identified the needs of the population we serve as well as the community partners in which we will collaborate to match resources to the needs identified.

In particular, Sky Ridge will continue to engage and consult with organizations identified in our final report such as the RAEs, our local public health agencies, mental health organizations, community health centers including the Federally Qualified Health Centers, Primary Care Providers and Organizations, long-term service and support providers, consumer advocates, health alliances, RETACs and community organizations addressing social determinants of health.

When engaging the participation of community residents and community-based organizations, Sky Ridge will be sensitive to the cultural, linguistic and physical methods necessary to successfully and respectively use methods to encourage and promote participation. The hospital will be mindful of practices to promote inclusion such as methods to reduce language barriers as well as convenient time and meeting locations with full access and virtual meetings for example.

Engagement opportunities will have a shared agenda with meeting information in advance, be meaningful and relevant related to the interventions. Additionally, the engagement is two way-information sharing to promote feedback.

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, 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 : 04/02/2021 to 4/16/2021  
Proposed Hospital Review of Public Input Period: 4/19/2021 to 4/23/2021

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)

<p>The Crisis Center</p> <p>Denver Regional Council of Governments</p> <p>Colorado Coalition for the Homeless</p> <p>Innovage</p> <p>Denver Human Services</p> <p>Doctors Care</p> <p>Colorado Access</p> <p>CORHIO</p> <p>AllHealth Network</p> <p>Project Angel Heart</p>
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Rocky Mtn Children’s Health Foundation

Clinic Tepeyac

Douglas County Health Alliance

Tri-County Health Department

Sava Senior Center

South Denver Metro Care Continuum

St Paul Health Center

The Denver Hospice

Vibra

Colorado community health alliance

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)

[Empty response box]

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)

[Empty response box with a bullet point]

*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)

Statewide:

1. SW-RAH1 Adult 30-day All-cause Risk Adjusted readmission rate
2. SW-CP1 Social Needs Screening and Notification
3. SW-BH1 Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAE's for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or emergency department



4. SW-BH3 Using Alternatives to Opioids (ALTO's) in Hospital Emergency Departments: 1) Decrease Use of Opioids 2) Increase Use of ALTO's

5. SW-COE1 Hospital Index

6. SW-PH1 Severity Adjusted Length of Stay (LOS)

Local:

1. RAH1 Follow up appointment with a clinician made prior to discharge and notification to the Regional Accountable Entities (RAE) within one business day

2. RAH4 Percentage of patients with ischemic stroke who are discharged on statin medication (eCQM)

3. CP6 Screening and Referral for Perinatal and Post-Partum Depression and Anxiety and Notification of Positive Screens to the RAE

4. BH1 Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the Emergency Department

5. BH2 Initiation of Medication Assisted Treatment (MAT) in Emergency Department or Hospital Owned Certified Provider Based Rural Health Center

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

a.Measure: SW-RAH1

2. Social Needs Screening and Notifications

a. Measure: SW-CP1

3. Behavioral Health Care Coordination

a. Measure: SW-BH1

4. Implementation, maintenance and enhancement of the Colorado ALTO Project within the ED

a. Measure: SW-BH3



5. Analyze Prometheus Claims Data (provided by the state) for improvement opportunities to improve patient care
  - a. Measure: SW-COE1
6. Population Health/Total Cost of Care
  - a. Measure: SW-PH1
7. Follow up appointment with a clinician made prior to discharge and notification to the Regional Accountable Entities (RAE) with one business day
  - a. Measure: RAH1
8. Discharged on Statin Medication
  - a. Measure: RAH4
9. Screening and Referral for Post-Partum Depression and Anxiety and Notification of Positive Screens to the RAE
  - a. Measure: CP6
10. Expansion of Screening, Briefing Intervention and Referral to Treatment (SBIRT) coordination
  - a. Measure: BH1
11. Medication Assisted Treatment (MAT) in Emergency Department Coordination
  - a. Measure: BH2

