



The RHPI Project can provide on-site technical assistance through consultation services and feedback assessments. See below for description of services for each performance improvement topic.

### LEADERSHIP

- Leadership Development and Mid-level Management Training
- Board Education and Development

### STRATEGIC PLANNING

- Strategic Planning
- Master Site Planning

### CUSTOMER AND MARKETS

- Customer Service Planning
- Community Engagement

### MEASUREMENT AND KNOWLEDGE MANAGEMENT

- Lean Process Planning
- Balanced Score Card
- Studer-Pillar Model

### HUMAN RESOURCES

- Staffing Analysis and Performance Evaluation

### PROCESS MANAGEMENT

- Financial Performance Improvement Assessment
- Operational Performance Improvement Assessment
- Emergency Department Operations Assessment
- Business Office Operations Assessment
- Revenue Cycle Management Assessment
- Charge Description Master Coding and Mapping Analysis
- Cost Report and Compliance Assessment
- Recovery Audit Contractor Preparedness Review
- Primary Care Options Assessment
- Quality and Process Improvement Assessment

### FEEDBACK ASSESSMENTS

- Board Trustee Feedback Assessment
- Community Market Feedback Assessment
- Employee Satisfaction Feedback Assessment
- Physician Satisfaction Feedback Assessment



## Description of Services

### Consultation Services

#### Balanced Scorecard (BSC)

The BSC offers a framework for identifying organizational strategies to create value. It has four major elements or "perspectives": financial, customers and community, internal processes, and learning and growth. Objectives in each of these four perspectives can be linked together in a cause and effect relationship in the organization's "strategy map." This one page depiction of organizational strategies provides an easily accessible alternative to the old strategic plan. The strategy map, with an accompanying balanced scorecard, becomes the means of communicating strategy throughout the organization, the basis for board and leadership agendas, and a benchmarking system for measuring progress toward strategy execution. It also provides intense organizational focus as well as an effective framework for strategy management.

#### Board Training and Strategic Planning

Hospital trustees are typically individuals with little or no experience in the health care industry, but who bring other strengths and experience to help guide hospital policy development and strategic planning. Board training or leadership development should focus on their gaps in knowledge about their roles and responsibilities, governance issues, mission and planning, financial, reimbursement, and quality improvement issues that most hospitals face. Strategic planning is critical to any institutions' future and governing boards are one of the key players determining the future direction and success of their hospital. Planning sessions should include a review of what is know or an environmental assessment, identification of critical issues, a review of mission and vision to ensure continued relevancy, the development of goals, objectives, and action plans, and a process to review progress and ensure accountability.

#### Business Office Operations Assessment

This service targets your business office operations, and focuses on complete billing and collections processes. Consultants may review the check in and check out procedures, payment policies, record-keeping systems, claims handling procedures, staff roles, and work flow during peak periods. Recommendations are usually provided for efficient billing and collections processes in a detailed, written report.

### **Charge Description Master (CDM) Coding & Mapping Analysis**

- Detailed review of the CDM coding
- Identification and analyses of the CDM mapping to the hospital general ledger revenue accounts
- Identification and analysis of the general ledger revenue mapping to the hospital cost report
- Discussions with revenue manager to determine accuracy and completeness of CDM
- Recommendations for revisions to ensure the accurate and compliant CDM coding and cost report filing

### **Community Engagement**

Several issues critical to rural hospital survival, including out-migration, the perception that small rural hospitals have poor quality of care, and the overall lack of awareness regarding the variety of services available at their local hospital, can be addressed through community engagement activities. Community engagement also informs hospitals of local service market opportunities and levels of customer satisfaction with hospital services. Activities could include community surveys, key informant and focus group interviews, economic impact analysis, and public meetings. The objective of the community engagement process is to:

- Increase the local market share,
- Decrease out-migration and health care out-shopping of local citizens,
- Increase in total patient volume,
- Build awareness of availability of local health care services,
- Increase decision-making capabilities of local citizens regarding their health care services, and consequently, will have greater access to local services,
- Improve access to care by building awareness and educating local citizens of available services

### **Cost Report and Compliance Assessment**

The goal will be to train accounting and administrative personnel to maintain accounting data in the requirements necessary for reporting under both GAAP and CMS requirements. Specific objectives include: train accounting personnel on how to properly monitor coding of financial transactions for both GAAP and CMS reporting; help set up a monthly control list to make sure general ledger accounts are properly reconciled; train accounting personnel on how to maintain an up-to-date depreciation schedule for both GAAP and CMS reporting; train accounting and administrative personnel on what data needs to be maintained in order to properly prepare the required CMS cost reports; and to walk the accounting personnel through the gathering of data for the current year's CMS cost report.

### **Customer Service Training**

Customer service directly affects quality of care, and is vitally important concept in today's health care arena because it deals with how we all what to be cared for, and how we should minister to others. Customer service training delivers proven methods that will provide insight into how human behavior affects individual customer needs, and should help hospital employees to provide lasting customer satisfaction to patients. Training programs teach employees and the administrative staff how to deal with difficult individuals, how to acknowledge concerns and effectively handle complaints, how to be proactive rather than reactive, how to work effectively with other employees to deal effectively with patient concerns, and most

importantly, how to deal compassionate care and provide a good experience for each patient. The objective of customer service trainings is to:

- Increased patient satisfaction
- Increased quality of care provided
- Increased community support for the local hospital
- Increased in consumer (patient) confidence
- Increased patient safety

### **ED Operational Assessment**

Emergency Department Operational Assessments provide a comprehensive approach to assessing the patient flow and general ED operations. The goal of these assessments is to evaluate current ED functions, identify problem areas and issues impacting ED efficiency, and recommend processes and solutions to resolve these issues.

### **Leadership Development & Mid-Level Management Training**

The Leadership Development & Mid-Level Management Training services are designed to improve the internal management capabilities within individual hospitals. On-site interviews are completed to identify issues and specific leadership training is provided that might address the following: Vision; Establishing, Exceeding and Celebrating Departmental Goals; Relational Expectations and Accountability; Performance Risk and Reward; and Identifying and Resolving Conflict.

### **Lean Process Planning & Value Stream Mapping**

Lean is a systematic approach to the identification and elimination of waste, or non-value activities, through continuous improvement and transformation change. Lean focuses on waste identification and elimination, following 5 steps:

1. Identify value by service/product
2. Identify the value stream
3. Make the service/product flow
4. At the pull of the customer
5. In pursuit of perfection

Lean is comprised of a set of strategies and techniques that include: Facility & Office Layout, Lead Time Reduction (Value Stream Mapping), Standardized Work, Reduction of Variation (Six-Sigma), Error Proofing, Level Scheduling, Workplace Organization & Visual Controls (5S), Employee Process Control, Planned Maintenance, Process Capability, Supplier Development, Quick Setup (SMED), Containerization, Pull System & Kanban, Transportation, Small Lots, and more.

A value stream is the set of all actions (both value added and non-value added) in place to bring a specific service/product from start to finish. Value Stream Mapping (VSM) is following a service/product from beginning to end, and drawing a visual representation of every process, material and information flow, and operator cycles. Then drawing a 'future state' map of how value should flow. Value Stream Mapping is a very powerful technique used in the service industry to achieve continuous process improvement.

## **Master Site Planning**

A master site plan is a comprehensive guidance for future planning that supports the business plan, and should be part of the overall strategic plan. It should focus on physical plant structure and systems, and be flexible and adaptable to sustain the hospital for long-term planning. A master site plan is a strategic-planning tool that provides framework for future decision-making. It equips the CEO and Board with facts for informed capital decision-making. It should be a plan that sets the overall strategy for current and future operations development. It should provide a foundation for future cost-effective operation. Moreover, a master site plan should sustain the business model by considering future changes in community demographics and health status to determine needed health services.

Master site planning includes an assessment of existing hospital infrastructure to facilitate the decision to renovate or replace. The results of the facility assessment are summarized in a report documenting the current status of the existing campus(es), the facility options for consideration, and beginning cost estimates for each option. Supporting documentation with estimates at the departmental level is provided for review, validation, and/or revision (as necessary). Based on the cost estimates developed, preliminary financial assessments based on historical operating performance are completed and the expected debt service of different options are provided. This information is provided to facilitate a go/no-go decision prior to committing the additional resources to project the operating plan in a new facility and model the future financial impact. The objective of the master site plan is to:

- Increase operational efficiency,
- Strengthens competitive position by being prepared for future financial opportunities,
- Addresses market share issues,
- Addresses future staffing needs and efficiencies,
- Address the needs for various service lines,
- Determines expansion or contraction of current services

## **Performance Improvement Assessment**

The objective of Performance Improvement Assessment is to conduct rapid, focused analyses of the organization and its market that results in the identification of concrete opportunities for clinical service line, operational and financial performance improvement. Recommendations are focused to address short- and long-term issues with supporting action plans for implementation of immediate priorities.

## **Primary Care Options Assessment**

Quantify the financial impact to the hospital and the practice if the primary care practice were to convert to either provider-based rural health clinic (PB RHC) status or provider-based outpatient department (PB OPD) status. This analysis would delineate impact to both the hospital's CAH reimbursement and the practice's reimbursement that would result from a change in the practice's status. The objective of the primary care option assessment is to:

- To project the future operating performance of the practice using historic and projected operating and utilization assumptions
- To model strategic direction for the practice based on the Centers for Medicare and Medicaid Services (CMS) programmatic requirements and reimbursement methodology (the set up of the financial model would follow cost reporting principles as laid out in the Federal regulations)
- To project the impact to the current levels of CAH reimbursement and primary care practice reimbursement that are associated with a change in status to PB RHC or PB OPD status

### **Primary Care Options Assessment Continued**

The financial feasibility study will include a detailed analysis of the primary care practice's revenue calculations and a description of the assumptions used to develop the revenue projections, including changes in costs, utilization, payer mix, and annual increases associated with PB RHC and PB OPD status. A thorough review will be facilitated by a consultant on a variety of operating assumptions, including any anticipated change in the practice's capacity, operating revenues, and expenses. The consultant will recommend a specific change in the programmatic status for the practice based upon the financial and operational impact of each of the two programs examined.

The process of preparing the financial feasibility analysis will involve interaction with hospital and practice staff, as necessary, to verify that appropriate and reasonable assumptions are being used to prepare the impact analysis. The expected final product will be a report that quantifies the financial impacts to the practice and the hospital resulting from conversion of the primary care practice to PB RHC and to PB OPD status. The report would also present key operational considerations associated with each program status.

### **Recovery Audit Contractor (RAC) Preparedness Review**

The objective is to assist the hospital in identifying areas vulnerable to RAC audits and to prepare for upcoming RAC reviews. The goal is for the hospital to successfully manage and respond to the RAC initiative. The RAC preparedness review could possibly include:

- Identify RAC vulnerabilities.
- Obtain an electronic download of Medicare paid claims identified through "data-mining" the targeted RAC areas.
- Perform on-site review of a sample of claims that were identified as RAC targets.
- Provide on-site training regarding the potential problem areas.
- Follow-up with web-based training specific to identified needs.
- Internal hospital trainers could possibly have access to follow-up training and support through the consultant

### **Revenue Cycle Management Assessment**

Conduct an assessment of the revenue cycle to determine areas for process and procedure improvement, with the overall goal of reducing days revenue outstanding in accounts receivable. The assessment will focus on the entire revenue cycle, beginning with admissions/registration, charge entry, coding, billing and follow up, collection activities, and cash receipts and posting. Included as part of the project will be an assessment of reporting information used to manage the revenue cycle on a monthly basis, including but not limited to, aged accounts receivables listings, daily cash postings, uncoded claims, etc.

Expected benefits/outcomes of this project are as follows:

- Improved cash flow
- Reduce expenses
- Improved efficiencies in billing processes
- Enhanced reporting and revenue cycle management
- Reductions in billing complaints from patients

## **Staffing Analysis and Performance Evaluation**

Based on a staffing analysis, a provider staffing model can be designed to optimize physician provider staffing and nursing staffing to best meet the needs of patients and the hospital. Performance evaluations can only begin after the job has been properly analyzed, described, and defined. Performance evaluation uses the job analysis and job specification information to determine the worth of a job in relation to other jobs in the facility. In this way, an equitable and meaningful wage and salary system that is consistent with federal and state laws can be established.

## **Studer-Pillar Model**

The Studer-Pillar Model is a foundation and framework used to set organizational goals and the evaluation process. Once the goals for each pillar are set for the organization as a whole, they are cascaded throughout, from the division level to department or unit level, to individual leader. The goal will be to create a leadership structure through the use of evidence-based practices that drives bottom line results in the areas of Clinical Quality, Employee and Patient Satisfaction, Financial performance, Organizational Growth and Community Involvement. The objectives will be to implement an evidence based model of leadership based on best practices for our national learning lab of over 400 health care organizations and to establish a leadership structure that fosters transparency, open communication, and an objective evaluation system based on metrics determined by the organizational leadership team.

## **Third Party Contract Review and Contract Negotiation Assessment**

Rural hospitals have an increasing need to diversify payor mix beyond traditional Medicare & Medicaid to include commercial insurance. Services include strategies to better position rural hospitals in these contract negotiations will be discussed during this session...

## **Feedback Assessments**

### **Board Feedback Assessment**

The goal of board self-assessments is to identify areas where board members could benefit from additional education or development and help them improve their performance through various interventions. Assessments can also identify areas of strength and expertise on the board. Effective evaluations assess: the depth and breadth of expertise and knowledge among board members; the quality, quantity and timeliness of data that board members receive; implementation of board recommendations by senior management; commitment to organizational mission and goals; amount of time committed to duties and availability. Every successful board devotes significant time to ongoing board training beginning with the fundamentals of governance and including policy-making, fiscal oversight, operations, quality assurance/performance improvement (QA/PI), board and staff relations, monitoring organizational performance, representing the organization in the community and board assessment. Additionally, legal and ethical responsibilities of board service should be understood and demonstrated by all trustees. A self-assessment will help target leadership development efforts. An ideal board assessment process should be integrated into routine board meetings and be continuous and ongoing with a formal assessment occurring annually.

### **Community Feedback Assessment**

Residents from the hospital's service are randomly selected to receive a community questionnaire. This form solicits information on resident demographics (age, gender, number in family, income levels), perceptions of the quality of hospital, physician, and other health related services available in their community, reported utilization of various health services over the past year, and other items of interest to the hospital. The data is analyzed and a report developed and presented to hospital administration, department heads, and governing boards.

### **Employee Feedback Assessment**

An employee feedback assessment can help you gain insight into employee attitudes and opinions. Hospitals can utilize this assessment to measure employee satisfaction levels, track changes in employee satisfaction over time, and to improve overall satisfaction and retention which will positively impact on improved patient care and treatment. Other uses include identifying cost-saving opportunities, curbing absenteeism, strengthening supervision, evaluating patient-service issues, assessing training needs, streamlining communication, benchmarking, and assessing employee goal alignment with hospital mission. The RHPI employee feedback assessment process also provides peer comparative data so hospitals can evaluate how they compare to other Delta hospitals.

### **Physician Feedback Assessment**

An employee feedback assessment can help you gain insight into employee attitudes and opinions. Hospitals can utilize this assessment to measure employee satisfaction levels, track changes in employee satisfaction over time, and to improve overall satisfaction and retention which will positively impact on improved patient care and treatment. Other uses include identifying cost-saving opportunities, curbing absenteeism, strengthening supervision, evaluating patient-service issues, assessing training needs, streamlining communication, benchmarking, and assessing employee goal alignment with hospital mission. The RHPI employee feedback assessment process also provides peer comparative data so hospitals can evaluate how they compare to other Delta hospitals.

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