

IMPLEMENTATION PLAN

Addressing Community Health Needs

St. Luke Community Healthcare ~ Ronan, Montana

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The Implementation Planning Process

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

A Community Health Needs Assessment (CHNA) was performed in the spring of 2013 in order to determine the most important health needs and opportunities for Lake County, Montana. “Need” was identified as the top issues or opportunities rated by respondents during the CHNA survey process or in the focus groups (see page 11 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s CHNA, which is posted on the facility’s website (<http://www.stlukehealthnet.org>).

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 (see page 10 for additional information regarding input received from community representatives).

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/or 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:

1. Access to health care services and providers
2. Care Coordination
3. Affordability of Health Care & Health Insurance Exchanges
4. Assisted Living
5. Mental Health Services
6. Cancer Services/Oncology/Specialty Outreach

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

- a) Improve access to health care services;

- b) Enhance the health of the community;
- c) Advance medical or health knowledge; and/or
- d) Relieve or reduce the burden of government and assist with other community efforts

St. Luke Community Healthcare's Vision:

St. Luke Community Healthcare is the health care provider of choice in the Mission Valley, delivering:

- Excellent quality care
- A personal approach to health care
- A consumer friendly attitude
- A "Total Health" approach to health care
- A safe, positive work environment
- Growth through a progressive and aggressive approach to health care and health care technology

St. Luke Community Healthcare's Mission:

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

Implementation Planning Committee Members:

1. Steve Todd – Chief Executive Officer, St. Luke Community Healthcare
2. Dawn Raymond – Director of Extended Care, St. Luke Community Healthcare
3. Leah Emerson – Nursing Director, St. Luke Community Healthcare
4. Liane Clairmont – Executive Assistant, St. Luke Community Healthcare
5. Paul Soukup – Chief Financial Officer, St. Luke Community Healthcare
6. Shane Roberts – Executive Consultant, St. Luke Community Healthcare
7. Wayne Fuchs – Public Relations & Marketing, St. Luke Community Healthcare

Prioritizing the Community Health Needs

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

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

St. Luke Community Healthcare's 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.
- 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 DOVES/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 and Facility Resources to Address Needs

- 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.
- The Better Health Improvement Specialist (BHIS) position through the Frontier Medicine Better Health Partnership (FMBHP) project coordinates community resources to achieve the triple aim: improving population health, improving quality of care, and reducing health care costs.
- Bountiful Baskets 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.
- DOVES/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.

Lake County Indicators:

Low Income Persons

- 18% low income persons (persons below federal poverty level)

Uninsured Persons

- Uninsured adults less than age 65 – 21.4%
- Uninsured children less than age 18 – data not available by county (data available for some counties)

Primary and Chronic Diseases: Leading Causes of Death

- Cancer
 - Heart Disease
 - Unintentional Injuries (*External cause of injury often by, but not limited to, drowning, fall, fire/burn, motor vehicle/traffic-related, other transportation-related, poisoning, and suffocation.*)
- * Other primary and chronic disease data is by region and thus difficult to decipher community need.

Percent of Population Age 65 and older – 16%

Size of County and Remoteness – 28,690 in Lake County; Population Density: 19.2 people per square mile

Nearest Major Hospital – St. Patrick Hospital in Missoula, MT – 56.8 miles from St. Luke Community Healthcare

Public Health and Underserved Populations Consultation Summaries

Public Health Consultation [Emily Colomeda – Director, Lake County Public Health, June 25, 2012]

- Longer walking path
- Diabetes rates, unintentional injuries (safety), obesity, poverty

Underserved Population - Tribal/American Indian Consultation [Niki Graham – Director, Salish Kootenai College: Center for Prevention and Wellness, June 25, 2012]

- Prevention lacks nutrition education
- Traditional arts and cultural events
- Tribal health

Underserved Population – Seniors [Duane Lutke – Director, Western Montana Area VI Agency on Aging, June 25, 2012]

- Assisted living
- State VA form is very effective
- 150% increase in aging population (65 years and older)

Underserved Population – Youth [John Schnase – Boy and Girl Club: Flathead Reservation & Lake County, June 25, 2012]

- Sports physicals
- Single parent families

Needs Identified and Prioritized

Prioritized Needs to Address

1. 21.9% of survey respondents found access to health care to be a problem in the Ronan community.
2. Respondents suggested 'More primary care providers' (41.3%), 'Outpatient services expanded hours' (31.3%), and 'Greater health education services' (30%) would improve the community's access to health care.
3. 28.1% of respondents indicated that they or a member of their household delayed getting health care services when they needed it. Top reasons cited were: 'It costs too much' (60%), 'Too long to wait for an appointment' (48.9%), and 'Could not get an appointment' (31.1%).
4. Focus group participants indicated a need for additional opportunities for education and preventative services.
5. Survey respondents identified 'Alcohol abuse/substance abuse' (80.6%), 'Overweight/obesity' (43.8%), and 'Diabetes' (30.6%) to be their community's top three health concerns.
6. Focus group participants indicated issues in their community with drug and alcohol abuse as well as prescription drug abuse. They also mentioned high rates of heart disease and diabetes in the area.
7. 43.8% of survey respondents identified 'Access to affordable health insurance' as a top indicator of a healthy community.
8. Focus group participants stressed the importance of improving the affordability of health care.
9. 31.3% of survey respondents and a number of focus group participants indicated a need for an assisted living facility in the local community to address the aging population.
10. 43.8% of all survey respondents were interested in having St. Luke Community Healthcare develop the assisted living facility soon while 16.8% would be interested a few years in the future.
11. Focus group participants identified a need for additional local mental health services.
12. 30% of survey respondents indicated a need for 'Oncology' and cancer services.

Needs Unable to Address

(See page 31 for additional information.)

1. Focus group participants requested local dialysis services.
2. Focus group participants expressed concern about travelling long distances for health services.

Executive Summary

The following represents a summary of the goals and corresponding strategies and activities which the facility will execute in order to address the prioritized health needs (from page 11). 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: Increase local access to health care services by optimizing service development.

Strategy 1.1: Create a staff development plan at St. Luke Community Healthcare.

Activities:

- Perform a gap analysis of existing specialty services and what is needed. Also, examine population statistics
- Recruit the right mix of needed services through residency and recruitment programs in the region
- If a gap is identified that could be filled by existing medical staff, provide Continuing Education (CE) and training to address gaps in services as well as ensure current competencies (e.g. trauma certification)

Strategy 1.2: Expand primary care services based on community needs.

Activities:

- Identify potential candidates through recruitment from either residency programs or candidates the facility identifies
- Ensure the providers are a good match for the community's needs
- Identify and determine needed building space
- Receive confirmation from the community about community development needs
- Market expanded and underutilized services to the community

Strategy 1.3: Establish full-complement of stable ER physicians.

Activities:

- Re-address existing contracts with family providers related to ER coverage
- Continuing recruitment to keep a consistent scheduling
- Investigate Emergency Department medical director position
- Coordinate with Convenience Care
- Enhance the ER's customer service under the new staff model

Strategy 1.4: Maximize the role of provider extenders (NP's, PA's) as part of the new care model.

Activities:

- Redefine roles and job descriptions for physician extenders
- Re-address physician extenders' contracts
- Standardize the roles of physician extenders to optimize functionality
- Train providers on the inpatient electronic medical records
- Educate and train mid-level providers on their expectations for the Patient-Centered Medical Home

Goal 2: Improve patient care coordination to improve health outcomes.

Strategy 2.1: Implement care coordination strategies in a Patient-Centered Medical Home (PCMH).

Activities:

- Further define responsibilities of the care coordinator position in the clinic
- Further define responsibilities of the Better Health Improvement Specialist position
- Ensure that the Patient-Centered Medical Home is fiscally viable

Strategy 2.2: Enhance support and education for the top three identified community concerns.

Activities:

- Provide meeting space for AA and Al-Anon
- Provide financial support to area schools for alcohol-free senior nights
- Provide financial support to the Boys and Girls Club of the Flathead Reservation for healthy lifestyle activities
- Continue to provide acute alcohol detoxification services
- Continue educational support for youth (e.g. Your Choice)
- Personnel and financial support of healthy activities such as fun runs, Ronan Parks and Recreation, Mission Valley Aquatics Center
- Health screenings at community trade shows, Women 4 Wellness, Lake County Employees
- Initiate Diabetes Education Program
- Continue and improve referrals to Medical Nutritional Counseling
- Develop referral relationship with Referral Center of Montana

Goal 3: Enhance awareness and understanding of the upcoming Health Insurance Exchanges.

Strategy 3.1: Determine St. Luke Community Healthcare's role in enrolling patients in the Insurance Exchanges.

Activities:

- Become a certified organization for the insurance exchanges
- Implement trained assistors and identify how assistors help patients
- Identify key staff responsible for these assistor roles
- Attend CMS [Centers for Medicare & Medicaid Services] training webinars
- Complete a contract with Montana Health Co-op
- Direct patients to assistors through marketing/public relations such as local employer forums, information sessions, or community luncheons
- Coordinate with Indian Health Services/Tribal Health to demonstrate resources available to them
- Define insurance verifications to accurately verify insurance coverage

Goal 4: Improve services available for the aging population.

Strategy 4.1: Explore expansion of senior services.

Activities:

- Conduct a needs assessment and feasibility study as necessary

Goal 5: Improve the availability of mental health services in the local area.

Strategy 5.1: Develop additional mental health services.

Activities:

- Continue offering psychiatrist services at St. Luke Community Healthcare
- Re-examine the Memorandum of Understanding for mental health protocol

Goal 6: Improve community members' access to local cancer services.

Strategy 6.1: Explore providing oncology services.

Activities:

- Perform a feasibility study to determine opportunity for a mid-level provider to provide oncology services to stable chemotherapy patients
- Potentially combine outpatient infusion and chemotherapy

Implementation Plan Grid

Goal 1: Increase local access to health care services by optimizing service development.

Strategy 1.1: Create a staff development plan at St. Luke Community Healthcare.

Health Issue Addressed: Access to an optimal level of health care services is often limited in rural communities. Exploring options for additional specialty services, staff recruitment/retention, continuing education, training, and further defining roles/responsibilities allows St. Luke Community Healthcare to provide better services to meet the needs of community members.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> Perform a gap analysis of existing specialty services and what is needed. Also, examine population statistics 	Clinic Manager, Medical Staff, & Executive Committee	Ongoing	CEO and Board Members	Kalispell Regional Medical Center, Community Medical Center, and Providence	Enough volume to justify outreach clinic without guaranteed income
<ul style="list-style-type: none"> Recruit the right mix of needed services through residency and recruitment programs in the region 	Clinic Manager, Medical Staff, & Executive Committee	Ongoing	CEO and Board Members	Family Medicine Residency of Western Montana, 3RNet, & Pacific Northwest Medical School for DO	Limited housing
<ul style="list-style-type: none"> If a gap is identified that could be filled by existing medical staff, provide Continuing Education (CE) and training to address gaps in services as well as ensure current competencies (e.g. trauma certification) 	Clinic Manager, Medical Staff, & Executive Committee	Ongoing	CEO and Board Members		

Needs Being Addressed by this Strategy:

- #1: 21.9% of survey respondents found access to health care to be a problem in the Ronan community.
- #2: Respondents suggested 'More primary care providers' (41.3%), 'Outpatient services expanded hours' (31.3%), and 'Greater health education services' (30%) would improve the community's access to health care.
- #3: 28.1% of respondents indicated that they or a member of their household delayed getting health care services when they needed it. Top reasons cited were: 'It costs too much' (60%), 'Too long to wait for an appointment' (48.9%), and 'Could not get an appointment' (31.1%).

Strategy 1.1 continued...

Anticipated Impact(s) of these Activities:

- Gaps in services are filled by necessary services and patients receive better care due to continuing education/training opportunities.

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

- Evaluate the fulfillment of identified needs by filling gaps in services.

Measure of Success: St. Luke fills gaps in services that have been identified.

Goal 1: Increase local access to health care services by optimizing service development.

Strategy 1.2: Expand primary care services based on community needs.

Health Issue Addressed: Access to an optimal level of health care services is often limited in rural communities. Exploring options for additional specialty services, staff recruitment/retention, continuing education, training, and further defining roles/responsibilities allows St. Luke Community Healthcare to provide better services to meet the needs of community members.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> Identify potential candidates through recruitment from either residency programs or candidates the facility identifies 	CEO & Clinic Manager	In Progress	CEO	Family Medicine Residency of Western Montana, 3RNet, & Pacific Northwest Medical School for DO	Limited pool of available providers
<ul style="list-style-type: none"> Ensure the providers are a good match for the community's needs 	CEO & Clinic Manager	In Progress	CEO		
<ul style="list-style-type: none"> Identify and determine needed building space 	CEO	August 2014	Board		
<ul style="list-style-type: none"> Receive confirmation from the community about community development needs 	CEO	Ongoing	Board		
<ul style="list-style-type: none"> Market expanded and underutilized services to the community 	Public Relations/ Marketing	Ongoing	CEO		

Needs Being Addressed by this Strategy:

- #1: 21.9% of survey respondents found access to health care to be a problem in the Ronan community.
- #2: Respondents suggested 'More primary care providers' (41.3%), 'Outpatient services expanded hours' (31.3%), and 'Greater health education services' (30%) would improve the community's access to health care.
- #3: 28.1% of respondents indicated that they or a member of their household delayed getting health care services when they needed it. Top reasons cited were: 'It costs too much' (60%), 'Too long to wait for an appointment' (48.9%), and 'Could not get an appointment' (31.1%).

Anticipated Impact(s) of these Activities:

- Community members stay in their local community to receive needed services.
- Increased access to health services and timely appointments.

Strategy 1.2 continued...

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

- Evaluate volume statistics in the clinics to track the number of patients who utilize all services.

Measure of Success: St. Luke expands service offerings.

Goal 1: Increase local access to health care services by optimizing service development.

Strategy 1.3: Establish full-complement of stable ER physicians.

Health Issue Addressed: Access to an optimal level of health care services is often limited in rural communities. Exploring options for additional specialty services, staff recruitment/retention, continuing education, training, and further defining roles/responsibilities allows St. Luke Community Healthcare to provide better services to meet the needs of community members.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> Re-address existing contracts with family providers related to ER coverage 	CEO	January 2014	CEO		
<ul style="list-style-type: none"> Continuing recruitment to keep a consistent schedule 	CEO, Medical Staff, Emergency Department Physicians	Ongoing	CEO		
<ul style="list-style-type: none"> Investigate Emergency Department medical director position 	CEO	Ongoing	CEO		
<ul style="list-style-type: none"> Coordinate with Convenience Care 	Nursing Director	Ongoing	CEO		
<ul style="list-style-type: none"> Enhance the ER's customer service under the new staff model 	ED Physicians	February 2014	CEO		

Needs Being Addressed by this Strategy:

- #1: 21.9% of survey respondents found access to health care to be a problem in the Ronan community.
- #2: Respondents suggested 'More primary care providers' (41.3%), 'Outpatient services expanded hours' (31.3%), and 'Greater health education services' (30%) would improve the community's access to health care.
- #3: 28.1% of respondents indicated that they or a member of their household delayed getting health care services when they needed it. Top reasons cited were: 'It costs too much' (60%), 'Too long to wait for an appointment' (48.9%), and 'Could not get an appointment' (31.1%).

Anticipated Impact(s) of these Activities:

- Improved functionality of the Emergency Room and better reports of patient experience.

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

- Assess HCAHPS scores and record changes in patient satisfaction.

Measure of Success: St. Luke improves efficiency and patient experience in the Emergency Room. St. Luke's also increases the number of days that primary care physicians are in the clinic rather than in the Emergency Department.

Goal 1: Increase local access to health care services by optimizing service development.

Strategy 1.4: Maximize the role of provider extenders (NP's, PA's) as part of the new care model.

Health Issue Addressed: Access to an optimal level of health care services is often limited in rural communities. Exploring options for additional specialty services, staff recruitment/retention, continuing education, training, and further defining roles/responsibilities allows St. Luke Community Healthcare to provide better services to meet the needs of community members.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> Redefine roles and job descriptions for physician extenders 	Chief of Staff, CEO, Clinic Manager	In progress	CEO		
<ul style="list-style-type: none"> Re-address physician extenders' contracts 	CEO	January 2014	CEO		
<ul style="list-style-type: none"> Standardize the roles of physician extenders to optimize functionality 	Chief of Staff, CEO, Clinic Manager	Ongoing	CEO		
<ul style="list-style-type: none"> Train providers on the inpatient electronic medical records 	Chief of Staff, CEO, Clinic Manager	Ongoing	CEO		
<ul style="list-style-type: none"> Educate and train mid-level providers on their expectations for the Patient-Centered Medical Home 	Chief of Staff, CEO, Clinic Manager	Ongoing	CEO		

Needs Being Addressed by this Strategy:

- #1: 21.9% of survey respondents found access to health care to be a problem in the Ronan community.
- #2: Respondents suggested 'More primary care providers' (41.3%), 'Outpatient services expanded hours' (31.3%), and 'Greater health education services' (30%) would improve the community's access to health care.
- #3: 28.1% of respondents indicated that they or a member of their household delayed getting health care services when they needed it. Top reasons cited were: 'It costs too much' (60%), 'Too long to wait for an appointment' (48.9%), and 'Could not get an appointment' (31.1%).

Anticipated Impact(s) of these Activities:

- Appointment availability will improve due to mid-level providers' expanded functional roles.

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

- Survey patients to measure patient satisfaction and perception of the availability of timely appointments.

Measure of Success: St. Luke improves the availability of appointments and receives positive feedback from patients.

Goal 2: Improve patient care coordination to improve health outcomes.

Strategy 2.1: Implement care coordination strategies in a Patient-Centered Medical Home (PCMH).

Health Issue Addressed: Behavioral health such as alcohol/substance abuse, obesity/overweight and chronic disease such as diabetes and heart disease were identified to be priority issues in the Community Health Needs Assessment (CHNA). Health education, increased awareness of resources, and prevention work to address health issues linked to behavioral health and chronic disease.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> Further define responsibilities of the care coordinator position in the clinic 	PCMH Committee	Ongoing	CEO	Care Coordinator	Funding Mechanisms
<ul style="list-style-type: none"> Further define responsibilities of the Better Health Improvement Specialist position 	PCMH Committee	Ongoing	CEO	Better Health Improvement Specialist	Funding Mechanisms
<ul style="list-style-type: none"> Ensure that the Patient-Centered Medical Home is fiscally viable 	CFO and CEO	Ongoing	CEO		Funding Mechanisms

Needs Being Addressed by this Strategy:

- #4: Focus group participants indicated a need for additional opportunities for education and preventative services.
- #5: Survey respondents identified ‘Alcohol abuse/substance abuse’ (80.6%), ‘Overweight/obesity’ (43.8%), and ‘Diabetes’ (30.6%) to be their community’s top three health concerns.
- #6: Focus group participants indicated issues in their community with drug and alcohol abuse as well as prescription drug abuse. They also mentioned high rates of heart disease and diabetes in the area.

Anticipated Impact(s) of these Activities:

- Reduce hospital re-admissions as result of community education, case management, and post-discharge follow-up.

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

- Evaluate the care of patients who utilized the care coordination resources.

Measure of Success: St. Luke reduces identified gaps in care and attains a long-term reduction in overall healthcare costs.

Goal 2: Improve patient care coordination to improve health outcomes.

Strategy 2.2: Enhance support and education for the top three identified community concerns.

Health Issue Addressed: Behavioral health such as alcohol/substance abuse, obesity/overweight and chronic disease such as diabetes and heart disease were identified to be priority issues in the Community Health Needs Assessment (CHNA). Health education, increased awareness of resources, and prevention work to address health issues linked to behavioral health and chronic disease.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> Provide meeting space for AA and Al-Anon 	Executive assistant	Ongoing	CEO	AA and Al-Anon	
<ul style="list-style-type: none"> Provide financial support to area schools for alcohol-free senior nights 	Community Education	Ongoing	CEO	Polson, Ronan, St. Ignatius, Arlee, Charlo and Two Eagle River Schools	
<ul style="list-style-type: none"> Provide financial support to the Boys and Girls Club of the Flathead Reservation for healthy lifestyle activities 	CEO	Ongoing	Board	Boys and Girls Club of the Flathead Reservation	
<ul style="list-style-type: none"> Continue to provide acute alcohol detoxification services 	Nursing Director	Ongoing	CEO		
<ul style="list-style-type: none"> Continue educational support for youth (e.g. Your Choice) 	Nursing Director	Ongoing	CEO		
<ul style="list-style-type: none"> Personnel and financial support of healthy activities such as fun runs, Ronan Parks and Recreation, Mission Valley Aquatics Center 	Community Education	Ongoing	CEO	Polson Running Club, Mission Valley Aquatics, Ronan Parks and Recreation	
<ul style="list-style-type: none"> Health screenings at community trade shows, Women 4 Wellness, Lake County Employees 	Community Education	Ongoing	CEO	SKC [Salish Kootenai College] Prevention Task Force	
<ul style="list-style-type: none"> Initiate Diabetes Education Program 	Dietician	November 2013	CEO	KRMC and Confederated Salish and Kootenai Tribes	
<i>Strategy 2.2 continued...</i>					
<ul style="list-style-type: none"> Continue and improve referrals to Medical Nutritional Counseling 	Dietician	Ongoing	CEO		
<ul style="list-style-type: none"> Develop referral relationship with Referral Center of Montana 	Nursing Director and Medical Staff	January 2014	CEO	Referral Center of Montana	

Needs Being Addressed by this Strategy:

- #4: Focus group participants indicated a need for additional opportunities for education and preventative services.

- #5: Survey respondents identified ‘Alcohol abuse/substance abuse’ (80.6%), ‘Overweight/obesity’ (43.8%), and ‘Diabetes’ (30.6%) to be their community’s top three health concerns.
- #6: Focus group participants indicated issues in their community with drug and alcohol abuse as well as prescription drug abuse. They also mentioned high rates of heart disease and diabetes in the area.

Anticipated Impact(s) of these Activities:

- Increased utilization of local resources that improve behavioral health.

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

- Track the number of patients involved in each program.
- Monitor improvement of health for chronic care patients that utilize these programs.

Measure of Success: St. Luke increases the number of diabetic patients “under control” and an improvement in the number of chronic care patients.

Goal 3: Enhance awareness and understanding of the upcoming Health Insurance Exchanges.

Strategy 3.1: Determine St. Luke Community Healthcare’s role in enrolling patients in the Insurance Exchanges.

Health Issue Addressed: Affordability of health care is a main concern for a number of community members and cost of care often inhibits access to health care. Specifically, community members in St. Luke Community Healthcare’s service area identified access to affordable health insurance to be a concern. There is also great confusion regarding new health insurance regulations.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> • Become a certified organization for the insurance exchanges 	CFO & Business Office Staff	October 2013	CFO		Changes to healthcare reform
<ul style="list-style-type: none"> • Implement trained assistors and identify how assistors help patients 	Business Office Staff	November 2013	CFO		Changes to healthcare reform
<ul style="list-style-type: none"> • Identify key staff responsible for these assistor roles 	Business Office Staff	November 2013	CFO		Changes to healthcare reform
<ul style="list-style-type: none"> • Attend CMS [Centers for Medicare & Medicaid Services] training webinars 	Business Office Staff	Ongoing	CFO	Centers for Medicare & Medicaid Services (CMS)	Changes to healthcare reform
<ul style="list-style-type: none"> • Complete a contract with Montana Health Co-op 	Business Office Staff	January 2014	CFO	Montana Health Co-op	Changes to healthcare reform
<ul style="list-style-type: none"> • Direct patients to assistors through marketing/public relations such as local employer forums, information sessions, or community luncheons 	Public Relations/ Marketing	Ongoing	CFO		Changes to healthcare reform
<ul style="list-style-type: none"> • Coordinate with Indian Health Services/Tribal Health to demonstrate resources available to them 	Business Office Staff	Ongoing	CFO	Tribal Health and Human Services and Indian Health Services (IHS)	Changes to healthcare reform
<ul style="list-style-type: none"> • Define insurance verifications to accurately verify insurance coverage 	Business Office Staff	2014	CFO		Changes to healthcare reform

Needs Being Addressed by this Strategy:

- #7: 43.8% of survey respondents identified ‘Access to affordable health insurance’ as a top indicator of a healthy community.
- #8: Focus group participants stressed the importance of improving the affordability of health care.

Strategy 3.1 continued...

Anticipated Impact(s) of these Activities:

- More people will have access to affordable health insurance.

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

- Track the number of patients St. Luke's refers to enroll in the Health Insurance Exchanges and follow-up with these patients.

Measure of Success: Eligible community members successfully enroll in the Health Insurance Exchanges.

Goal 4: Improve services available for the aging population.

Strategy 4.1: Explore expansion of senior services.

Health Issue Addressed: A significant number of community members expressed a need for an assisted living center and indicated St. Luke Community Healthcare would be an appropriate industry to develop one.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> Conduct a needs assessment and feasibility study as necessary 	CFO & ECF Director of Nursing	Ongoing	CEO and Board		

Needs Being Addressed by this Strategy:

- #9: 31.3% of survey respondents and a number of focus group participants indicated a need for an assisted living facility in the local community to address the aging population.
- #10: 43.8% of all survey respondents were interested in having St. Luke Community Healthcare develop the assisted living facility soon while 16.8% would be interested a few years in the future.

Anticipated Impact(s) of these Activities:

- Based on the potential expansion of senior services, the quality of life would improve for aging populations.

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

- Evaluate the number of seniors served.

Measure of Success: St. Luke determines if it is meeting the needs of the aging population.

Goal 5: Improve the availability of mental health services in the local area.

Strategy 5.1: Develop additional mental health services.

Health Issue Addressed: Community members identified a lack of availability for mental health services in the Ronan area. The suicide rate per 100,000 is higher in Lake County at 23.4 as compared to rates in Montana (20.3) and the Nation (12.0).

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> Continue offering psychiatrist services at St. Luke Community Healthcare 	Medical Staff and Clinics Manager	Ongoing	CEO	Dr. Eleanor Hobbs	
<ul style="list-style-type: none"> Re-examine the Memorandum of Understanding for mental health protocol 	Nursing Director	September 2013	CEO	Western Montana Mental Health, Sheriff's Department, Providence	

Needs Being Addressed by this Strategy:

- #11: Focus group participants identified a need for additional local mental health services.

Anticipated Impact(s) of these Activities:

- Mental health services will be more effective due to better accessibility to community members.

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

- In three years, evaluate whether people perceive there to be an adequate number of mental health services in the community.

Measure of Success: St. Luke updates the protocol for mental health cases.

Goal 6: Improve community members' access to local cancer services.

Strategy 6.1: Explore providing oncology services.

Health Issue Addressed: Cancer is the leading cause of death in Lake County, as well as in the State of Montana. Cancer was prioritized as a significant health issue for St. Luke Community Healthcare to address.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> Perform a feasibility study to determine opportunity for a mid-level provider to provide oncology services to stable chemotherapy patients 	Medical Staff and CEO	Ongoing	CEO	Community Medical Center or Kalispell Regional Medical Center	Oncology Physicians
<ul style="list-style-type: none"> Potentially combine outpatient infusion and chemotherapy 	ACF Nursing Director	Ongoing	CEO		

Needs Being Addressed by this Strategy:

- #12: 30% of survey respondents indicated a need for 'Oncology' and cancer services.

Anticipated Impact(s) of these Activities:

- People will not need to travel outside their community to receive cancer care such as outpatient infusion and chemotherapy.

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

- Evaluate the number of people who utilize local services rather than travelling to Missoula for cancer services.

Measure of Success: St. Luke determines whether oncology services are feasible in Lake County.

Needs Not Addressed and Justification

Identified health needs unable to address by St. Luke Community Healthcare	Rationale
Focus group participants requested local dialysis services.	<ul style="list-style-type: none">• At this time, providing dialysis services in the community is outside of St. Luke Community Healthcare's capacity and financial resources.
Focus group participants expressed concern about travelling long distances for health services.	<ul style="list-style-type: none">• St. Luke Community Healthcare recognizes that the population base of our service area cannot and will not support many specialized healthcare services which, in most cases, is the reason for the long distance travel for some health services. St. Luke conducts on-going evaluations of the services being requested by our constituents and investigates all opportunities to provide any service that is financially feasible in-house or through specialty clinics. St. Luke will continue to explore any and all possibilities for reducing the need for patients to travel outside of their communities for quality healthcare.

Dissemination of Needs Assessment

St. Luke Community Healthcare disseminated the community health needs assessment (CHNA) and implementation plan by posting both documents conspicuously on the St. Luke Community Healthcare website (<http://www.stlukehealthnet.org>) as well as having copies available at the facility should community members request to view the community health needs assessment (CHNA) or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHNA process in order 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 CHNA process, as well as how St. Luke Community Healthcare is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Lake County as the facility seeks to address the health care needs of their community.

Furthermore, the board members of St. Luke Community Healthcare will be directed to the hospital's website to view the assessment results and the implementation plan. St. Luke Community Healthcare board members approved and adopted the plan on **October 28, 2013**. Board members are encouraged to familiarize themselves with the CHNA report and implementation plan so they can publically promote the facility's plan to influence the community in a beneficial manner.

St. Luke Community Healthcare will establish an ongoing feedback mechanism in order to take into account any written comments it may receive on the adopted implementation plan.