Frances Mahon Deaconess Hospital

**Community Health Needs Assessment**

**2013 – 2016 Implementation Plan**

**Approved by the Board of Trustees**

**June 26, 2013**

Pursuant to the requirements of the Affordable Care Act and the related Internal Revenue Service implementing regulations this document outlines the Frances Mahon Deaconess Hospital’s (FMDH) implementation plan which responds to the findings of its Community Health Needs Assessment completed and adopted by the Frances Mahon Deaconess Hospital Board of Trustees on March 27, 2013. This plan was developed based on the data and information contained within the Community Health Needs assessment and responds to the priorities determined by the prioritization tool utilized for such purposes (see prioritization process explanation that follows). These initiatives outlined in this plan were developed through input from the FMDH Leadership Group, the FMDH Medical Staff, the FMDH Board Planning and Quality Committee, and the FMDH Board of Trustees. The plan is intended to be a “living” document, that is, the initiatives contained in this plan are the initial activities FMDH has established to respond to the priority needs identified, but in no way is it considered as an all-inclusive or static list of initiatives FMDH may employ over the period designated for plan implementation. Like all plans, it intends to set a course but course changes may be necessary giving the internal and external operational variables FMDH may encounter in the designated plan period and/or in the course of plan implementation. As such, when necessary, this plan will be updated to reflect changes required by these variables.

**General History of FMDH Community Needs Assessments and Planning**

Frances Mahon Deaconess Hospital has had a long history of community needs assessment needs practices dating back to the 1960s. These assessments have resulted in the development of a scope of services not typically found in a community of the size of Glasgow, Montana or located in a geographically isolated rural region served by FMDH. The scope of services that FMDH has developed as a result of these assessments includes, but is not limited to:

* A fixed wing Air Ambulance service based in Glasgow to facilitate transport of patients needing tertiary care unavailable in the region. This service was first developed by FMDH and later evolved to a partnership with the medical providers of neighboring communities to further expand coverage in the region and to provide a stable operational foundation;
* The recruitment and retention of specific specialty physicians that were generally most needed in the community to assure local access to these services verses having to travel upwards of 250 miles for access by patients. These services include: Obstetrics and Gynecology services, Orthopedic Surgical Services, General Surgery services, and Radiology interpretation services;
* The recruitment and retention of primary care physicians and providers in the quantity and of the quality to meet the majority of general medical needs in the community. To support this end, FMDH sought development of an integrated operating model that streamlined operational costs and facilitated a consistent synergy of effort across the delivery spectrum;
* Investment in advanced imaging equipment, laboratory and related services to support ready access to these services and timely diagnosis and treatment of trauma and disease; and,
* Development of other ancillary services, such as audiology, physical and occupational therapy, cardiac rehabilitation, and out-patient chemotherapy, again to facilitate timely treatment and to improve access to such services in the region.

Although FMDH understands and supports the requirements established through the Affordable Care Act to assure not-for-profit or charitable hospitals are concentrated on understanding and meeting community needs, and therefore their charitable purpose, the underlying basis for codifying such requirements has long been an intrinsic driver of the FMDH operating model.

**Needs Prioritization**

As required by the IRS implementing regulations, FMDH prioritized the identified needs to determine those needs that it could efficaciously address given the resource limitations inherent in a small rural hospital operation. The implementing regulations, although fairly prescriptive in some aspects, left to each non-profit hospital to determine it methodology of prioritization. Consequently, FMDH developed a tool based on a Hazard Vulnerability Assessment tool the organization uses in multiple internal assessments of its operations. The Prioritization Tool and the prioritization scoring can be found in the appendix to this plan document (page 9). The tool was modified to address the most important variables FMDH determined best measured efficacy. Although the variables used in the Prioritization Tool number a total of eight variables, FMDH’s philosophy regarding efficacy of service development has historically been predicated on our realistic ability to positively answer three basic questions:

* Does FMDH have or can it reasonably acquire the resources –human and financial – to begin the services?
* Can FMDH assure that these resources as sufficient enough to maintain consistent high quality?
* Will the service line produce enough operating cash flow to cover its direct and incremental costs to assure operational sustainability without breaks in service availability?

The scoring of each variable was completed, again, with input from the FMDH Leadership Group, the FMDH Medical Staff, the FMDH Planning and Quality Committee and the FMDH Board of Trustees. Further, the prioritization was further informed by input from the FMDH Department Leadership. The variables scored in the tool are:

* **Prevalence** - Quantity of Cases within FMDH’s identified service area (see FMDH’s Community Health Needs Assessment for identification of its service area) – Anytime that community perceptions are sought, whether gathered through a quantifiable or a qualitative assessment process, the effort usually results in a list of needs perceived by the public as necessary. Perceived needs do not always match the need that actual service demand would justify as a true need. Consequently, this variable is important to determine which group of services, if such were developed, can be sustained based on the demand verses the resources necessary to supply the service.
* **Clinical Severity** – Probability of significant population mortality or morbidity if access to services from any source were unavailable.
* **Quality of Life Significance** – the significance of impact on the general population’s activities of daily living or enjoyment of life if access to services from any source were unavailable.
* **Community Demand** – the frequency of the population’s request for development of services because of **perceived** community needs. This differs from the Prevalence measure as it rates perception rather than actual demand for services.
* **Degree of Community Impact** – the degree to which the community experiences negative consequences if services are not locally available.
* **Access to Alternative Service Providers** – the relative availability of services within the immediate or greater service area to the identified service area from providers of service other than FMDH.
* **Potential for Negative Business Impact** – rating the likelihood of operational sustainability from a financial standpoint.
* **Barriers to Service Entry** – a rating of the difficulty of developing services given the start-up costs associated with known service lines related to the particular disease group – investments in needed equipment, physical plant, and working capital – and the human resource requirements relative to the capabilities and complexity of the known service lines related to the particular disease group.

Finally, upon completion of the scoring of each disease category identified as a need in the FMDH Community Health Needs Assessment, the Board and Administrative Team examined the results to look at natural breaks in the aggregate score results. Based on this review, FMDH identified the score of 30 as the natural break threshold. Consequently, FMDH prioritized developing implement strategies that addressed the needs associated with the following disease groups:

* + - Respiratory Disease
		- Hyperlipidemia
		- Hypertension
		- Cardiovascular Disease
		- Cancer
		- Ob/Gyn/Prenatal
		- Mental Health and Substance Abuse

**Plan Development Methodology**

For purposes of developing strategies to include in the FMDH CHNA Implementation Plan, the Leadership Group, a multi-disciplinary group of Senior Leadership representing the broad cross-section of FMDH service lines and including physician leadership, was tasked to develop proposed strategies for each of the identified needs disease categories. This was completed over several meetings of this Leadership Group using a “Start, Stop, Continue” brainstorming technique. Subsequent to “brainstorming” strategy options, the Leadership Group was then tasked to vote on each strategy, using a “Yes” (adopt this strategy) or a “No” (do not adopt this strategy) format. Strategies that received a vote of 50% or less were dropped from the list. The Leadership Group then discussed the remaining strategies to determine fit with the vision, mission and values of FMDH. Subsequent to this discussion a list of proposed final strategies was developed.

After completion of its tasked work, the list of proposed final strategies was then presented to the full Medical Staff for discussion. This completed on June 20, 2013. The Medical Staff was provided the opportunity to add strategies to the list, modify proposed strategies, or argue for the elimination of any of the proposed strategies. This discussion did not result in elimination of any of the proposed strategies. However, additional strategies were added to the list and two strategies were modified to better reflect provider responsibilities consistent with the FMDH operational model.

Subsequent to the Medical Staff’s modifications of the strategy lists, the Board Planning and Quality Committee reviewed the proposed strategies. Here too, this Board Committee was provided the opportunity to add, modify or eliminate strategies from the list. The Committee’s discussion resulted in the modification of one strategy.

Finally, the proposed strategies were presented to the Board of Trustees with a recommendation from the Board Planning and Quality Committee for approval. This approval was approved by the Board at its meeting on June 26, 2013.

**Implementation Plan Strategies**

Many of the strategies developed have implication for two or more of the disease categories included in this Implementation Plan. In addition, Community Awareness strategies were developed for all disease categories. This plan is structured to first list the Community Awareness Strategies as a whole, meaning the Community Awareness strategies for each disease category (again noting that there exists natural cross over between categories) are presented in the aggregate. Following the Community Awareness Section of this plan, the strategies relevant to each disease category are listed specific to the category whether or not strategies cross-over to other categories.

**Community Awareness Initiatives**

FMDH, in response to the identified community needs will implement the following Community Awareness strategies.

* + Develop a formal plan for raising community awareness regarding disease prevention and treatment to include methodologies to measure the success of the community awareness campaign(s). Topics to be covered in the Community Awareness Campaign(s):
		- Tobacco’s effect on health with distinctions of the varying effects of smoking and smokeless tobacco on associated diseases;
		- The importance of obtaining annual Flu Shots;
		- The importance of obtaining Pneumonia vaccinations;
		- Using Electronic Health Record data, explore population management educational opportunities targeted to existing clinic patient panel.
		- Emphasize education regarding disease categories contained in this plan during the annual FMDH Health Fair.
		- Use TVs in Lab and Clinic and other appropriate places to provide streaming health education on health topics related to disease categories contained in this plan.
		- Develop health awareness messages utilizing local providers to be used for hold messages in hospital telephone system.
		- Awareness of where free blood pressure screenings are available;
		- Use “pulse communication” marketing techniques in campaign structuring.
		- Promotion of the importance of regular exercise.
		- Mental health as a disease;
		- Host lectures regarding mental/behavioral health issues.
		- Develop and implement public service announcements on radio to mitigate the stigma of seeking mental/behavioral health assistance.
		- Develop and provide education and/or services on school campuses related to mental/behavioral health.
		- Reach out to the school counselors to identify counselor educational/training needs and to develop programs to meet these needs.
		- Provide education in the waiting or exam rooms that promote awareness of health risk related to diseases categories identified within this Implementation Plan.

**Disease Specific Initiatives**

FMDH will develop, adopt and provide the following for each of the identified high-need disease categories.

* **Respiratory Disease**
	+ Implement new technologies to provide reminders and education focused on smoking, and promotion of flu shots and pneumonia vaccination.
	+ Screen patients admitted for COPD to control readmissions due to personal management of disease progress. Refer to cardiac rehab for monitored exercise program.
	+ For all patients who are currently receiving oxygen therapy and who are admitted to inpatient services have oxygen saturations completed to screen to determine if they will benefit by an order for a conserving device.
	+ Examine feasibility of FMDH development of a pulmonary rehabilitation program.
	+ Explore access to pulmonologist via telemedicine to provide access to ongoing specialty treatment services.
	+ Evaluate the development of an asthma clinic through 5th Avenue Pharmacy and/or the Glasgow Clinic.
	+ Add education on the effects of environment factors that can lead to respiratory problems to the prenatal classes.
	+ Target education to asthmatic patients to the effects of non-specific triggers for appropriate disease management.
	+ Identify and address barriers to drug and essential device accessibility.
	+ Continue FMDH support of the Smoking Cessation program.
	+ Continue providing competent treatment to patients with respiratory disease.
	+ Continue FMDH/Glasgow Clinic vaccination clinics.
	+ Continue FMDH employee vaccination program.
	+ Continue FMDH employee smoking cessation program.
* **Hyperlipidemia**
	+ Establish a standard of practice to address pediatric cholesterol in obese patients.
	+ Develop a health fair type program to take to the area schools.
	+ Work with school to provide dietician consultation to improve school based nutrition.
	+ Work with schools to develop curriculum related to heart health. Focus education begin to begin at the Kindergarten. Consider training and utilization of high school level students that the younger students look to as role models to do this training.
	+ Develop an internal nutrition emphasis within the FMDH cafeteria to lessen the pre-made, highly processed food offerings, and increase offering healthier food options.
	+ Continue offering the FMDH Vitality Program (employee healthy lifestyles program) and consider opening the Vitality Program to community.
	+ Continue low-cost annual laboratory health screening program offerings to the community.
	+ Continue providing competent treatment to patients with hyperlipidemia.
* **Hypertension**
	+ Develop a focused program that ensures FMDH Emergency Room Providers gives proper education about the importance of episode follow-up with the patients’ primary care provider.
	+ Internally post nutrition of meals/foods served in the facility.
	+ Coordinate with other community screening providers so that a consistent message related to prevention and management of Hypertension is delivered to patients suffering from or at high risk for the disease.
	+ Begin working away from pre-made food offerings
	+ Develop an internal nutrition emphasis within the FMDH cafeteria to lessen the pre-made, highly processed food offerings, and increase offering healthier food options.
	+ Continue to take and record Blood pressures on everyone over the age of two in clinic services
	+ Continue free blood pressure screenings provided by the Glasgow Clinic and the FMDH STAT Ambulance Service.
	+ Continue providing competent treatment to patients with hypertension.
* **Cardiovascular Disease**
	+ Develop a focused program that ensures FMDH Emergency Room Providers gives proper education about the importance of episode follow-up with the patients’ primary care provider.
	+ Internally post nutrition of meals/foods served in the facility.
	+ Coordinate with other community screening providers so that a consistent message related to prevention and management of Cardiovascular Disease is delivered to patients suffering from or at high risk for the disease.
	+ Expand time and opportunity for FMDH employees to exercise during the work day.
	+ Develop a monitored/directed exercise program target to the general public.
	+ Develop an internal nutrition emphasis within the FMDH cafeteria to lessen the pre-made, highly processed food offerings, and increase offering healthier food options.
	+ Continue taking and recording blood pressures on everyone over the age of two in clinic services.
	+ Continue free blood pressure screenings provided by the Glasgow Clinic and the FMDH STAT Ambulance Service.
	+ Continue providing competent treatment to patients with cardiovascular disease in coordination with the patient’s specialty physician and within the resources available to FMDH.
* **Cancer**
	+ Implement new technologies to provide reminders and education focused on smoking cessation and promoting preventative screenings.
	+ Explore access to oncology via telemedicine as a potential solution if and when visiting specialists are no longer available to the community.
	+ Identify and address barriers to drug and essential device accessibility.
	+ Explore the feasibility of developing and implementing a Palliative Care service line.
	+ Continue supporting of the Smoking Cessation program.
	+ Continue providing competent treatment to patients with cancer within our resources and capabilities.
	+ Continue FMDH employee smoking cessation program.
	+ Continue to provide access to visiting dermatology services.
* **Obstetrics, Gynecology and Para-natal Services**
	+ Understanding the socio-economic barriers to success of this initiative and relative inability for FMDH to effectively address such barriers, encourage follow-up care post-delivery to be done in Glasgow as a means to improve continuity of care.
	+ Explore giving access to our nursing education relating to this service line to nursing staff from Roosevelt County Hospitals.
	+ Continue providing access to WIC services under contract
	+ Continue providing FMDH sponsored prenatal classes.
	+ Continue FMDH supported smoking cessation classes.
	+ Continue STABLE Course for the FMDH Nursing Staff
	+ Continue to assure an adequate number of obstetrics providers to serve the needs of Valley County.
	+ Continue to offer FMDH sponsored lactation consulting services.
	+ Continue to encourage and support FMDH nursing staff to become certified in this service line.
	+ Work on improving our diabetic education in support of gestational development of diabetes.
* **Behavioral Health and Substance Abuse**
	+ Identify and address mental health and substance abuse counseling accessibility.
	+ Explore access to psychiatry via telemedicine as a potential solution to assisting meeting local medication management needs.
	+ Examine other alternatives whereby access to psychiatry services can be improved.
	+ Add mental health coverage to the FMDH economy health insurance option.
	+ Revisit the potential development of an Advance Practice Registered Nurse (APRN) position focused on medication management of psychotropic medications.
	+ Continue providing competent coordination of treatment to patients who have co-morbid medical and mental health or substance abuse diagnoses within our resources and capabilities.
	+ Continue to develop the behavioral health pilot project in conjunction with the University of Montana.
	+ Continue to support access to crisis management services through short-term inpatient holds and coordination with the Mental Health Center.
	+ Continue to offer our internal FMDH Employee Assistance Program.

**Conclusion**

As noted earlier in this document, FMDH has had a long history of assessing community health needs and developing innovative approaches to meet those needs. With the codification of provisions of the Affordable Care Act, this document seeks to merge historical practices to assure compliance with the “new” requirements place on not-for-profit hospital organizations. This plan contains our best efforts to find meaningful strategies that will effectively address the needs identified in our Community Health Needs Assessment within the resources and capabilities of the small, rural organization that is Frances Mahon Deaconess Hospital. The strategies in this document continue the innovative philosophies that have made FMDH a leader in rural health service delivery. Also as noted earlier, this plan, like all plans, is based on our current knowledge and assessment of how best to meet the community needs. It is and will continue to be considered a “living” document that will evolve based on the internal and external forces that produce consistent challenges to FMDH operations and on the evolving understanding of the efficacy of these proposed strategies or those that may be developed during the time period for which this plan is developed.

**Appendix A**

**Community Health Needs Assessment Priorities**

