

Hospital Transformation Program Community and Health Neighborhood Engagement

Final Report

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# Instructions and Timeline

Hospitals must submit a Final Report at the end of the pre-waiver Community and Health Neighborhood Engagement (CHNE) process. The report will primarily focus on the efforts to prioritize community needs, select target populations, identify initiatives, and develop any partnerships.

The State will be reviewing the Final Report to ensure:

* A broad range of community partners were given meaningful opportunities to provide input into the hospital’s planning for its participation in the Hospital Transformation Program (HTP);
* Input was reflected in the planning; and
* HTP initiatives under consideration are tied to the results from a meaningful CHNE process.

Please note that the word limits included are guidelines. Responses may exceed them as necessary.

Final Reports must be submitted in .pdf form with any supporting documentation included in one document by September 20, 2019 at 5pm to the Colorado HTP email address COHTP@state.co.us. Reports received after this deadline will not be considered.

Following the submission date, the State will review the reports. The reports will not be scored; however, the State will work collaboratively with participating hospitals to seek any missing information and clarifications needed as hospitals work on their program applications, and to ensure there is agreement between the hospital and the community as to the plan for ongoing CHNE throughout the hospital’s participation in the HTP.

# Contact Information

Please provide the legal name and Medicaid ID for the hospital for which this Final Report is being submitted.

Hospital Name:

Hospital Medicaid ID Number:

Please provide any updates to the hospital address as well as to the names, titles, addresses and contact information for the hospital executive with signatory authority to whom official correspondence should be addressed and for the primary and secondary points of contact if that information has changed since submitting the CHNE Midpoint Report. If this information has not changed, this section can be left blank.

Hospital Address:

Hospital Executive Name:

Hospital Executive Title:

Hospital Executive Address:

Hospital Executive Phone number:

Hospital Executive Email Address:

Primary Contact Name:

Primary Contact Title:

Primary Contact Address:

Primary Contact Phone Number:

Primary Contact Email Address:

Secondary Contact Name:

Secondary Contact Title:

Secondary Contact Address:

Secondary Contact Phone Number:

Secondary Contact Email Address:

# Engagement Update

III.a. Please provide the information requested to share an update on the hospital’s engagement activities to support the second half of the HTP CHNE process.

1. Please use the following grid to provide a list of engagement activities, (e.g. workgroups, committees, meetings, discussion groups, public forums, etc.) that the hospital has held or participated in during the second half of the HTP CHNE process. This should include both activities that the hospital began after submitting the Midpoint Report as well as activities the hospital continued from the first half of the CHNE process. Only those activities that were used to support the HTP CHNE process specifically should be included. Activities can be listed by type of meeting, forum, committee, etc and do not to be listed separately for each individual convening. Please list the partners included and the key topics of discussion for each activity.

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| --- | --- | --- |
| Engagement Activity | Partners Included | Key Topics of Discussion |
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1. Please use the following grid to list any external organizations that the hospital has newly engaged to support its HTP CHNE process since submitting the Midpoint Report. Only those organizations that were engaged specifically in the CHNE process and that were not engaged during the first half of the process should be included. Please include the organizational contact and the type of organization. Please also note any specific connection of the organization to HTP priority populations and / or project topics. If no new organizations have engaged, you may leave this chart blank.

| Organization Name | Organizational Contact | Organization Type  | Connection to any specific HTP priority populations and / or project topics, as applicable |
| --- | --- | --- | --- |
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III.b. Please respond to the following questions to provide an update about the experience of executing the hospital’s Action Plan, including challenges faced and any adjustments made in light of those challenges. If a question or part of a question is not applicable to the hospital, please note that in the response.

1. Please use the space below to share:
* Whether any organizations that were engaged in the first half of the CHNE process failed to continue to engage as the hospital has identified priorities, target populations and initiatives and began planning its HTP application and engagement;
* An explanation of why the organization(s) stopped participating, as known; and
* A description of attempts to address any resulting gaps in engagement.

Response (Please seek to limit the response to 500 words or less)

1. Please use the space below to describe any new or continuing challenges in implementing planned activities as described in the Action Plan and the cause of the challenges.

Response (Please seek to limit the response to 500 words or less)

1. Please use the space below to describe any additional divergences from the final Action Plan made since submitting the Midpoint Report in order to successfully complete the pre-waiver CHNE process, including those made to address the challenges described above.

Response (Please seek to limit the response to 500 words or less)

# Feedback Gathered

IV.a. Please use the space below to provide a summary of feedback received from stakeholders relative to planning for the hospital’s HTP participation as well as any feedback received relative to the CHNE process. The response does not need to be inclusive of every comment shared but should include common themes of input and any additional feedback that was considered particularly relevant and / or influential.

Response (Please seek to limit the response to 1,500 words or less)

IV.b. Please use the space below to provide an explanation of how the feedback the hospital has received has been considered and incorporated into planning for the hospital’s HTP participation and, as applicable, any adjustments to the CHNE process.

Response (Please seek to limit the response to 1,000 words or less)

# HTP Planning

Please use the space below to outline the hospital’s preliminary decision-making regarding:

* Community needs that will be prioritized in the HTP;
* Selection of target populations;
* Opportunities for intervention and initiatives under consideration; and
* Any partnerships.

This response does not need to reflect final decisions.

Please also provide a rationale for decisions based on:

* Findings from the environmental scan;
* Feedback received during the CHNE;
* The priorities of the HTP; and
* Other state and hospital initiatives.

Response (Please seek to limit the response to 2,000 words or less)

# Planned Future Engagement Activities

VI.a. Please use the space below to outline the hospital’s preliminary thinking regarding the types of activities the hospital will utilize for ongoing CHNE throughout participation in the HTP. This could include establishment of a committee, regularly scheduled meetings, regularly scheduled public forums, etc. Detailed plans are not required and this response does not need to reflect final decisions. Further information regarding required level of effort will be provided before implementation and reporting begins.

Response (Please seek to limit the response to 500 words or less)

VI.b. Please use the space below to explain whether the hospital expects any current stakeholders to stop participating in an ongoing CHNE process and / or any stakeholders to become newly engaged.

Response (Please seek to limit the response to 500 words or less)

# Additional Information (Optional)

Please include the space below any additional information about the CHNE process, as desired.

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