Colorado Hospital Transformation Program (HTP)

Frequently Asked Questions (FAQ) – Implementation Plan

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I. Implementation Plan

General

Q: This is a 5-year plan, some planning areas may not be immediately foreseen. What are the capabilities of changing implementation down the road if it is required?

A: In the first 3 years, hospitals have the opportunity to amend milestones and change their approach to interventions. In years 4 and 5, hospitals are in continuous learning and improvement. That learning system is expected to help hospitals identify changes that may be needed to interventions.

Q: Are hospitals penalized for making adjustments?

A: There is no penalty for making adjustments. The at-risk dollars are connected to whether a hospital hits a milestone or not. There is also one chance per intervention where if a hospital does miss a milestone, a corrective action plan can be submitted, and half of the at-risk dollars can be earned back.

Q: Is September 1st the earliest a hospital can access the template in the Collaboration Performance and Analytics System (CPAS)?

A: Yes. It will be the earliest that the collection tool will be available. However, the template and review criteria documents are available now on the Colorado HTP website.

Q: When submitting our implementation plan, we will be using some tool to guide us through the process. I would like to have a document where we can just copy and paste. What would be the best way to do that?

A: A template was developed and emailed to hospitals on August 31, 2021, to help hospitals with the implementation plan process. Hospitals may also contact the Department to request the template.

Q: Does section II only have to be submitted once for the overall implementation plan and then the sections IIIA and IIIB submitted for each intervention or does section II have to be submitted for each intervention?

A: Section II is only submitted once and applies to all interventions.

Q: Question III.A.5: If an individual's name is not known or will be determined after hire, what do we include? Can we indicate "unknown"?

A: If you know the individuals, include. If you don't know who the person will be, but you know what the role will be, include that and indicate the individual will be hired. The hiring of/ identifying the specific individuals could be a milestone activity.

Q: If there is more than one contact for a single role for an intervention, can we list both?

A: Each intervention will allow up to 5 contacts to be listed. However, if there are multiple contacts for the same role, please put them on separate lines or select the primary contact to list.

Q: Regarding administrative roles in question III.A.5, what types of individuals are you looking for?

A: Individuals that play a role in the leadership of the intervention. Specifically include leadership on the intervention level rather than the organizational level. Other individuals that contribute to the success of the intervention, such as local physicians, would be identified as part of the "people" functional area milestones.

Q: Regarding questions III.A.7b-c in the implementation plan, hospitals are asked to describe what functions and resources are already in place or are not in place and will need to be re-purposed from other areas, built, acquired, or secured through a partner or in some way. Is this just a place to elaborate on our documented milestones or are you expecting more here?

A: These questions are asking about project planning; what is already established versus what will need to be developed from scratch. Even if it is a new intervention, you'll have resources and functional capabilities in place and should describe how you're building on your current competencies to develop this new intervention.

Q: Can you talk more about the correction period after the implementation plan is submitted?

A: Following the submission due date, the Department will have 20 business days to review and score all Implementation Plans. At the conclusion of the review period, participating hospitals may receive a request for information (RFI) or receive notification that the Implementation Plan has been approved without RFI. Hospitals that receive an RFI will have 10 business days to complete revisions within the implementation plan submission tool. Revised implementation plans will be reviewed within 10 business days. If subsequent revisions are needed, the same timeline will be repeated.

Q: In section III.A.7 (major functions and resources that are in place or need to be put in place) does each part of that question need to address all four functional areas? If you address, for instance, a process you have in place already in the first part of the question and then note people, data, and patient engagement components that are not yet in place, will that suffice?

A: Yes, you do not necessarily need to address that functional area again. We want to make sure you are looking at the intervention holistically across all functional areas.

Q: Can there be more than one person leading the implementation of the intervention?

A: Yes, more than one person is acceptable.

Q: Question III.A.8 asks what major challenges and risks to intervention implementation exist and how the hospital will mitigate those challenges and risks. The question asks hospitals to address engaging difficult to reach populations in the response. What population(s) are hospitals supposed to address? The target population for the intervention or some sort of subset that is particularly difficult to reach?

A: Hospitals should base their response on the intervention. The hospital can address the target population as a whole, or if there is a subset that is particularly difficult to reach that the hospital needs to focus their efforts on, they can identify that in the response.

Qualtrics

Q: Regarding the Qualtrics submission, can we add content, save, then return to finish in another session?

A: Yes - every time you move to another page the content saves. Do not submit until you are completely finished.

Q: How many hours are you anticipating it will take to cut and paste our Implementation Plan information into the Qualtrics portal?

A: We estimate about 30 minutes when the implementation plan template was fully completed.

Q: Would it be possible to get more than 2 logins to Qualtrics to complete the implementation plan?

A: Every hospital has received a Qualtrics link that is unique to the hospital. The link can be shared with others within the hospital; however, only one person can be in Qualtrics editing/entering information in the implementation plan survey at a time. A good solution would be to utilize the template if you have multiple team members working on the implementation plan.

Q: Does Qualtrics have a review page where you can review all responses at once before submitting?

A: Not at this time, but hospitals can use the percentage complete to confirm there are no missing responses. Additionally, utilizing the template will help in your review/finalization process before inputting in Qualtrics.

Q: Can I list multiple activities and supporting documentation under one functional area for a milestone reporting period?

A: Yes; however, it is very important that distinct activities and their corresponding documentation are numbered to prevent confusion once the information is transferred from your template into Qualtrics. See "Implementation Plan Numbering" tab for example. Please note that this is purely for illustrational purposes. Hospitals are not required to list multiple activities per functional area in one quarter and are only required to describe one piece of supporting documentation per distinct activity.

Q: Sometimes my answers in Qualtrics disappear. What do I do?

A: When done you're typing in a box, click out of the box and the response will automatically save. If the cursor is still flashing in the text box, the answers will not have saved. Also, limit the amount of users editing the survey at once to one person to avoid overwrite issues.

Q: How do I get a PDF of my implementation plan responses?

A: As a newly added feature, hospitals will be able to review the responses submitted as well as download a pdf of responses logged. (If you had opened the link prior to our team pushing out this function, you may not be able to see the review page.) See Appendix B for more information.

Q: Can multiple individuals work on the survey via the retake link.

A: Unfortunately, no. Unlike the original survey links, the retake links do not have a collaboration capability. At this time, only one individual (on the same browser and the same computer) should retake the survey in Qualtrics. Sharing the survey retake link with multiple people creates separate records in our system, so hospitals will not be able to input information separately into one record. Our team will then not be able to validate which record is correct.

Q: What if multiple individuals from my hospital click the retake link in the RFI?

A: New records will be generated every time the link is clicked on a new computer. Those records do not “talk” with each other. Only responses that are actually submitted will be recorded and captured for MSLC review. Please ensure only one response is **submitted**, even if multiple people open the link.

Q: If I get more than one RFI, can I use the same retake link?

A: No. A separate and distinct retake link will be provided that corresponds with each RFI letter. Please see Retake Link Flow Chart in Appendix C for graphic of the process.

Milestones

Q: Can I use measure performance metrics as milestones?

A: It is not recommended that the hospital tie milestones to measure performance. This creates a situation where measure performance impacts at-risk funds for both milestone achievement and measure performance.

For planning and implementation phase milestones, the hospital may instead describe any structural activities or steps (e.g., staff training, gap assessments) that document progress toward fully operationalizing this intervention. While the hospital may arrive at the desired measure outcome through implementation of these steps, milestone descriptions are not required to address metrics of success.

For continuous improvement phase milestones, the hospital may instead describe activities that document progress toward deploying quality improvement teams, cycle completions for quality improvement exercises or the development and use of various types of quality improvement forums, technical assistance programs or other quality improvement capacity development.

Q: Would be appropriate to have updating policies as our first milestone?

A: Yes, updating policies can qualify as the process functional area for a milestone.

Q: What does a milestone include? Can one milestone include multiple components?

A: A milestone represents where the hospital is going to be with the implementation of the intervention at a point in time and can include multiple components.

Q: What if we have milestones that apply to multiple interventions?

A: The milestones may be similar, but there should be distinctions specific to each intervention.

Q: You mentioned each intervention will have 8 milestones. That includes the planning and implementation phase and continuous improvement, correct? So, will we need to have the description and supporting documentation for the 8 milestones?

A: Correct. There will be eight total milestones for the following reporting periods: PY2Q2, PY2Q4, PY3Q2, PY3Q4, PY4Q2, PY4Q4, PY5Q2, and PY5Q4. For planning and implementation milestones, a description of the functional area and documentation for each applicable functional area is required. For continuous learning and improvement milestones, there are no functional areas. Therefore, only a description of the overall milestone and documentation is required.

Q: It seems for example in the social determinants of health example (and others), we will want to be fully implemented before PY3Q2 as there will be benchmark and achievements at risk. If we are early, would we hold off on submitting the documentation until PY3Q4 or could that be submitted in PY3Q2?

A: New interventions should be fully implemented no later than PY3Q4 and existing interventions no later than PY3Q2 and can be fully implemented earlier. The implementation plan should be developed and reflect the intended fully implemented timeframe and move to continuous learning and improvement.

Q: With regards to measures that involve notifying the Regional Accountable Entity (RAE), can we be vague in our notification process in the milestones since the RAE has not been active in reaching out and communicating the process they can accommodate.

A: Working with the RAE needs to be part of implementation planning. Earlier milestones may be working with RAE to develop notification process and protocols. The process outlined can be high-level.

Q: If in a single milestone reporting period, I select people functional area and I wanted to say I hired someone and established a committee. What does that look like to report in Qualtrics? Are they typed out separately or within the same box? Can we upload more than one supporting document to indicate both things were completed?

A: The activities related to a particular functional area for each milestone will be in one location in Qualtrics. In this example, the people functional area description would include both hiring staff and establishing a committee. Supporting documentation would be submitted during milestone reporting for both of those activities.

Q: The implementation plan states: “Planning and implementation milestones for new interventions should be completed no later than PY3Q4 (Jul. – Sept. 2024)” and also “hospitals may complete planning and implementation milestones at any point prior to PY4Q2 (Jan. – Mar. 2025)”. If hospitals are, let’s say, not fully rolling out their intervention until December 2024, wouldn’t that mean they would have to report that during the next reporting period at the end of PY4Q2 (or March 2025) and then wouldn’t that be too late? Or is this just saying that hospitals are expected to be implementing their intervention by September 2024 but then can put some finishing touches on it in the three months after?

A: Planning and implementation milestones for new interventions must be completed by PY3Q4, which means the intervention should be fully operational and rolled out to the target population by September 31, 2024. Activities after this time should be directed to the completion of the continuous learning and improvement milestone to be completed by March 2025.

Q: I am concerned my milestones aren't as definitive as they should be. Can we include activities such as "We will evaluate XYZ" or is that too vague?

A: That is acceptable. Make sure you address what your plan is and what you are trying to solve or do. For example, if you say you're going to investigate staffing needs for the

intervention, the subsequent milestone should be that the staffing decisions were made. Make sure you follow through with your activities.

Q: If we were to put two activities under a particular quarter, would they be weighted equally (50/50) or would it be all or nothing in terms of the at risk dollars?

A: You may have multiple discreet activities for each milestone reporting period, but they are all categorized as one milestone per quarter and scored as such. If one activity of the milestone is not completed as planned, the milestone is not considered complete.

Q: Should we make a connection between barriers identified in section 3a of the implementation plan and the milestones defined in section 3b?

A: There isn't necessarily a requirement around this; however, if you have identified a major need for the intervention in section 3a, it would be a best practice to include satisfying that need as a milestone. For example, if you indicate that a technology platform will need to be developed or obtained to operate the intervention in section 3a of the implementation plan, it would be good to include that as a technology activity for one of your milestones.

Q: Is health equity required to be addressed in both the planning and implementation and continuous improvement milestone phases?

A: Health equity is required to be addressed in at least one continuous improvement milestone. Health equity is not required to be addressed in the planning and implementation phase, with the exception of the hospital index, which includes addressing health equity as one of the predefined required elements of the patient engagement functional area for the PY2Q2 milestone.

Q: The reference materials indicate that hospitals should address health equity by analyzing the intervention’s impact disaggregated by race, ethnicity, gender, and other demographic variables related to populations that experience health disparities. Are all demographics listed required or are those listed merely examples of what demographics a hospital can choose to address?

A: The demographics listed are examples; however, the hospitals should strive to address each demographic listed. If there are other demographics that are of particular focus for the community the hospital is serving, the hospital may alter the demographics analyzed accordingly to ensure health equity among the applicable community.

Planning and Implementation Milestones

Q: Does every functional area need to be addressed during each planning and implementation milestone reporting cycle?

A: Each milestone reporting cycle does not have to address every functional area. The only time every functional area must be addressed is when reporting the impact milestone indicating that the intervention is fully implemented.

Q: In one of the examples, PY2Q2 has people listed as the functional area. Does an intervention have to follow this example or can PY2Q2 for example include functional area people and process?

A: Any example released by the Department is strictly illustrative. The hospital can use any combination of functional areas for their planning and implementation milestones; it does not have to be people for PY2Q2. Impact milestones must address all four functional areas.

Q: Does an intervention need to have all the milestone functional areas addressed prior to the impact milestone? Or could you have an intervention have only the impact milestone (such as the index measure)?

A: All functional areas do not have to be addressed prior to the intervention being fully implemented (impact milestone). For example, if the hospital has addressed 3 of 4 functional areas, do not complete another planning and implementation milestone that just addresses the fourth functional area. Instead, the next milestone would be the impact milestone that addresses all four functional areas. Remember that impact milestones must occur no later than PY3Q2 for existing interventions.

Q: For one of the interventions, providers will need certification to deliver care, education, etc. Would that be classified as People or Process?

A: Activities to develop staff, such as obtaining certifications, should be classified as "people".

Q: Can I use the same or similar activities for planning and implementation milestones across multiple interventions?

A: The planning and implementation phase should be intervention specific. There are certain activities, like staff training, that will need to occur regardless of the intervention; however, the hospital should ensure their milestones reflect an intervention specific approach to implementation and that milestones listed are relevant to the applicable intervention.

Patient Engagement

Q: Please clarify how hospitals will engage patients in the hospital index with the use of Prometheus data.

A: Hospitals may refer to the hospital index guidance document. In general, hospitals need to consider which areas and which procedures codes have the highest impact on their hospital’s index score. Hospital teams must then 1) determine what that information tells

them about the patients being seen and 2) determine how these tools are being used to inform and impact clinical interventions or processes of care for patients in the future. Focus on how you are making sure there is a patient-centered approach for the patient engagement functional area.

Q: What sort of activities/documentation should we have for patient engagement? Results of patient surveys/focus groups etc.?

A: Yes, patient surveys and focus groups could meet the criteria. The hospital could also conduct a pilot where they roll out the intervention to a subset of the population to see what can be improved. Documentation in that case could be a narrative. Then, the impact milestone would be that the intervention was rolled out to all patients.

Q: Could developing patient engagement materials and bringing them to a patient and family advisory council (PFAC) for input and approval count as a "patient engagement functional area" milestone in the planning and implementation phase?

A: Yes. Further, if there is a rollout necessary, we do want to see that addressed in your patient engagement milestone.

Q: How do we document that the intervention has been rolled out to patients?

A: Presentation to leadership that the intervention has been rolled out to patients could suffice as supporting documentation

Q: Is rolling out a patient facing education material considered "people" or "patient engagement"

A: Education material for patients would represent "patient engagement." Training patient navigators to support patients would represent "people."

Impact Milestones

Q: Can the impact milestone restate and confirm that a functional area was complete and addressed earlier in the implementation plan/ prior milestone report period?

A: If the hospital completes an activity in a prior period, even for the impact milestone reporting, the hospital should describe how the functional process is being maintained. The impact milestone can reference a prior period and provide a narrative update rather than repeating the same information. For example, if the technology build was completed in a prior quarter, state the date it was completed and explain how it has been implemented and maintained.

Q: Is the impact milestone equivalent to meeting all prior discrete milestones, or are we expected to meet brand-new components - people, process, technology, and patient

engagement/ target population activities again in the quarter in which the impact milestone is reported?

A: The impact milestone is not equivalent to the collection of all current and prior reporting of functional area components. During the quarter that an impact milestone must be reported, the hospital must briefly describe each of the functional areas and how a new activity was put in place, or how a prior activity is being maintained, for each.

Q: Which milestones need to be an impact milestone?

A: Impact milestones will occur once the intervention is fully operational. New interventions must have an impact milestone by PY4Q2. Existing interventions must have an impact milestone by PY3Q4. Hospital index intervention must have an impact milestone by PY2Q2.

Q: If I have an already developed measure, is the first milestone an impact milestone?

A: Yes, demonstrate that the intervention is fully operational via the impact milestone then move directly into continuous improvement milestones for that intervention.

Implementation Plan: Improvement Milestones

Q: Will hospitals be asked to speak to milestones again after hospitals are fully at scale?

A: Once a hospital is fully at scale, the hospital is in the continuous learning and improvement phase. Your hospital will need to briefly describe continuous learning and improvement activities for every milestone reporting period for the duration of the program.

Q: Does there need to be a continuous milestone for each quarter once impact milestone is reached as outlined in the “submission of proposed milestone”?

A: Milestones are reported only twice yearly, rather than quarterly. However, once you have completed the impact milestone (intervention is fully operational) and move into continuous improvement, you do need to have a continuous improvement milestone each milestone reporting period throughout the end of program year 5.

Q: How many continuous improvement milestones will we need to report?

A: This depends on when you anticipate completing the impact milestone. Every milestone reporting period after the impact milestone is completed must be a continuous improvement milestone through the end of the program.

Q: Can you discuss supporting documentation for continuous improvement milestones and what that might look like?

A: There may be some repetition (i.e., Plan-Do-Study-Act cycle). However, hospitals should be sure to add some differentiation. What did you do and what were the results each cycle? Include a report or evaluation summary. Focus on problem areas along with utilization.

Q: How detailed do we need to be in the continuous milestones. Understand that these will be focused around PDSA processes, but we do not know what will be the focus of those PDSA cycles until we have some baseline data. This is challenging to outline before the implementation plan is due.

A: How you structure your continuous learning and improvement milestones can be based on workflows, high level. Detailed information isn't required until achievement.

Q: What is the health equity requirement?

A: Hospitals must address health equity as part of their continuous learning and improvement milestones. At least one continuous learning and improvement milestone must address health equity. Hospitals should, at a minimum, analyze the intervention's impact disaggregated by race, ethnicity, gender, language, and other demographic variables related to populations that experience health disparities.

Q: Can I address health equity in the planning and implementation phase?

A: Yes; however, it is very important that distinct activities and their corresponding documentation are numbered to prevent confusion once the information is transferred from your template into Qualtrics. See Appendix A: Implementation Plan Numbering for example. Please note that this is purely for illustrational purposes. Hospitals are not required to list multiple activities per functional area in one quarter and are only required to describe one piece of supporting documentation per distinct activity.

Q: What kind of activities qualify as continuous improvement?

A: Continuous improvement milestones focus on incorporating continuous quality improvement practices into ongoing intervention operation. Activities that are part of the ongoing intervention should not be listed as a continuous improvement milestone.

Q: Can I use the same or similar activities for continuous improvement milestones across multiple interventions?

A: If the hospital's continuous improvement methodology is the same across multiple interventions, that is acceptable. However, the hospital should indicate that the continuous improvement process will be specific to the applicable intervention.

For example, instead of saying the hospital will complete a PDSA cycle and using the same verbiage for all interventions, specify that a PDSA cycle specific to the ALTO intervention will be conducted.

Supporting Documentation

Q: Can hospitals submit an attestation as supporting documentation confirming we are fully at scale?

A: An attestation will not be accepted. Supporting documentation should confirm the hospital is at scale based on policies, processes, staffing, etc. in place.

Q: When will hospitals supply supporting documentation?

A: The supporting documentation to be submitted will be established in the hospital's implementation plan. However, no documentation is required to be submitted with the implementation plan. Documentation will be due during the reporting cycle one month following Q2 and Q4 of the identified milestone completion date.

Q: How can hospitals predict what supporting documentation will be available to provide, given that a lot of these interventions are not in place currently?

A: Hospitals should consider the list of activities that need to be in place for the selected intervention. Consider what will indicate progress to your hospital governance committee. Documentation descriptions can be high-level but should clearly explain how it will support the milestone's completion.

For example, for the 'people' functional area, the hospital plans on hiring people, transitioning staff from other areas, and developing training for those individuals. The hospital may not know who the staff will be or what the training will entail, but they can list that supporting documentation will include a staffing list, the training slides, and training attendance records. The documentation should be specific to the milestone.

Q: HCPF has indicated documentation cannot include PHI. How else can I demonstrate proof?

A: If applicable supporting documentation for a particular milestone contains PHI, the hospital may submit a redacted copy.

Q: Regarding supporting documentation for milestones, the examples given from HCPF have multiple documents for each functional area listed as supporting documentation. I was planning on submitting one document/screenshot/other materials per functional area. Is that ok?

A: Any example provided by the Department is solely illustrative. The amount of supporting documentation depends on the milestone. For example, if the People milestone is to hire and train, those are two discreet actions that will be accomplished. Submission of training curriculum would be one type of supporting documentation, but that doesn't document hiring. Therefore, separate documentation would be required for hiring.

Q: We don't know how we will be communicating with the RAE. How will we submit supporting documentation since we don't know what the process will be?

A: The specifics do not have to be defined now. Provide the high-level process of what needs to be developed. Detail will come later when the documentation is actually submitted. Supporting documentation does not actually need to be submitted with the implementation plan. Documentation will be submitted during quarterly reporting. The implementation plan just describes what the documentation will be.

Q: For supporting documentation, can our documentation description be simply a screenshot of a report?

A: A blank copy of the report and details of how that report will be developed would be sufficient. A screenshot without PHI could fall into that category.

Q: Can we say "Evidence of completed PDSA cycle" as our expected supporting documentation for the continuous improvement milestones?

A: Yes; however, we recommend you include high level summaries and findings. Ideally, you'll discuss the actual activities or steps that were taken.

Q: Can I use meeting minutes as supporting documentation?

A: While meeting minutes will suffice, hospitals should clearly indicate how the completion of the activity will be supported in the meeting minutes. For example, if the milestone is “receive approval from the RAEs to send the notifications according to the developed process”, the supporting documentation description should specify who the meeting is with (in general terms) and what information that supports the activity's completion will be included. To illustrate, instead of simply listing "meeting minutes", the hospital could list "RAE meeting minutes that specify the RAE’s approval of the notification process."

Hospital Index

Q: Qualtrics indicates certain responses should be less than 2000 characters. However, some of the predefined elements for the hospital index require lengthy responses. How can we address all required elements and keep the response under 2000 characters?

A: For the hospital index milestones, you will complete those just as you are for other interventions. The first milestone will be the impact milestone for that intervention. For the implementation plan, we just need to know the continuous learning and improvement intervention you are going to put into place utilizing the hospital index tool. Within that you should state how that intervention will also answer the pieces indicated in the milestone guidance document. We do not need any of the answers to those items in the milestone

guidance document at this time. You will provide that detail at the appropriate milestone interval as indicated in the guidance document.

Q: Is it true that stakeholder assessment is the group you are working with in order to identify episodes? And we will have discussion among them to see what is driving those episodes?

A: Correct - stakeholders must be engaged for quality improvement of the hospital index intervention.

Q: The hospital index questions ask us to describe the next reporting cycle, even though that will not have happened yet. Can you clarify?

A: There is a difference between what is documented for the implementation plan and what documentation you will have to eventually provide for the quarterly reporting period. You are not going to know exactly what the answers are at this time for inclusion in the implementation plan, but you can document that you will be providing those answers. The expectation is that you will be able to answer those questions when it is time to report on the milestone.

Appendix A: Implementation Plan Numbering

Implementation Plan Template: Multiple activities per functional area per milestone reporting period.

Section III.B: Intervention Milestones							
Performance Period	**Completion Date**	**Milestone Code**	**Milestone Phase**	**Functional Area**	**Functional Area Description / Milestone Description**	**Supporting Documentation**	**Impact Milestone (Y/N)**
Note: Add rows where needed to address multiple functional areas within a single performance period, such as the Impact Milestone and other Planning and Implementation phase milestones (see Example tab).							
PY2Q2	3/31/2023	INT1.PY2Q2	Planning and Implementation	People	1. Key hospital leadership identified and engaged to support necessary steps in SBIRT implementation	1. Letter of commitment to SBIRT implementation from hospital executive leadership team.	N
PY2Q2	3/31/2023	INT1.PY2Q2	Planning and Implementation	People	2. Develop training materials and schedule	2. Copy of training material and schedule.	N
PY2Q2	3/31/2023	INT1.PY2Q2	Planning and Implementation	Process	1. Completed organizational self-assessment for SBIRT implementation readiness with the SBIRT project team	1. Completed self-assessment worksheet.	N
PY2Q2	3/31/2023	INT1.PY2Q2	Planning and Implementation	Process	2. With staff feedback, project team decided on a validated screening tool to utilize	2a. Copy of meeting minutes 2b. Presentation discussing screening tools 2c. Copy of chosen screening tool	N

Qualtrics Survey: Multiple activities per functional area per milestone reporting period.

People Functional Area

Please include a brief description of the People Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

1. Key hospital leadership identified and engaged to support necessary steps in SBIRT implementation
2. Develop training materials and schedule

Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Letter of commitment to SBIRT implementation from hospital executive leadership team.
2. Copy of training material and schedule.

Process Functional Area

Please include a brief description of the Process Functional Area for this milestone (no more than two sentences).

Functional Area Description Definition - A short description of the actions that will constitute the completion of the milestone.

1. Completed organizational self-assessment for SBIRT implementation readiness with the SBIRT project team
2. With staff feedback, project team decided on a validated screening tool to utilize

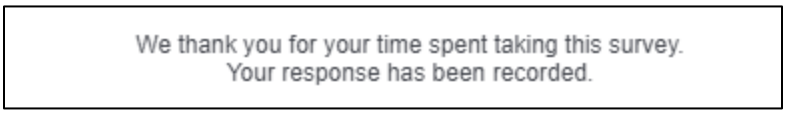
Please describe the supporting documentation which will be provided in support of the Functional Area for this milestone (no more than two sentences).

Supporting Documentation Definition - The name and a brief description of the materials that will be submitted as evidence of the milestone's completion.

1. Completed self-assessment worksheet.
2a. Copy of meeting minutes
2b. Presentation discussing screening tools
2c. Copy of chosen screening tool

Appendix B: Generate PDF of Responses Instructions

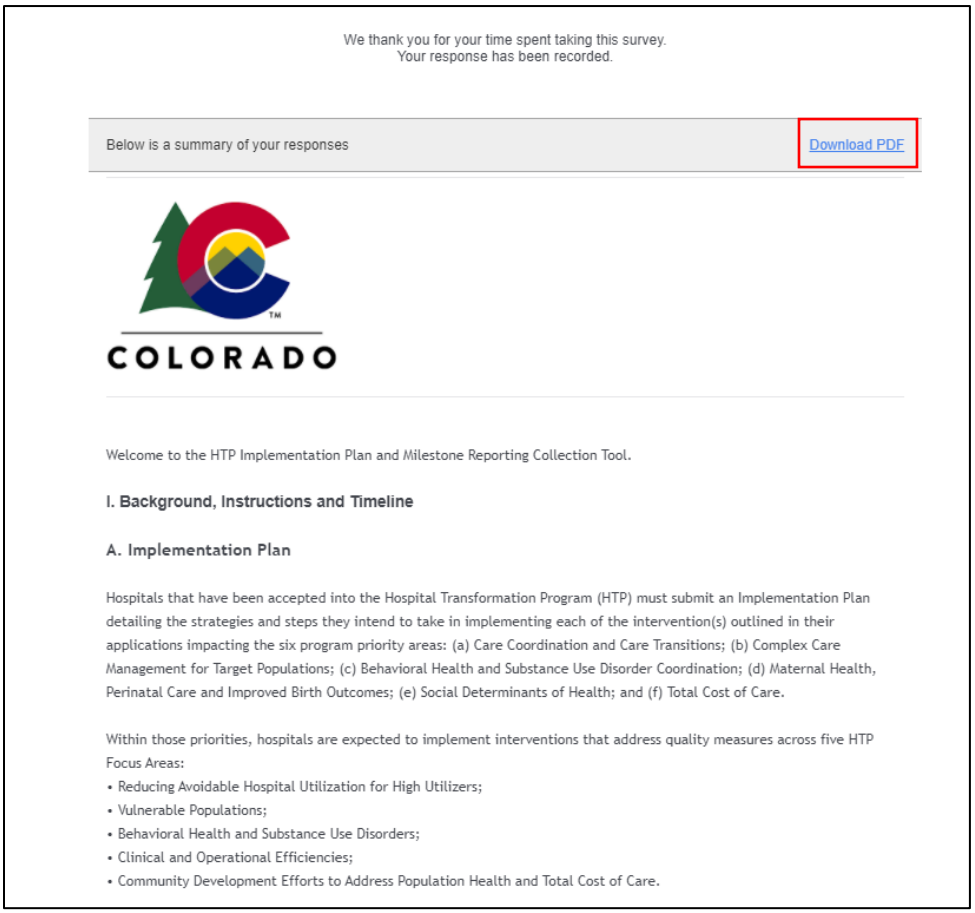
1. Upon hitting “Submit” to officially log your hospital’s response, you will be redirected to a page that confirms your hospital’s submission has been logged in our survey platform. All hospitals will be able to be see this message:



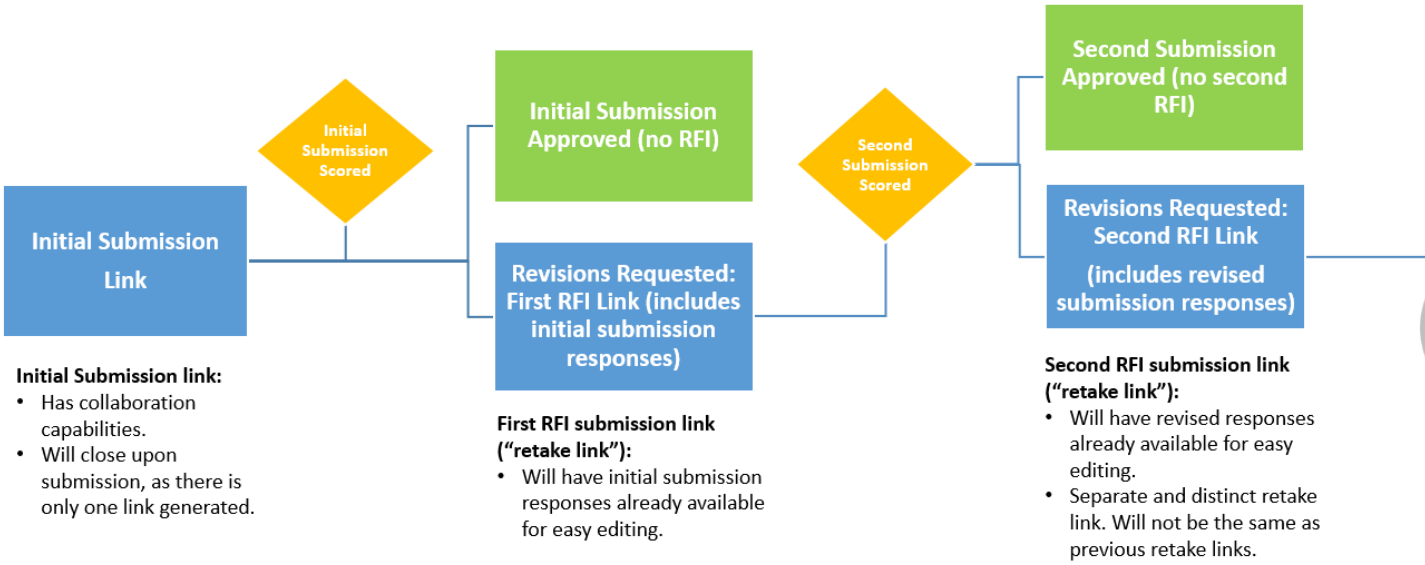
2. As a newly added feature, hospitals will be able to review the responses submitted as well as download a pdf of responses logged. (If you had opened up the link prior to our team pushing out this function, you may not be able to see the review page.)

3. You may then scroll through the page to review your responses. If you would like, you may also click on the link to “Download PDF” of your hospital’s responses.

As this is a one-time review page, you will not be able to access your responses and download after clicking off the confirmation page. Please be sure to download the PDF if this is something your team will need for your records.



Appendix C: Retake Link Flow Chart



Initial Submission link:
- Has collaboration capabilities.
- Will close upon submission, as there is only one link generated.

First RFI submission link ("retake link"):
- Will have initial submission responses already available for easy editing.

Second RFI submission link ("retake link"):
- Will have revised responses already available for easy editing.
- Separate and distinct retake link. Will not be the same as previous retake links.

Retake Links
- No longer have collaboration capabilities. We recommend hospitals delegate one person to record responses in the survey link at this time.
- Will have save and continue functions, as long as it taken on one computer and browser.
- New records will be generated every time the link is clicked on a new computer. Those records do not "talk" with each other. Only responses that are actually captured for MSLC review. Please ensure only one response is submitted.