

## Hospital Transformation Program (HTP) Community Advisory Committee (CAC) Meeting Notes

September 20, 2021 from 3:00-4:30pm

Via [Zoom](#)

HTP CAC members in attendance (on Zoom or on the phone): Allison Neswood, Mark Levine, AJ Diamontopolous, Isabel Cruz, Brace Gibson.

HCPF staff: Nancy Dolson, Karola Cochran, Cynthia Miley, Joe Sekiya and Matt Haynes  
Others in attendance: Mattie Brister, Shaunalee Fruit, Reynalda Davis and Catherine Snider.

- I. Call to order and introductions - Allison Neswood - 3:04pm -3:11pm  
Everyone introduced themselves.
- II. Approve meeting minutes from August 16, 2021 - 3:12pm -3:12pm  
Meeting notes approved.
- III. Community-based Organizations Engagement - 3:13pm - 3:45pm - Allison Neswood

### Partnering with Clinical Organizations

**Allison N:** What should hospital engagement look like? How can community-based organizations engage with clinical organizations?

Community organizations are getting a lot of referrals and they are having trouble meeting the demand for all of them.

What are the key needs of the people being referred? Is it that they need food or housing?

How can we get broader input from the referrers? Should we come up with a survey that asks what are the process and obligations? Where do we want to start?

**AJ D:** Thank you Allison. Denver Regional Council of Governments (DRCOG) is an organization that gets state and federal dollars to engage with communities, and community organizations, like the area agency on aging, meals on wheels, etc.

Referrals from hospitals have doubled and tripled recently.

Community engagement needs to be for partnership, instead of education.

**Allison N:** What does that look like?

**AJ D:** Use HTP as a good first step. In the larger Denver Metro area, the communities and the networks are complex. They are much more streamlined in the rural areas.

How can we convene with and engage them? What does a large number of referrals look like? Does it help them to receive a large number of referrals?

**Mark L:** I like engagement with community organizations. We need to know how to fill a need and what the need or needs are. What is the need?

**Allison N:** What would the process look like for getting feedback from these community organizations? Should it be a survey? Do we call people to meetings?

Engagement with hospitals, do we have enough information?

**Mark L:** We need to identify the particular need. It might mean sitting down with community organizations.

**Reynalda D:** We have just been through the Community Health Needs Assessment, and the community has voiced their needs recently. Who are the participants? What are we trying to unearth? The goal is to simplify.

We need a three phased approach. Communication is important now. We need to normalize the referrals. We also need to know who the groups are who will answer the needs of the community.

Time and resources are needed for different ways to communicate and engage with the community groups.

**AJ D:** Thank you Reynalda. We need agreement on intent. What are the goals of HTP? How can we partner? Does this need to be person-centered engagement? How can hospitals work with the community?

**Reynalda D:** It needs to be collaborative, based on findings. Public health concerns are based on a collection of data that is going to guide what gets tackled as a group.

**Allison N:** HTP tells hospitals to refer people to community organizations. How can we set up collaboration with community organizations and hospitals?

**Reynalda D:** Are we talking about this just from a capacity standpoint?

**Allison N:** Yes, community-based organizations don't have the capacity to deal with all of the referrals. What are those capacities versus the needs?

**AJ D:** Reynalda brings up some good points. The survey needs to include topics of importance. How should we go about it?

**Allison N:** Any other ideas from the group?

**Isabel C:** I have been listening and agree with everyone. It is important to gauge the capacity of organizations.

**Allison N:** Should we send out a survey to the community organizations?

General agreement expressed from the group.

**Mark L:** Survey should include areas of concern. What's the biggest need? Do they want to take part in the discussion to help us understand it?

**Isabel C:** What are we prioritizing? How are the needs being met now? Who would best be able to meet the increased referrals and the needs? Referrals and needs. The survey could be pretty simple.

**Allison N:** We should include relationship building. How are the needs being met? How can we fill in the gaps? Who could be brought in to do this?

Next steps: Develop questions, then survey: come up with a list of organizations.

**AJ D:** DRCOG can give some resources. Who should the survey come from?

**Nancy D:** Either HCPF or CAC. Either one would be fine.

**Allison N:** This committee has a voice with community organizations. We can get the word out.

Who wants to come up with questions? Allison will start a google doc.

**AJ D:** Yes, start a google doc and share with the group.

**Allison N:** Everyone, please take a look and identify a list of community partners. Will also start a spreadsheet with community partners. DRCOG, please add your list of partners.

IV. HCPF Presentation Hospital Quality Incentive Payment (HQIP) Program -  
3:45pm -4:15pm - Matt Haynes

[Presentation slides](#)

**Allison N:** Is there room for input? Are there opportunities for reporting?

**Matt H:** We do have reporting with the annual reports, and when we have new measures we are learning after the first year. Where do we need to take action?

**Mark L:** Under deliverables, you have "Actions taken by staff."

**Matt H:** This wording was taken from the state-wide program Zero Suicide framework that is a national model and lead through Colorado Department of Public Health and Environment (CDPHE) in Colorado. We have set certain levels. At Level III, we want

hospitals to start engaging with an equity focus. At Level IV, we have added equity into this with the collection of data.

**Mark L:** Engagement needs to be intentional

**Matt H:** This is a Zero Suicide related measure, so hospitals have a plan to address suicides. To look at suicide events and prevent them from reoccurring. We are adding some equity pieces into that effort, but this is not a measure focused exclusively on equity.

**Allison N:** Focus on input from diverse communities and evaluate processes to achieve goals. That in addition to what did you do?

**Matt H:** Input comes in about how they changed the policy.

**Mark L:** It needs to be more like: Change the policy, with this is our intended result, then seeing if you accomplished your result.

**Matt H:** This is a starting point. I'm not sure if that's easy to track.

**Allison N:** I'm looking forward to learning more about this.

**Matt H:** The 2022 measures move the racial and ethnic disparities measure to hospital-wide and into the patient safety group. All hospitals are required to report on the measure for hospital-wide processes. So, everyone will receive the same attention throughout the hospital, not just in birthing hospitals. Birthing hospitals will still be required to comment on their specific processes for peripartum patients.

**Allison N:** How are we measuring these results?

**Matt H:** Issues of maternal morbidity and mortality are public health issues and hard to measure at a hospital level. We certainly as a state need to monitor the public health measures to see if our portfolio of efforts is having an impact. At this stage we are incentivizing a culture of best-practice processes aimed at improving these outcomes.

Moving on to Sepsis, how are the hospitals looking for early indications of sepsis? Next year, the hospitals will be showing how they have performed on the processes and outcomes-based measures they are tracking internally.

**Allison H:** Thank you Matt. Do we have any more input from members of the committee or public comment?

Anything else to suggest? Any new agenda items for next meeting?

Thank you Reynalda for your comments.

V. Adjourn - 4:16pm

VI. Next meeting scheduled for October 18, 2021 at 3pm.