Cumberland County Implementation Strategy

DASHBOARD KEY and TERMINOLOGY DEFINED

		HOSPITAL	RESPONSIBLE		
IMPLEMENTATION STRATEGIES	IMPACT/GOAL	RESOURCES	PARTIES	EVALUATION	FEEDBACK
The intended actions for addressing or not	Anticipated goal, impact,	Identified programs	Planned	Plan to	Avenue for
addressing the areas of concern in the 2019	and/or outcome expected.	and/or resources to	leadership,	evaluate the	providing ongoing
Community Health Needs Assessment.		address the need.	collaboration and	goal, impact	feedback solicited
			individuals	and/or	from whom, by
			involved.	outcome.	whom.

Identified Priority Area: Area of concern identified topic in the Community Health Needs Assessment. The detail of the needs identified and represented by key findings generated from the data collection and analysis from the 2019 Community Health Needs Assessment.

Plan not to address:	Reason for not addressing	N/A	N/A	N/A	N/A
Explanation of the needs that will not be	the need. Can be brief,				
addressed.	including resource				
	constraints, lack of				
	expertise, low priority				
	assigned, not connected				
	with mission, lack of				
	identified effective				
	intervention, addressed by				
	other facilities, etc.				
Plan to address:	The goal, impact, and/or	The resources the	Individuals	Method for	Feedback solicited
Explanation of the steps to be taken to address	outcome the Hospital	Hospital plans to	involved.	evaluation the	from whom, by
the identified priority area.	anticipates to achieve by	contribute		result/impact	whom.
	taking the steps stated in	achievement of the		of the	
	the Implementation	Strategy.		Strategy.	
	Strategies column.				



		HOSPITAL RESOURCES	RESPONSIBLE		
IMPLEMENTATION STRATEGIES	IMPACT/GOAL		PARTIES	EVALUATION	FEEDBACK
Identified Priority Area: Increasing Primary Care P	hysicians				
Plan to address: Recruit additional primary care providers. Retain providers by maintaining a culture that assures support, collaboration and accessibility in Hospital's primary care practices. Mitigate barriers that impact physician productivity and patient access in the two Rural Health Clinics. Increase the number of Advanced Practice Clinicians (APCs). These are typically; Nurse Practitioners, Physician Assistants, and Nurse Midwives. They should be working in a collaborative team approach with physicians co-managing panels of primary care patients. Continue to improve chronic care management and improving Medicare Annual Wellness Visit rates.	Ensuring that providers employed by Hospital are engaged and fairly compensated, leading to improved recruitment and retention. Maintaining long term provider/patient relationships will increase trust and facilitate addressing chronic health conditions. Reduce wait times for new	Hospital would provide committee leadership, coordination and volunteers from the following areas: - Hospital Administration - Board of Directors - Provider Recruitment - Physician Leaders from RHC - Hospital Executives	Service Line Leadership and if necessary, successful national recruitment firms.	Number of PCPs and APCs added and timeline for these additions. Evaluate the percentage of patients who saw PCP in the last year. Monitor wait times for new patient appointments (All payer classes).	Committee solicits feedback from physicians, APCs, patients, business leaders and the community.
	patient appointments.	- Advanced Practice Clinician		Provider satisfaction data. Compare need per study to	
				current supply (minimizing deficits)	



IMPLEMENTATION STRATEGIES	IMPACT/GOAL	HOSPITAL RESOURCES	RESPONSIBLE PARTIES	EVALUATION	FEEDBACK
Identified Priority Area: Increasing Educ			I		
Plan to address: Collaborate and participate in various community initiatives that teach, encourage, and promote health awareness in the following areas: - Diabetes - Smoking - Nutrition - Mental Health - Women's Health	The hospital will continue to work the local health department, school systems, senior citizen groups and other non-profit community-based organizations, for the purposes of providing shared resources, especially to services available at low or no-cost services to low-income and at-risk populations.	Hospital would provide committee leadership, coordination and volunteers from the following areas: - Marketing/Public Relations - Women's Health - Social Services - Family Medicine - Pediatrics - Pastoral Care	Hospital Service Line Leadership as well as health department and school system leaders.	Number of community events conducted. Number of Hospital related social media posts related to health and wellness. Number of resources/events held for lowincome and atrisk population.	Hospital will continue to participatefrom social services agencies, business leaders, media and the community at large.



		HOSPITAL	RESPONSIBLE		
IMPLEMENTATION STRATEGIES	IMPACT/GOAL	RESOURCES	PARTIES	EVALUATION	FEEDBACK
dentified Priority Area: Increasing substance abu	se prevention in the community	y.			
Plan to address: There is a need to educate the public about substance abuse, and to empower individuals to recognize the symptoms and seek out treatment. Individuals need to know what resources exist to help them and encourage them to seek out resources to help. Education and outreach are especially important to lessen the stigma. The hospital, along with a steady collaboration of experts including social services departments in each county, the local school districts, local media and independent mental health practitioners should work in concert to promote mental health and focus on preventing substance abuse in the communities we serve. Create a partnership to increase the amount of information and educational events specific to substance abuse. The group should ensure this information is supplied to several subsections of the community, including;	Improved understanding of substance abuse, and its impact on the community. Reduce the number of teenagers experimenting and becoming another substance abuse "statistic." Continue to provide support to physicians, patients and the community related to the opioid epidemic facing our communities. Decrease deaths from overdose. Decrease rates of opioid dependence throughout the service area.	Hospital would provide committee leadership, coordination and volunteers from the following areas: - Marketing - Community Education - Social Services - Community volunteers from school districts, local substance abuse professionals and support groups.	Hospital Service Line Leadership as well as school system leaders and other community- based mental health services and providers.	Monitor outreach events, social media efforts and collaboration between Hospital and community services.	



IMPLEMENTATION STRATEGIES	IMPACT/GOAL	HOSPITAL RESOURCES	RESPONSIBLE PARTIES	EVALUATION	FEEDBACK		
dentified Priority Area: Expanding transportation to / from treatment services.							
Plan to address: Poverty, lack of transit, public safety issues and the aging population contribute the transportation dilemma facing Hospital and other communities. There are a few opportunities for improvement, including evaluating a "Courtesy" van service option and creating an alliance with "RTec" or other "ride share" service. Some of these "ride share" services will partner with hospitals to coordinate rides for patients to and from office and hospital visits in a HIPAA compliant manner. With some services, hospitals can check trip status in real time and offers reports on usage that are transparent for the health system.	Improving overall health of Hospital's patients. Ensuring compliance with primary care and specialty visits. Reducing need for ambulance runs and unnecessary Emergency Department visits. Reducing re-admissions by being able to offer care at "the right care at the right time, in the right place."	Hospital would provide committee leadership, coordination and volunteers from the following areas: - Medical Group - Nursing - Risk Mgmt. / Legal - Security - Marketing/Public Relations	Hospital Service Line Leadership as working with "ride share" group's representatives.	The number of rides used on a monthly basis by patients accessing "RTec". The current no-show rate, by practice or hospital department and future no-show rates to determine impact. Evaluating the cost associated with a "courtesy van" service.	Gain feedback on a routine basis from hospital departments and physician practices about improved noshow rates, increased patient compliance and satisfaction.		



IMPLEMENTATION STRATEGIES	IMPACT/GOAL	HOSPITAL RESOURCES	RESPONSIBLE PARTIES	EVALUATION	FEEDBACK
Identified Priority Area: Increasing access to pain m	anagement services for treatme	ent.			
Plan not to address: Due to limited pain management provider resources, both in the region and nationally, the Hospital will not be able to increase pain management access at this time.	Due to resource availability and constraints, along with adequate reimbursement and provider shortages in this specialty, Hospital is unable to increase access to this specialty at this time.	N/A	N/A	N/A	N/A

