New York State Partnership for Patients

Readmission Reduction through Partnership with Skilled Nursing Facilities

Project Charter

WHAT IS THIS TOOL:

A sample project charter for hospitals and skilled nursing facilities (SNF) to complete together to help ensure a shared understanding of the goals and activities to be undertaken as part of the project.

HOW TO USE THIS TOOL:

- The charter should be completed at the start of the project
- Review the charter together with your hospital and SNF team to define the project's:
    - Aim
    - Duration
    - Executive sponsors from hospital and SNF
    - Goals
    - Measurement
    - Team members

TIPS FOR USING THIS TOOL:

- The charter should be completed with input and sponsors from both the hospital and the SNF
- NYSPFP recommends teams review the NYSPFP Readmission Reduction Through Partnership with the SNFs Resource Guide when signing the charter for an idea of what interventions could be undertaken as part of the project
- How to select SNF partners for the project:
    - Select 1–2 SNF partners with the highest number of hospital readmissions

PROJECT NAME:
New York State Partnership for Patients (NYSPFP) Readmission Reduction Through Partnership with the SNF Project

HOSPITAL PROJECT MANAGER LEAD:

_____

SNF PROJECT MANAGER LEAD:

_____

NYSPFP HOSPITAL PROJECT MANAGER:

_____

DATE OF CHARTER COMPLETION: _____ **START DATE:** _____ **END DATE:** _____

PROJECT AIM:
Reduce the readmission rate between _____ and _____ (SNF)
[insert hospital name] [insert SNF name(s)]
by _____% by _____.

OUTCOME MEASURE:

- Denominator: Number of patients discharged from the hospital to a SNF
- Numerator: Number of all-cause readmissions to the hospital within 30 days following discharge to the SNF
- Exclusions: Planned readmissions for scheduled procedures that can be excluded
- Note: The Hospital may choose to customize the measure, e.g., utilize the number of patients that returned to the hos-pital as an Inpatient, Emergency Department (ED), or Observation Department within 30 days of discharge to the SNF

PROJECT DESCRIPTION:
The Hospital will conduct a pilot project and collaborate with one or two SNFs to reduce SNF to hospital readmissions by fo-cusing on key strategies and best practices that can improve the patient and care partner experience across care transitions.

KEY STRATEGIES FOR THE PROJECT:

1. Building and strengthening relationships across care settings
2. Developing standardized processes for communication and information transfer between facilities
3. Engaging patients, families, and care partners in care transitions
4. Understanding the use and capacity of the Emergency and Observation Departments

CORE ACTIVITIES:
The following is a list of the minimum core interventions to be performed by the hospital and SNF(s) to establish the foun-dation of the project:

1. Identify project team members and share contact information
2. Establish project meeting schedule
3. Complete/compile a list of SNF Capabilities
4. Conduct facility site visits at SNFs and EDs
5. Develop current state care transitions process maps for
    - SNF to ED
    - Hospital to SNF
    - ED to SNF

6. Implement process improvements using small tests of change (see resource guide for change ideas/interventions)
7. Measure new processes
8. Continuously evaluate the project's effectiveness at regular meetings
9. Report progress to executive champions at regular intervals

HOSPITAL PROJECT TEAM:

POSITION	NAME/TITLE	EMAIL/PHONE
Emergency Department Physician Champion		
Hospitalist Champion		
Care Management Champion		
Performance Improvement Champion		
Data/Informatics Champion		
Frontline Clinical Champion(s)		
Team Leader (highlighted contact person)		
NYSPFP Project Manager		

SNF 1 PROJECT TEAM:

POSITION	NAME/TITLE	EMAIL/PHONE

SNF 2 PROJECT TEAM:

POSITION	NAME/TITLE	EMAIL/PHONE

TIMELINE/MILESTONES:

MILESTONE	TARGET COMPLETION DATE
First project team meeting	
Complete SNF capabilities list	
SNF site visit(s) completed	
ED site visit completed	
Current state process maps completed	
First test of change completed	

HOSPITAL EXECUTIVE SPONSORS:

Print Chief Medical Officer Name: _____ Signature: _____

Print Chief Nursing Officer Name: _____ Signature: _____

Print Chief Quality Officer Name: _____ Signature: _____

SNF 1 EXECUTIVE SPONSORS:

Print Nursing Director Name: _____ Signature: _____

Print Administrator Name: _____ Signature: _____

Print Medical Director Name: _____ Signature: _____

SNF 2 EXECUTIVE SPONSORS:

Print Nursing Director Name: _____ Signature: _____

Print Administrator Name: _____ Signature: _____

Print Medical Director Name: _____ Signature: _____

OTHER (IF APPROPRIATE) PROJECT SPONSOR(S):

Title and Name: _____ Signature: _____

Title and Name: _____ Signature: _____

Title and Name: _____ Signature: _____

Note: At the completion of the project, NYSPFP recommends that the hospital develop a plan to sustain the collaboration, selecting additional interventions to build on the foundation already established, and/or expand the project to work with additional SNFs.