

# FY 2022 Flex End-of-Year Report

## Instructions

These instructions are in response to the reporting requirement included on your Notice of Award (NoA):

*The FY 2022 Flex program requires an End of Year report for Year 4 of the 5-Year project period. Reports are due 90 days after the budget period end date.*

*Due November 30, 2023: Narrative detailing **one** significant accomplishment/activity **for each** Flex program area that you have selected to work in of the Year 4 (September 1, 2022 – August 31, 2023) of the Flex Program. This will included also include a completed work plan for **ALL** activities in Year 4 with updated program measures.*

***\*\*\* This report should not include EMS Supplement activities \*\*\****

This End-of-Year Report asks you to report a full budget year of activities once the year has ended. This will also help show the impact of a full year of the Flex Program.

These instructions outline the suggested format and content for the FY 2022 Flex End-of-Year Report. Use the following sections as headers in the narrative. Prepare the report in .docx or .pdf format, and upload the file to the Electronic Handbooks (EHB) reporting task. The final report should be five to ten pages long.

**You will also need to submit a completed Year 4 work plan for all program areas/activities selected to work in for Year 4, with updated actual outputs.** If you had changes to your Year 4 work plan, you can update the information in this submission.

<u>Activities Description (by category)</u>	<u>Expected Outputs</u>	<u>Actual Outputs (complete for progress reporting only)</u>	<u>Timeline and Key Milestones</u>	<u>Staffing</u>
<b>Program Area 1: Critical Access Hospital (CAH) Quality Improvement (required)</b>			<b>Total budget for program area:</b>	<b>\$ 110,000</b>
<b>1.1 Report and improve Core Patient Safety/Inpatient Measures (required annually)</b>			<b>Total budget for category:</b>	<b>\$ 25,000</b>
Conduct an educational webinar to ensure all health care providers and eligible patient populations receive their influenza vaccinations	50 CAHs who attend and or receive meeting notes and resources for each quarterly quality meeting.		8/31/2020	Flex Coordinator, SME

The information from these reports will be used to inform future program direction, identify best practices and promising interventions and share our findings with Flex program stakeholders.

## Suggested Format for Narrative

Please include the following information for **each** program area associated with your FY 2022 Work Plan.

### **Program Area 1: CAH Quality Improvement (required)**

#### Significant Accomplishment/Activity Details

Describe **ONE** activity that was a significant accomplishment, including how the activity was implemented and the expected outcomes.

#### Impact

What were the results of this activity? How did it impact the participating hospitals (or EMS agencies) and overall Flex Program?

#### Lessons Learned and Best Practices

What were your lessons learned and/or best practices from implementing this activity that would be useful to other states that want to implement this in the future?

#### Recommendations

Do you recommend this activity for other Flex programs? Discuss why or why not.

### **Program Area 2: CAH Operational and Financial Improvement (required)**

#### Significant Accomplishment/Activity Details

Describe **ONE** activity that was a significant accomplishment, including how the activity was implemented and the expected outcomes.

#### Impact

What were the results of this activity? How did it impact the participating hospitals (or EMS agencies) and overall Flex Program?

#### Lessons Learned and Best Practices

What were your lessons learned and/or best practices from implementing this activity that would be useful to other states that want to implement this in the future?

#### Recommendations

Do you recommend this activity for other Flex programs? Discuss why or why not.

### **Program Area 3: CAH Population Health Improvement (optional, report if included in your work plan)**

#### Significant Accomplishment/Activity Details

Describe **ONE** activity that was a significant accomplishment, including how the activity was implemented and the expected outcomes.

#### Impact

What were the results of this activity? How did it impact the participating hospitals (or EMS agencies) and overall Flex Program?

#### Lessons Learned and Best Practices

What were your lessons learned and/or best practices from implementing this activity that would be useful to other states that want to implement this in the future?

## Recommendations

Do you recommend this activity for other Flex programs? Discuss why or why not.

### **Program Area 4: Rural EMS Improvement (optional, report if included in your work plan)**

#### Significant Accomplishment/Activity Details

Describe **ONE** activity that was a significant accomplishment, including how the activity was implemented and the expected outcomes.

#### Impact

What were the results of this activity? How did it impact the participating hospitals (or EMS agencies) and overall Flex Program?

#### Lessons Learned and Best Practices

What were your lessons learned and/or best practices from implementing this activity that would be useful to other states that want to implement this in the future?

## Recommendations

Do you recommend this activity for other Flex programs? Discuss why or why not.

### **Program Area 5: Innovative Model Development (optional, report if included in your work plan)**

#### Significant Accomplishment/Activity Details

Describe **ONE** activity that was a significant accomplishment, including how the activity was implemented and the expected outcomes.

#### Impact

What were the results of this activity? How did it impact the participating hospitals (or EMS agencies) and overall Flex Program?

#### Lessons Learned and Best Practices

What were your lessons learned and/or best practices from implementing this activity that would be useful to other states that want to implement this in the future?

## Recommendations

Do you recommend this activity for other Flex programs? Discuss why or why not.

## Please Respond

We plan to share your Significant Accomplishment & Impact sections of this report on your [State Flex Profile](#). **If you choose to opt-out of sharing, please include a statement at the end of your report.**

TASC will work with each program to ensure consistency on your State Flex Profile. Having TASC use this information to update your State Flex Profile reduces your burden of updating later in the year. If you opt out, you will be requested by TASC to provide an update later this year. The State Flex Profiles are some of the most frequently accessed pages on the TASC website. Key partners and the public want to know the great work you are doing to benefit the rural communities in your state through the Flex Program!