



RHPI Project Application for Services

RHPI Selection Considerations

RHPI funds hospitals that meet [Selection Consideration Criteria](#). Hospitals must be willing to participate in the RHPI Project as defined in the Office of Rural Health Policy (HRSA / DHHS) *Selection Considerations Criteria*. Hospitals are expected to participate in all steps of the performance improvement process, which includes development of the scope of work, training activities that support sustainability, and project follow up for outcomes documentation. Program training activities include HELP webinars, Performance Management Group (PMG) calls, and conferences. The goal of the RHPI trainings is to assist supported hospitals with building staff capacity and sustaining performance gains post project.

The Chief Executive Officer (CEO) must be actively involved and engaged to lead and facilitate the project. RHPI works directly with the CEO to develop the project. The CEO should build awareness of the project with their Board members and staff. Projects are expected to be pushed down to management level to be implemented within the hospital. Reports should be shared with the Board and appropriate staff.

Hospitals are expected to implement consultant recommendations to sustain the projects. Therefore, hospitals should demonstrate performance gains with measurable outcomes. The CEO will work with the consultant and RHPI staff to 1) clarify the anticipated outcomes when developing the scope of work, and 2) identify indicators to measure the anticipated outcomes during the project. The indicators utilized to evaluate ongoing performance improvement should be industry accepted financial, operational, and/or quality standard(s). RHPI and Consultants are not responsible for outcomes. Outcomes are dependent upon the implementation of the recommendations by the hospital executive and management teams.

RHPI must report individual project outcomes to the Office of Rural Health Policy (HRSA/ DHHS). The CEO should document progress and successes following the completion of the project to be considered for future funding. Previously funded projects should be documented prior to the initiation of the next supported performance improvement activity (PIA). Rhonda Barcus, RHPI Project Associate, will schedule an interview call with about 9 months after the project to document project outcomes. You may contact Rhonda at RBarcus@mtnstatesgroup.org or 904-553-7452 for more information regarding project documentation.

Application

Delta eligible hospitals may apply for onsite consultation services and feedback assessments through the RHPI Project. To apply for services, complete this form and email it to Bethany Adams, RHPI Program Manager, at BAdams@mtnstatesgroup.org or fax it to (208) 331-0267.

Hospital:	
Address:	
City:	
State:	
ZIP:	
County / Parish:	
CEO / Administrator :	
CEO / Administrator Telephone Number:	
Administrator E-mail:	
Annual Net Revenues:	
Annual Expenses:	
Number of Beds:	
CAH or PPS?	
Is the hospital not-for-profit or for-profit?	
Describe ownership	

On-site Consultation Services

Check the category that represents the performance improvement need(s) for your hospital. On-site consultations are not limited to this list. You may describe your performance improvement needs below.

- | | |
|---|---|
| <input type="checkbox"/> Balanced Scorecard Development | <input type="checkbox"/> Master Site Planning & Debit Capacity Study |
| <input type="checkbox"/> Board Education and Development | <input type="checkbox"/> Primary Care Options Assessment |
| <input type="checkbox"/> Business Office Operations Assessment | <input type="checkbox"/> Quality and Process Improvement Assessment |
| <input type="checkbox"/> Charge Description Master Coding Analysis | <input type="checkbox"/> RAC Preparedness Review and planning |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Revenue Cycle Management Assessment |
| <input type="checkbox"/> Cost Report and Compliance Assessment | <input type="checkbox"/> Staffing Analysis and Performance Evaluation |
| <input type="checkbox"/> Customer Service Training | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Emergency Department Operations Assessment | <input type="checkbox"/> Studer-Pillar Model Development |
| <input type="checkbox"/> Financial / Operational Assessment | <input type="checkbox"/> Transition care management |
| <input type="checkbox"/> IRS Compliance Review | <input type="checkbox"/> Swing bed management |
| <input type="checkbox"/> Leadership Development & Management Training | <input type="checkbox"/> Care / case management |
| <input type="checkbox"/> Lean Process Planning & Value Stream Mapping | |

Feedback Assessments

Feedback assessments are free and are provided in addition to onsite consultations. The assessments may be requested to support the onsite consultation project or by itself as an independent project(s). Check the appropriate assessment(s).

___ Board Trustee Self-Assessment

___ Community Market Assessment – Because of the increase in demand for this service, RHPI is cost sharing the mailing and printing expenses with the hospital, which is estimated at \$1,750. Alternatively, the hospital may distribute and collect the assessment tool locally to contain the out-of-pocket expense.

___ Employee Satisfaction Assessment

___ Physician Satisfaction Assessment

Performance Improvement Needs: Services are not limited to the above list. Describe what you expect from the consultation.

SIGNATURE

By signing below, the CEO / Administrator acknowledges that he/she will inform the Board Chair and Board of Directors of this application to RHPI program. The CEO / Administrator agrees to share the final report and findings with the Board of Directors and appropriate staff to build awareness and support the continuation of the project. The CEO / Administrator acknowledges that he/she understands RHPI Selection Considerations criteria and agrees to participate as defined by the program participation requirements.

Hospital CEO / Administrator

Date

Submit Application to:
Bethany Adams, MHA, FACHE
RHPI Program Manager
Phone: 904.553.0081
Fax: 208-331-0267
badams@mtnstatesgroup.org