

IMPLEMENTATION PLAN

Addressing Community Health Needs

St. Luke Community Healthcare ~ Ronan, Montana

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Disclaimer: The Montana Office of Rural Health strongly encourages an accounting professional's review of this document before submission to the IRS. As of this publishing, this document should be reviewed by a qualified tax professional. Recommendations on its adequacy in fulfillment of IRS reporting requirements are forthcoming.

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The Implementation Planning Process

The implementation planning committee – comprised of St. Luke Community Healthcare’s leadership team– participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) needs assessment process. The facility conducted the CHSD process in conjunction with the Montana Office of Rural Health (MORH).

The CHSD community health needs assessment was performed in the fall of 2016 to determine the most important health needs and opportunities for Lake and Sander’s Counties, Montana. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups. For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website (http://www.stlukehealthcare.org/docs/2016_St._Luke_Community_Healthcare_CHSD_Report.pdf).

The implementation planning committee identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise.

The implementation planning committee determined which needs or opportunities could be addressed considering St. Luke Community Healthcare’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational vision, mission, and values, as well as existing and potential community partners. Participants then created a goal to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures).

The prioritized health needs as determined through the assessment process and which the facility will be addressing relates to the following healthcare issues:

1. Mental and behavioral health
2. Alcohol and substance abuse
3. Access to healthcare services
4. Health and wellness

In addressing the aforementioned issues, St. Luke Community Healthcare seeks to:

- a) Improve access to healthcare services;
- b) Enhance the health of the community;
- c) Advance medical or health knowledge;
- d) Relieve or reduce the burden of government or other community efforts

St. Luke Community Healthcare's Mission:

The mission of St. Luke Community Healthcare is to be an integral component of the communities of the Mission Valley through the delivery of personal, compassionate, quality healthcare in a dignified manner that values our patients, clients and residents who are the very reason for our existence.

St. Luke Community Healthcare's Vision:

Be THE pre-eminent healthcare provider in the Mission Valley Delivering:

- Excellent Quality Care
- Exceptional Customer Service
- A patient centered approach to health care
- Leadership in rural clinical education
- A safe, positive work environment
- Growth through innovation and investment in state of the art technology
- Striving to listen and respond to the needs expressed by the community ensuring true community ownership.

St. Luke Community Healthcare epitomizes what a community healthcare organization symbolizes by listening to and responding to what the community wants. By doing this it gives the community true ownership.

Implementation Planning Committee Members:

- Steve Todd – CEO
- Sarah Teaff – COO
- Paul Soukup – CFO
- Edred Vizcarra, M.D. - Chief of Staff-Physician
- Leah Emerson, RN – ACF DON
- Dawn Raymond, RN- ECF DON
- Brooke Roberts – PR/Marketing
- Liane Clairmont – Executive Assistant

Prioritizing the Community Health Needs

The implementation planning committee completed the following to prioritize the community health needs:

- Reviewed the facility's presence in the community (i.e. activities already being done to address community need)
- Considered organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
- Assessed the health indicators of the community through available secondary data
- Evaluated the feedback received from consultations with those representing the community's interests, including public health

St. Luke Community Healthcare's Existing Presence in the Community

- St. Luke Community Healthcare offers day-long childbirth classes throughout the year.
- Diabetes education is provided through a care coordinator at the St. Luke Community Healthcare Clinic.
- St. Luke holds free community education seminars about the Health Insurance Exchanges/Marketplace in the Affordable Care Act.
- St. Luke helps coordinate and actively participates in County Emergency Preparedness.
- St. Luke provides CNA classes where students earn an income while learning in the classroom as well as real-life settings.
- The St. Luke Community Healthcare Foundation through the Employee Giving Program provides free screening mammograms for uninsured women as well as free newborn hearing screening for uninsured newborns.
- St. Luke Community Healthcare provides health and wellness screenings at numerous community events including but not limited to: The February Ag-Expo in Ronan, The April Spring Trade Show in Polson, The Women 4 Wellness Expo, The Lake County Employee Health Fair, The Ronan Schools Kindergarten Round-up, Ronan Schools Sports Physicals (proceeds benefit the schools' athletic booster club), and Tribal Early Childhood Services Baby Fair.
- St. Luke Community Healthcare provides First-aid stations for community events such as The Pioneer Days 3-on-3 JAM-Boree in Ronan and The Mission Valley Cruizers Car Show in Polson.
- Free CPR/First-Aid classes are open to the public on a regular basis.
- St. Luke provides tobacco education including displays during the Great American Smoke-out and presenting tobacco education classes ("Tar Wars") in the schools.
- St. Luke provides on-call nursing services.
- St. Luke supports Ronan Parks and Recreation through in-kind support and financial contribution
- St. Luke has a public safety contract with the Ronan Police Department.
- Staff members serve on the steering committee of POLST (Physician Orders for Life Sustaining Treatment).

- St. Luke holds memberships on the Lake County Board of Health.
- St. Luke provides financial support for the Flathead Reservation Boys and Girls Club, alcohol-free senior nights for local schools, as well as Safe Harbor domestic violence agency.
- St. Luke participates with local schools by talking about healthcare careers, providing a job shadow program, and encouraging middle school and high school students to consider health related careers with R.E.A.C.H. (Research and Explore Awesome Careers in Healthcare), a program of the Western Montana Area Health Education Center.
- St. Luke collaborates with the Salish Kootenai College nursing program to provide clinical rotations in addition to a unique Dedicated Education Unit where students are paired with an RN for an entire semester.
- St. Luke participates in the Western Regional Trauma Advisory Council.
- A St. Luke representative serves on the State Trauma Care Committee.
- St. Luke offers active intern programs in lab, physical therapy, respiratory therapy, imaging, and clinical rotations for residency medical students.
- St. Luke participates in the annual Job Service sponsored career fair as well as Polson, Ronan, and St. Ignatius' Chambers of Commerce.
- St. Luke sponsors many events, including: The Annual St. Ignatius Good Old Days Buffalo Run, American Cancer Society Relay for Life, Polson Triathlon, Mission Valley Aquatics Water Daze swimming event, and various Polson Running Club events.
- St. Luke provides meeting space for Alcoholics Anonymous (AA) and Al-Anon.
- St. Luke provides Health Screening Certificates as silent auction items for non-profit fundraisers.
- St. Luke provides Affordable Care Act Certified Application Counselors.

List of Available Community Partnerships and Facility Resources to Address Needs

- Boys and Girls Club of the Flathead Reservation and Lake County
- Montana DPHHS
- Lake House
- Western Montana Mental Health
- Sun Burst Mental Health
- Wrapped in HOPE project
- Circle of Trust
- Confederated Salish & Kootenai Tribes (CSKT) - has various programs related to suicide, alcohol and substance abuse awareness and prevention.

- AA, ALANON, NA
- Local Police Department
- Local Schools
- Local Pharmacy
- Lake County Drug Task Force
- Montana AHEC program
- HOSA- Health Occupation Students of America
- Post-secondary educational institutions- various academic programs with students seeking clinical rotations (Medical, PA, RT, OT, Lab, Nursing, etc.).
- Ronan Food Bank
- 4H
- Senior Center
- Food Corps
- 3RNet is the National Rural Recruitment and Retention Network.
- Al-Anon are weekly group meetings for family and friends of alcoholics.
- Alcoholics Anonymous (AA) is a group meeting that provides support and focuses on awareness for community members affected by alcohol abuse.
- Bountiful Baskets and Community Sustained Agriculture (CSA) provides community members with access to fresh fruits and vegetables.
- A Care Coordinator position offers education, case management, and post-discharge follow-up to improve health outcomes for chronic diseases.
- The Centers for Medicare & Medicaid Services (CMS) administers Medicare, Medicaid, and Healthy Montana Kids.
- Community Medical Center in Missoula provides health care specialty services to the region.
- Department of Health and Human Services Telestroke Program links Critical Access Hospitals to stroke specialists via a 2-way audio/video connection.
- Safe Harbor is a domestic violence prevention agency and safe home location.
- Family Medicine Residency of Western Montana is a three-year family medicine program sponsored by The University of Montana and affiliated with the University of Washington Family Medicine Residency Network.
- Fetal, Infant and Child Mortality Review (FICMR) is a statewide effort to reduce preventable fetal, infant and child deaths.
- The Health Information Exchange of Montana (HIEM) supports secure exchange of health information in Montana.
- Indian Health Services (IHS) and Tribal Health provide health services to tribal and native populations.
- Kalispell Regional Medical Center (KRMC) in Kalispell provides healthcare resources and support.

- Lake County Council on Aging provides geriatric care management services for seniors.
- Lake County Public Health is located in Polson, MT and provides services to protect and improve the community's health.
- Lake County Sheriff's Department, Tribal Police and local city police departments enforce the law and promote safety to the people of Lake County.
- Monida Healthcare Network connects healthcare providers.
- Montana Office of Rural Health & Area Health Education Center (MORH/AHEC) provides technical assistance to rural health systems and organizations.
- Montana State University Lake County Extension provides educational outreach to Lake County residents in Montana.
- Pacific Northwest University for Health Sciences is a medical school in Yakima, WA that provides medical education to students from rural or underserved areas throughout the United States.
- The Performance Improvement Network (PIN) assists member facilities in their efforts to achieve compliance with the Medicare Critical Access Hospital (CAH) Conditions of Participation quality assurance regulations and also supports a multitude of other CAH quality improvement efforts.
- Providence St. Patrick Hospital in Missoula provides healthcare resources and support.
- The Quality Improvement Organization of the Mountain Pacific Quality Health Organization works to improve the quality of health care and assures the most appropriate utilization of health care services.
- Ronan School District is available to provide opportunities to students interested in pursuing health careers.
- The Senior Center bus provides transportation for senior citizens.
- The Tribal Chemical Dependency Program is a home recovery program for chemically dependent individuals and their families.
- VA [Veteran's Affairs] contract with St. Luke Extended Care.
- The VA bus provides transportation for veterans.
- Western Montana Addiction Services provides prevention, intervention, and outpatient and residential services to adults and adolescents and their families in Lake, Mineral, Missoula, and Ravalli counties in Western Montana.
- Western Montana Mental Health Center (WMMHC) provides mental health services and resources to fifteen western and south western counties in Montana. Lake County hosts two mental health centers, one in Ronan and one in Polson.
- Western Regional Trauma Advisory Committee- resource related to trauma care.

Lake & Sanders Counties Indicators

Low Income Persons

- Lake: 18% of persons are below the federal poverty level
Sanders: 17% of persons are below the federal poverty level

Uninsured Persons

- Lake: 21.4% of adults less than age 65 are uninsured
Sanders: 25.3% of adults less than age 65 are uninsured
- Data is not available by county for uninsured children less than age 18

Leading Causes of Death: Primary and Chronic Diseases (Both Counties)

- Heart Disease
- Cancer
- Unintentional Injuries

* Note: Other primary and chronic disease data is by region and thus difficult to decipher community need.

Elderly Populations

- 16% of Lake County's Population is 65 years and older
- 20% of Sanders County's Population is 65 years and older

Size of County and Remoteness

- 28,690 people in Lake County; 19.2 people per square mile
- 11,034 people in Sanders County; 4 people per square mile

Nearest Major Hospital

- St. Patrick Hospital in Missoula, MT is 56.8 miles from St. Luke Community Healthcare

Public Health and Underserved Populations Consultation Summaries

Public Health Consultation [Emily Colomeda – Services Director, Lake County Public Health – August 31, 2016]

- It would help if the community was more walkable and bike friendly.
- There needs to be more assistance with signing up for health care. Like a patient navigator for the community.
- We just did a community survey and the major issues that came up were illegal drug use, child abuse, and sexually transmitted infections. I think the root causes of these issues is mental health.
- We need more services for low income individuals so they can stay in the community for health care.

Underserved Populations:

Youth [Aric Cooksley – Exec Director, Boys & Girls Club of the Flathead Reservation & Lake Co. – July 18, 2016]

- I would like to see youth and teenage programs added to the survey. It would be nice to see who is utilizing them.

Senior Citizens [Ann Brower – Lake Co. Commissioner; Samantha Walker – W. MT Area VI Agency on Aging– July 18, 2016]

- Organizations that cover balance etc. to help with unintentional injury. We need some sort of education about fall prevention.
- We do have a program called Seniors Step Up. It's a six week class for the elderly. The class is completely full. People are really interested in this class.
- We could look into offering cooking classes for the elderly. They could focus on diabetes management.

Tribal/American Indian [Barb Plouffe – RN, Retired Tribal Health Nurse – July 18, 2016]

- Overdose is important to include because drugs are a big thing in the community and on the reservation.
- Maternal child health, infant mortality, low birth rate, etc. have a big relation to drug issues.
- We need to offer kids cooking classes.
- People have trouble understanding the tribal health process.

Low-Income, Underinsured [Ann Brower – Lake Co. Commissioner; Barb Plouffe – RN, Retired Tribal Health Nurse; Steve Todd – CEO, St. Luke Community Healthcare – July 18, 2016]

- We need to find out if people are avoiding getting care because they believe the system is too complicated.
- This is where a patient navigator would help, but I'm not sure if people will even know what a patient navigator is.
- We could call patient navigators healthcare guides. I think that would help with the confusion.
- We have chronic disease group classes that really act as a support group for some people.

Needs Identified and Prioritized

Prioritized Needs to Address

1. 60.6% of survey respondents rated their community “Somewhat healthy.” 14.4% rated their community as “Unhealthy” or “Very unhealthy.”
2. Top 5 identified health concerns identified by survey respondents were: illegal drug use (77.2%), Alcohol abuse (56.6%), prescription drug abuse (30.9%), overweight/obesity (29.4%), and cancer (16.9%).
3. Healthy behaviors and lifestyles was identified as the top component of a healthy community.
4. 15% of survey respondents indicated they had experienced periods of depression in the last 3 years.
5. Focus group participants felt better access to mental health services would improve the overall health of the community including drug and alcohol addiction services.
6. Focus group participants indicated they were worried about drug and alcohol addiction for all ages and felt it was an important healthcare issue.
7. Top 3 ways identified to improve the community’s access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%).
8. Survey respondents indicated most interest in educational classes/programs related to: healthy cooking (39.7%), fitness (39%), health and wellness (31.6%) and weight loss (31.6%).
9. 26.7% of survey respondents rated their knowledge of health services as “fair” or “poor.”
10. Survey respondents indicated a desire for the following (currently unavailable services): wellness coach (27.9%), oncology (cancer services) (23.5%), and assisted living center (19.1%).
11. 39% of survey respondents indicated they or someone in their household did not receive or had to delay getting needed healthcare services.
12. Top reason identified for not receiving/delaying needed healthcare was due to it being “too long to wait for an appointment” (33.3%)
13. Focus group participants felt there needed to be more education to assist with the misuse of healthcare services (specifically over utilization of emergency services).

Needs Unable to Address

(See page 37)

1. 19.1% of survey respondents reported a desire for an assisted living center.
2. 31.3% of survey respondents indicated they did not receive/delayed getting needed medical services due to cost.
3. Focus group participants felt an important way to improve the health of the community was to address the amount of people living in poverty.
4. Focus group participants identified dialysis as a desired healthcare service.

Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities which the facility will execute to address the prioritized health needs. For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 17.

Goal 1: Improve access to mental health services.

Strategy 1.1: Behavioral health integration into clinic practice

Activities:

- Continue developing LCSW behavioral health integration.
- Develop sustainability plan for behavioral health program.
- Explore additional grant funding.
- Research and discuss alternative payment model with existing payers.
- Determine FTE need and explore staff expansion (mental health, behavioral health, addiction counseling).
- Develop education plan for St. Luke staff and providers related to new referral processes and benefits.
- Develop marketing campaign for community to educate on program and benefits.

Strategy 1.2: Increase St. Luke's efforts related to suicide awareness and prevention for staff and community.

Activities:

- Explore educational offerings related to suicide awareness and prevention (ex. QPR) available through DPHHS or other resources.
- Identify and designate a few St. Luke staff to be certified in suicide risk detection and prevention training.
- Provide suicide risk/prevention training to St. Luke staff and offer to community as appropriate.
- Continue to promote and strengthen crisis intervention services with Lake House and Western Montana Mental Health.
- Meet with Boys and Girls Club of the Flathead Reservation and Lake County to discuss partnership to provide educational resources for youth related to suicide prevention.
- Continue providing St. Luke representation on various community based efforts related to suicide prevention.

Goal 2: Strengthen and enhance community outreach related to alcohol and substance abuse.

Strategy 2.1: Continue to offer current alcohol and substance abuse programs and services.

Activities:

- Continue to provide acute alcohol detox services.
- Continue LCSW, LAC efforts (licensed clinical social worker, licensed addiction counselor) in the clinic setting.
- Continue providing meeting space and other support of community events and programs providing support and education related to drug and alcohol abuse (i.e.: Wrapped in HOPE, Ronan Senior Night/Project Graduation, AA and ALANON, Chronic Pain).
- Continue partnership with local police department on prescription drug drop off box which allows community to safely dispose of unused/unneeded drugs.

Strategy 2.2: Explore opportunities to expand St. Luke's alcohol and substance abuse related efforts.

Activities:

- Meet with local police department to discuss expansion of prescription medication disposal program. Determine possible locations for additional drop off boxes.
- Create marketing campaign to educate community on drop off resource(s).
- Develop educational materials to educate community on proper/safe storage of prescription medications.
- Explore partnership with local pharmacy to enhance safe storage message and delivery.
- Reach out to local schools to explore participating in and supporting local Red Ribbon efforts with community youth.
- Explore expanding partnerships with local organizations (ex. Boys and Girls Club of the Flathead Reservation and Lake County, others) to provide drug and alcohol prevention education.

Strategy 2.3: Enhance awareness of local drug and alcohol related programs and resources.

Activities:

- Conduct an environmental scan of available drug and alcohol programs and resources.
- Create a community resource directory and publish on website.
- Develop an outreach/marketing campaign to educate community on new resource.
- Develop an outreach/awareness campaign to educate community of St. Luke's efforts/policy to combat opioid/narcotic addiction.

Goal 3: Improve access to healthcare services.

Strategy 3.1: Improve access to specialty care services available at St. Luke Community Healthcare.

Activities:

- Expand oncology services.
- Explore feasibility for expansion of other specialty services.
- Create marketing campaign related to new specialty services developed (Type of specialty services provided, provider bios, schedules, etc.)

Strategy 3.2: Improve access to existing services offered at St. Luke Community Healthcare.

Activities:

- Conduct assessment of medical staff needs.
- Create medical staff development plan.
- Explore open access scheduling to reduce wait times for patients.
- Create educational campaign to enhance community understanding of when to access different levels of care (i.e. primary care vs. convenient care, vs. ED).
- Develop opportunities to enhance provider engagement with community outside of clinic setting (ex. Walk with a Doc, participation in nutrition education and cooking classes, others).
- Continue to research new approaches to increasing access to care (via: virtual visits, innovative care models).

Strategy 3.3: Improve patient engagement in improving and understanding health information.

Activities:

- Review and improve program to assist patients in enrollment of patient portal.
- Develop outreach plan and materials to educate patients on the patient portal and accessing their EHR.

Strategy 3.4: Continue development of healthcare workforce pipeline efforts.

Activities:

- Continue to provide clinical rotations and shadowing opportunities for students of various medical fields.
- Continue to hold and sponsor annual REACH camp in partnership with MT AHEC program.
- Explore development of high school student internship program.

Goal 4: Enhance St. Luke's efforts in population health in the St. Luke service area.

Strategy 4.1: Further develop and implement Chronic Care Management (CCM) program.

Activities:

- Research best practices for CCM programs.
- Develop CCM protocols to integrate into clinic practices.
- Educate providers on new CCM protocol/processes.
- Identify patients who would benefit from CCM program.
- Engage/enroll patients into CCM program.

Strategy 4.2: Expand and develop Integrated Care Team.

Activities:

- Convene provider team to develop/determine/define St. Luke's Integrated Care Team model.
- Conduct assessment to determine staff (FTE) needs for Integrated Care Team.
- Determine feasibility of a wellness coach and/or care coordinator position.
- Define wellness coach/care coordinator position and duties, if feasible.
- Recruit Diabetic Educator.

Strategy 4.3: Continue and enhance St. Luke community health education and outreach efforts.

Activities:

- Explore need for a community health fair.
- Explore potential community partners to co-sponsor/participate.
- Continue to provide health and wellness classes and programs (childbirth education, breastfeeding support, nutrition, smoking cessation, community garden, bike helmet program, local runs and events, worksite wellness, etc.)
- Develop kitchen/educational space onsite to provide nutrition and dietary education.
- Develop healthy cooking/healthy eating classes.
- Create marketing materials to educate community on health and wellness opportunities.
- Explore opportunities to expand health and wellness offerings in partnership with community partners.
- Continue participation in TT4T (Team Training for Transformation) program with a focus on childhood obesity.

Implementation Plan Grid

Goal 1: Improve access to mental health services.					
Strategy 1.1: Behavioral health integration into clinic practice.					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue developing LCSW behavioral health integration.	Medical Staff, Clinic Manager, LCSW	Ongoing	Executive Committee	Wrapped in Hope Caravan Health	Reimbursement Funding Qualified Staff Human Resources
Develop sustainability plan for behavioral health program.	CEO, COO, CFO, Clinic Manager, LCSW	12/2017	Executive Committee	Caravan Health	Reimbursement Funding Qualified Staff Human Resources
Explore additional grant funding.	Foundation Director	Ongoing	Executive Committee	Foundation	Resource limitations
Research and discuss alternative payment model with existing payers.	CFO	Ongoing	Executive Committee	Payors	Resource limitations
Determine FTE need and explore staff expansion (mental health, behavioral health, addiction counseling).	Medical Staff Clinic Administration	12/2017 the ongoing	Executive Committee	Wrapped in Hope	Resource limitations, Financial limitations
Develop education plan for St. Luke staff and providers related to new referral process and benefits.	Clinic Manager LCSW	9/30/2017 Then ongoing	Medical Staff		Resource limitations
Develop marketing campaign for community to educate on program and benefits.	Clinic Manager LCSW Clinic Manager	9/30/2017 ongoing	Executive Committee		Resource limitations, Financial limitations
Needs Being Addressed by this Strategy:					
<ul style="list-style-type: none"> ▪ #1: 60% of survey respondents rated their community “Somewhat healthy.” 14.4% rated their community as “Unhealthy” or “Very unhealthy.” ▪ #2: Top 5 identified health concerns identified by survey respondents were: illegal drug use (77.2%), Alcohol abuse (56.6%), prescription drug abuse (30.9%), overweight/obesity (29.4%), and cancer (16.9%). ▪ #3: Healthy behaviors and lifestyles was identified as the top component of a healthy community. ▪ #4: 15% of survey respondents indicated they had experienced periods of depression in the last 3 years. ▪ #5: Focus group participants felt better access to mental health services would improve the overall health of the community including drug and 					

alcohol addiction services.

- #6: Focus group participants indicated they were worried about drug and alcohol addiction for all ages and felt it was an important healthcare issue.

Anticipated Impact(s) of these Activities:

- Increased access to behavioral health services.
- Improved health outcomes.
- Improved mental health care coordination.
- Increased knowledge of behavioral health services.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Hire additional (1FTE) behavioral health staff person.
- Referral plan developed and shared with staff.
- Track development of community outreach education related to behavioral health services.
- Track referrals to behavioral health services.

Measure of Success: St. Luke Community Healthcare has a fully integrated and operational behavioral health program 12/2019.

Goal 1: Improve access to mental health services.

Strategy 1.2: Increase St. Luke’s efforts related to suicide awareness and prevention for staff and community.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore educational offerings related to suicide awareness and prevention (ex. QPR) available through DPHHS or other resources.	Education Coordinator	9/30/2017	ACF DON	MT DPHHS	
Identify and designate a few St. Luke staff to be certified in suicide risk detection and prevention training.	Executive Committee	9/30/2017	Executive Committee	MT DPHHS	
Provide suicide risk/prevention training to St. Luke staff and offer to community as appropriate.	Education Coordinator	6/30/2017	Executive Committee	MT DPHHS- Carl Roston	
Continue to promote and strengthen crisis intervention services with Lake House and Western Montana Mental Health.	Medical Staff ACF DON	ongoing	Executive Committee	Lake House, Western Montana Mental Health	
Meet with Boys and Girls Club of Flathead Reservation and Lake County to discuss partnership to provide educational resources for youth related to suicide prevention.	Education Coordinator PR/Marketing	12/31/2017	Executive Committee	Boys & Girls Club of Flathead Reservation & Lake County	
Continue providing St. Luke representation on various community based efforts related to suicide prevention.	ACF DON	ongoing	Executive Committee	Circle of Trust	

Needs Being Addressed by this Strategy:

- #1: 60.6% of survey respondents rated their community “Somewhat healthy.” 14.4% rated their community as “Unhealthy” or “Very unhealthy.”
- #2: Top 5 identified health concerns identified by survey respondents were: illegal drug use (77.2%), Alcohol abuse (56.6%), prescription drug abuse (30.9%), overweight/obesity (29.4%), and cancer (16.9%).
- #3: Healthy behaviors and lifestyles was identified as the top component of a healthy community.
- #4: 15% of survey respondents indicated they had experienced periods of depression in the last 3 years.
- #5: Focus group participants felt better access to mental health services would improve the overall health of the community including drug and alcohol addiction services.
- #6: Focus group participants indicated they were worried about drug and alcohol addiction for all ages and felt it was an important healthcare issue.
- #7: Top 3 ways identified to improve the community’s access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%).
- #8: Survey respondents indicated most interest in educational classes/programs related to: healthy cooking (39.7%), fitness (39%), health and wellness (31.6%) and weight loss (31.6%).

Anticipated Impact(s) of these Activities:

- Improved health outcomes.
- Increased access to mental health and crisis services.
- Increased youth access to suicide education and prevention resources.
- Improved community awareness of suicide and community resources.
- Reduction in suicide in Lake County.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track number of staff trained in suicide risk detection and prevention.
- Track number of community educational offerings provided.
- Track community meetings and community partner engagement related to suicide prevention.

Measure of Success: Reduction in suicide in Lake County

Goal 2: Strengthen and enhance community outreach related to alcohol and substance abuse.

Strategy 2.1: Continue to offer alcohol and substance abuse programs and services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to provide acute alcohol detox services.	Medical Staff ACF DON	Ongoing	Medical Staff		
Continue LCSW, LAC efforts (licensed clinical social worker, licensed addiction counselor) in the clinic setting.	LCSW Clinic Manager	Ongoing	Executive Committee		
Continue providing meeting space and other support of community events and programs providing support and education related to drug and alcohol abuse (i.e. Wrapped in HOPE, Ronan Senior Night/Project Graduation, AA and ALANON, Chronic Pain).	Administration	Ongoing	Executive Committee	Ronan Public Schools, OTHERS	
Continue partnership with local police department on prescription drug drop off box which allows community to safely dispose of unused/unneeded drugs.	Pharmacy	Ongoing	Pharmacist	Local Law Enforcement	

Needs Being Addressed by this Strategy:

- #1: 60.6% of survey respondents rated their community “Somewhat healthy.” 14.4% rated their community as “Unhealthy” or “Very unhealthy.”
- #2: Top 5 identified health concerns identified by survey respondents were: illegal drug use (77.2%), Alcohol abuse (56.6%), prescription drug abuse (30.9%), overweight/obesity (29.4%), and cancer (16.9%).
- #3: Healthy behaviors and lifestyles was identified as the top component of a healthy community.
- #4: 15% of survey respondents indicated they had experienced periods of depression in the last 3 years.
- #5: Focus group participants felt better access to mental health services would improve the overall health of the community including drug and alcohol addiction services.
- #6: Focus group participants indicated they were worried about drug and alcohol addiction for all ages and felt it was an important healthcare issue.

Anticipated Impact(s) of these Activities:

- Sustained access to detox services.
- Increased access to LCSW/LAC services in clinic.
- Increase staff knowledge of available community events and programs.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track number of detox patients
- Track SLCH participation in community events and programs related to alcohol and substance abuse.

Measure of Success: St. Luke will have increased partnerships/events in service area.

Goal 2: Strengthen and enhance community outreach related to alcohol and substance abuse.

Strategy 2.2: Explore opportunities to expand St. Luke’s alcohol and substance abuse related efforts.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Meet with local police department to discuss expansion of prescription medication disposal program. Determine possible locations for additional drop off boxes.	PR/Marketing/ Pharmacy	9/2017	Executive Committee	Polson Police Department St. Ignatius Police Department Tribal Police Department	
Create marketing campaign to educate community on drop off resource(s).	PR/Marketing	9/2017	Executive Committee	Local Pharmacies Local Law Enforcement	
Develop educational materials to educate community on proper/safe storage of prescription medications.	PR/Marketing/ Pharmacy	9/2017	Executive Committee	MT DPHHS	
Explore partnership with local pharmacy to enhance safe storage message and delivery.	PR/Marketing	12/2017	Executive Committee	Pharmacy	
Reach out to local schools to explore participating in and supporting local Red Ribbon efforts with community youth.	PR/Marketing/ Pharmacy	12/2017	Executive Committee	Mission Valley Public Schools	
Explore expanding partnerships with local organizations (ex. Boys and Girls Club of the Flathead Reservation and Lake County, others) to provide drug and alcohol prevention education.	PR/Marketing	12/2017	Executive Committee	Boys & Girls Club of Flathead Reservation & Lake County	

Needs Being Addressed by this Strategy:

- #1: 60.6% of survey respondents rated their community “Somewhat healthy.” 14.4% rated their community as “Unhealthy” or “Very unhealthy.”
- #2: Top 5 identified health concerns identified by survey respondents were: illegal drug use (77.2%), Alcohol abuse (56.6%), prescription drug abuse (30.9%), overweight/obesity (29.4%), and cancer (16.9%).
- #3: Healthy behaviors and lifestyles was identified as the top component of a healthy community.
- #7: Top 3 ways identified to improve the community’s access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%).

Anticipated Impact(s) of these Activities:

- Increased access to safe medication disposal.
- Enhanced relationships with community partners.

- Increased youth knowledge of alcohol and substance abuse issues and resources.
- Improved health outcomes.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track new medication disposal boxes.
- Track medication disposal box(es) utilization pre/post marketing campaign.
- Track development of new youth drug and alcohol prevention activities.

Measure of Success: SLCH develops and provides new drug and alcohol prevention education for community youth.

Goal 2: Strengthen and enhance community outreach related to alcohol and substance abuse.

Strategy 2.3: Enhance awareness of local drug and alcohol related programs and resources.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Conduct an environmental scan of available drug and alcohol programs and resources.	Case Management	6/2018	Executive Committee	AA, Wrapped in Hope, CSKT,	
Create a community resource directory and publish on website.	PR/Marketing	6/2018	Executive Committee		
Develop an outreach/marketing campaign to educate community on new resource.	PR/Marketing	6/2018	Executive Committee		
Develop an outreach/awareness campaign to educate community of St. Luke's efforts/policy to combat opioid/narcotic addiction.	PR/Marketing	6/2018	Executive Committee		

Needs Being Addressed by this Strategy:

- #1: 60.6% of survey respondents rated their community “Somewhat healthy.” 14.4% rated their community as “Unhealthy” or “Very unhealthy.”
- #2: Top 5 identified health concerns identified by survey respondents were: illegal drug use (77.2%), Alcohol abuse (56.6%), prescription drug abuse (30.9%), overweight/obesity (29.4%), and cancer (16.9%).
- #3: Healthy behaviors and lifestyles was identified as the top component of a healthy community.
- #4: 15% of survey respondents indicated they had experienced periods of depression in the last 3 years.
- #5: Focus group participants felt better access to mental health services would improve the overall health of the community including drug and alcohol addiction services.
- #6: Focus group participants indicated they were worried about drug and alcohol addiction for all ages and felt it was an important healthcare issue.
- #7: Top 3 ways identified to improve the community's access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%).
- #9: 26.7% of survey respondents rated their knowledge of health services as “fair” or “poor.”

Anticipated Impact(s) of these Activities:

- Increased knowledge of available drug and alcohol programs and resources.
- Improved health outcomes.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track number of downloads or clicks to new web-based resource.

Measure of Success: St. Luke Community Healthcare publishes a new drug and alcohol resource on their website by 12/30/2017

Goal 3: Improve access to healthcare services.

Strategy 3.1: Improve access to specialty care services available at St. Luke Community Healthcare.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Expand oncology services.	COO/CEO	Ongoing	CEO/Medical Staff	CMC, KRMC	
Explore feasibility for expansion of other specialty services.	CEO, COO, Clinics Manager	Ongoing	Executive Committee	CMC, KRMC, Providence	
Create marketing campaign related to new specialty services developed (Type of specialty services provided, provider bios, schedules, etc.).	CEO, COO Clinics Manager	Ongoing	Executive Committee	CMC, KRMC, Providence	

Needs Being Addressed by this Strategy:

- #7: Top 3 ways identified to improve the community’s access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%).
- #9: 26.7% of survey respondents rated their knowledge of health services as “fair” or “poor.”
- #10: Survey respondents indicated a desire for the following (currently unavailable services): wellness coach (27.9%), oncology (cancer services) (23.5%), and assisted living center (19.1%).

Anticipated Impact(s) of these Activities:

- Increased access to oncology services.
- Increased knowledge of available specialty services at SLCH.
- Increased access to specialty services.
- Improved health outcomes.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track development of new oncology services.
- Track utilization of new oncology services.
- Assessment of specialty service utilization pre and post marketing campaign.

Measure of Success: SLCH expands oncology services available by 7/31/2017.

Goal 3: Improve access to healthcare services.

Strategy 3.2: Improve access to existing services offered at St. Luke Community Healthcare.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
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Conduct assessment of medical staff needs.	CEO/Medical Staff	Ongoing	Executive Committee/ Medical Staff	n/a	Time
Create medical staff development plan.	CEO/Medical Staff Executive Committee	Ongoing	Executive Committee/ Medical Staff		
Explore open access scheduling to reduce wait times for patients.	Clinic Manager	Ongoing	Executive Committee/ Medical Staff		
Create educational campaign to enhance community understanding of when to access different levels of care (i.e. primary care vs. convenient care vs. ED).	PR/Marketing Clinic Manager Medical Staff	Ongoing	Executive Committee/ Medical Staff		
Develop opportunities to enhance provider engagement with community outside of clinic setting (ex. Walk with a Doc, participation in nutrition education and cooking classes, others).	Medical Staff TT4T	Ongoing	Executive Committee/ Medical Staff		
Continue to research new approaches to increasing access to care (via: virtual visits, innovative care models).	CEO/Medical Staff/Clinics Manager	Ongoing	Executive Committee/ Medical Staff	KRMC	Resources

Needs Being Addressed by this Strategy:

- #1: 60.6% of survey respondents rated their community “Somewhat healthy.” 14.4% rated their community as “Unhealthy” or “Very unhealthy.”
- #7: Top 3 ways identified to improve the community’s access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%).
- #9: 26.7% of survey respondents rated their knowledge of health services as “fair” or “poor.”
- #11: 39% of survey respondents indicated they or someone in their household did not get or delayed getting needed healthcare services.
- #12: Top reason identified for not receiving/delaying needed healthcare was due to it being “too long to wait for an appointment” (33.3%).
- #13: Focus group participants felt there needed to be more education to assist with the misuse of healthcare services (specifically over utilization of emergency services).

Anticipated Impact(s) of these Activities:

- Improved access to healthcare services.
- Improved understanding of how and where to best access appropriate healthcare services.
- Increased community/provider engagement.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track development and dissemination of education related to accessing appropriate levels of care.
- Track utilization of (appropriate levels of service) pre and post marketing campaign.

- Track development of provider engagement activities.
- Track community utilization of provider/community engagement events.

Measure of Success: SLCH develops at least one new provider/community engagement event/opportunity by 12/31/2017.

Goal 3: Improve access to healthcare services.

Strategy 3.3: Improve patient engagement in improving and understanding health information.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Review and improve program to assist patients in enrollment of patient portal.	COO/HIM/IT	9/30/2017	Executive Committee		KRMC
Develop outreach plan and materials to educate patients on the patient portal and accessing their EHR.	HIM/IT PR/Marketing	9/30/2017	Executive Committee		Meditech

Needs Being Addressed by this Strategy:

- #7: Top 3 ways identified to improve the community’s access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%).
- #9: 26.7% of survey respondents rated their knowledge of health services as “fair” or “poor.”

Anticipated Impact(s) of these Activities:

- Increased patient engagement.
- Increased community knowledge of how to access their EHR.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track development of enrollment education materials.
- Track number of new patients enrolled in the patient portal.

Measure of Success: Increase number of patients are enrolled in the patient portal.

Goal 3: Improve access to healthcare services.

Strategy 3.4: Continue development of healthcare workforce pipeline efforts.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to provide clinical rotations and shadowing opportunities for students of various medical fields.	Clinical Managers Providers Human Resources	Ongoing	Executive Committee	WWAMI, Universities & Colleges	
Continue to hold and sponsor annual REACH camp in partnership with MT AHEC program.	Executive Committee	Ongoing	Executive Committee	MT AHEC	
Explore development of high school student internship program.	ACF/ECF	12/31/2017	Executive Committee	Ronan/Polson/ St. Ignatius/Charlo Public Schools	Resources
Needs Being Addressed by this Strategy:					
<ul style="list-style-type: none"> ▪ #7: Top 3 ways identified to improve the community’s access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%). ▪ #9: 26.7% of survey respondents rated their knowledge of health services as “fair” or “poor.” 					
Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Increased student engagement with SLCH. ▪ Increased knowledge of SLCH services. ▪ Increased knowledge of healthcare and healthcare delivery. ▪ Increased interest in working in a rural setting. ▪ Developing the workforce pipeline for future healthcare providers serving Sanders and Lake Counties. 					
Plan to Evaluate Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Track number of clinical rotations provided at SLCH. ▪ Track number of students participating in REACH program. ▪ Track development of high school student internship program. 					
Measure of Success: SLCH determines feasibility of a high school student internship program by 12/31/2017.					

Goal 4: Enhance St. Luke’s efforts in population health in the St. Luke service area.

Strategy 4.1: Further develop and implement Chronic Care Management (CCM) program.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Research best practices for CCM programs.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff	Ongoing	Executive Committee	Caravan Health	
Develop CCM protocols to integrate into clinic practices.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff	Ongoing	Executive Committee	Caravan Health	
Educate providers on new CCM protocol/processes.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff	Ongoing	Executive Committee	Caravan Health	
Identify patients who would benefit from CCM program.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff	Ongoing	Executive Committee	Caravan Health	
Engage/enroll patients into CCM program.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff	Ongoing	Executive Committee	Caravan Health	

Needs Being Addressed by this Strategy:

- #1: 60.6% of survey respondents rated their community “Somewhat healthy.” 14.4% rated their community as “Unhealthy” or “Very unhealthy.”
- #2: Top 5 identified health concerns identified by survey respondents were: illegal drug use (77.2%), Alcohol abuse (56.6%), prescription drug abuse (30.9%), overweight/obesity (29.4%), and cancer (16.9%).
- #3: Healthy behaviors and lifestyles was identified as the top component of a healthy community.
- #7: Top 3 ways identified to improve the community’s access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%).
- #8: Survey respondents indicated most interest in educational classes/programs related to: healthy cooking (39.7%), fitness (39%), health and

wellness (31.6%) and weight loss (31.6%).

Anticipated Impact(s) of these Activities:

- Improve health outcomes.
- Improve access to healthcare services.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track development of CCM program at SLCH.
- Track number of staff receiving CCM protocol/procedures education.
- Track enrollment of patients into CCM program.

Measure of Success: SLCH implements a CCM program by 1/31/2018.

Goal 4: Enhance St. Luke’s efforts in population health in the St. Luke service area.

Strategy 4.2: Expand and develop Integrated Care Team.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Convene provider team to develop/determine/define St. Luke’s Integrated Care Team model.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff COO	Ongoing	Executive Committee	Caravan Health	
Conduct assessment to determine staff (FTE) needs for Integrated Care Team.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff COO	Ongoing	Executive Committee	Caravan Health	
Determine feasibility of a wellness coach and/or care coordinator position.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff COO	Ongoing	Executive Committee	Caravan Health	
Define wellness coach/care coordinator position and duties, if feasible.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff	Ongoing	Executive Committee	Caravan Health	
Recruit Diabetic Educator.	Clinics Manger Clinics Nurse Supervisor Clinic Staff Medical Staff	Ongoing	Executive Committee		

Needs Being Addressed by this Strategy:

- #7: Top 3 ways identified to improve the community’s access to healthcare were: more primary care providers (36%), more specialists (33.1%), and greater health education services (32.4%).

- #8: Survey respondents indicated most interest in educational classes/programs related to: healthy cooking (39.7%), fitness (39%), health and wellness (31.6%) and weight loss (31.6%).
- #10: Survey respondents indicated a desire for the following (currently unavailable services): wellness coach (27.9%), oncology (cancer services) (23.5%), and assisted living center (19.1%).

Anticipated Impact(s) of these Activities:

- Improve health outcomes.
- Improve access to healthcare services.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track development of Integrated Care Team.
- Track wellness coach/care coordinator position feasibility.
- Track recruitment of new diabetic educator.

Measure of Success: St. Luke has a full time diabetic educator on staff by 12/31/2017.

Goal 4: Enhance St. Luke’s efforts in population health in the St. Luke service area.

Strategy 4.3: Continue and enhance St. Luke community health education and outreach efforts.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore need for a community health fair.	PR/Marketing	9/30/2017	Executive Committee	Employers	
Explore potential community partners to co-sponsor/participate.	PR/Marketing	Ongoing	Executive Committee		
Continue to provide health and wellness classes and programs (childbirth education, breastfeeding support, nutrition, smoking cessation, community garden, bike helmet program, local runs and events, worksite wellness, etc.).	ACF	Ongoing	Executive Committee		
Develop kitchen/educational space onsite to provide nutrition and dietary education.	COO	7/2017	Executive Committee		
Develop healthy cooking/healthy eating classes.	Dietician	1/2019	Executive Committee		
Create marketing materials to educate community on health and wellness opportunities.	PR/Marketing	1/2019	Executive Committee		
Explore opportunities to expand health and wellness offerings in partnership with community partners.	Dietician	1/2019	Executive Committee		
Continue participation in TT4T (Team Training for Transformation) program with a focus on childhood obesity.	TT4T Committee	Ongoing	Executive Committee	Ronan/Polson Charlo/St.Ignatius Public Schools	

Needs Being Addressed by this Strategy:

- #1: 60.6% of survey respondents rated their community “Somewhat healthy.” 14.4% rated their community as “Unhealthy” or “Very unhealthy.”
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- #8: Survey respondents indicated most interest in educational classes/programs related to: healthy cooking (39.7%), fitness (39%), health and wellness (31.6%) and weight loss (31.6%).
- #9: 26.7% of survey respondents rated their knowledge of health services as “fair” or “poor.”

Anticipated Impact(s) of these Activities:

- Increased access to health and wellness opportunities.
- Increased knowledge of health and wellness programs/resources.
- Improved health outcomes.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track feasibility of community health fair.
- Track utilization of SLCH offered health and wellness programs/classes pre/post marketing campaign.
- Track development of kitchen/cooking space on SLCH campus.
- Track new classes/programs developed with community partners.
- Track outcomes from TT4T participation.

Measure of Success: SLCH creates and provides a healthy cooking/eating class by 1/31/2019

Needs Not Addressed and Justification

Identified health needs unable to address by St. Luke Community Healthcare	Rationale
1. 19.1% of survey respondents reported a desire for an assisted living center.	<ul style="list-style-type: none"> Examined and not financially feasible, look for potential partners.
2. 31.3% of survey respondents indicated they did not receive/delayed getting needed medical services due to cost.	<ul style="list-style-type: none"> SLCH provides patient financial assistance, payment plans and patient account representatives to assist patients in meeting financial obligations.
3. Focus group participants felt an important way to improve the health of the community was to address the amount of people living in poverty.	<ul style="list-style-type: none"> Look for ways to support this population. However with limited resources it is a difficult issue to address.
4. Focus group participants identified dialysis as a desired healthcare service.	<ul style="list-style-type: none"> This service is now offered in two locations in the valley.

Dissemination of Needs Assessment

St. Luke Community Healthcare (St. Luke) disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website ([http://www.stlukehealthcare.org/docs/2016 St. Luke Community Healthcare CHSD Report.pdf](http://www.stlukehealthcare.org/docs/2016_St_Luke_Community_Healthcare_CHSD_Report.pdf)) as well as having copies available at the facility should community members request to view the community health needs assessment or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD [Community Health Services Development] process to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how St. Luke is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Lake and Sander's Counties as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of St. Luke's will be directed to the hospital's website to view the complete assessment results and the implementation plan. St. Luke Community Healthcare Board of Directors approved and adopted the plan on **6/26/2017**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan so they can publically promote the facility's plan to influence the community in a beneficial manner.

St. Luke's will establish an ongoing feedback mechanism to take into account any written comments it may receive on the adopted implementation plan document.

[Please remove the following statement and the disclaimer in the footer once the planning document is finalized]

**Please note that you will need to include information specific to these requirements:*

- *You must post your community health needs assessment (CHNA) and your facility's implementation plan publicly – both “conspicuously” on your website as well as have a hard copy available at your facility should someone request to view either/both documents.*
 - o *Your documents must remain on the web until two subsequent CHNA reports have been posted*
 - o *An individual must not be required to create an account or provide personally identifiable information to access the report*
 - o *A paper copy must be available for public inspection without charge*
- *Your facility's implementation plan must be approved and the plan must document the date upon which the plan was approved/adopted*