

**HOULTON REGIONAL HOSPITAL (HRH)**

Community Health Needs Assessment Implementation Plan

Collaboration with the Aroostook District Coordinating Council for Public Health (Aroostook DCC)

**Top Five Health Issues, as identified in the Eastern Maine Health System (EMHS) shared Community Health Needs Assessment (CHNA):**

<u>Health Issue</u>	<u>Efforts to Address</u>	<u>Resources Required</u>	<u>Anticipated Impact</u>	<u>Implementation Date</u>	<u>Collaborating Organizations</u>
<b>Obesity</b>	Utilize the S210 discussion toolkit in Pediatrics Practice	Paper forms and staff time	Education to children and parents on healthy food choices to establish healthy habits.	In place	Let's Go!
	Allow employees to use Cardiac Rehab Department for exercise	Facility space during down times	Provide low cost availability for our staff to get physical activity	In place	None
	Allow community support groups to meet rent free in our Education Center	Facility space and Ed Center staff time	Educate adults on the dangers of overeating and offer healthy alternatives	In place	Overeaters Anonymous
	One employee participates in the grant group called Healthy Houlton. This is administered by Aroostook County Action Program (ACAP).	Staff time	Obtain ideas for Healthy eating and exercise habits to use here at HRH	In place	Healthy Houlton, ACAP
	Human Resources Director to participate in an ad hoc committee of the District Coordinating Committee (DCC), with the focus on Obesity.	Staff time and mileage to meetings	Obtain ideas for Healthy eating and exercise habits to use here at HRH	In place	Maine CDC
	Reduced the number of soda/snack machines in the hospital	None	Removed unhealthy snack options	11/30/2016	None
	Enhance our Employee Wellness Program	Staff time and cash for educational materials	Weight loss and healthy outcomes for our staff	12/31/2017	None
<b>Drug and Alcohol Abuse</b>	Have a contract in place to work with Aroostook Mental Health Center (AMHC) for alcohol detoxification services	Cash to subsidize their program	Providing support and resources to patients as they go through the detox process	In place	AMHC
	Allow community support groups to meet rent free in our Education Center	Facility space and Ed Center staff time	Educate adults on the risks of narcotic use and other drug abuse	In place	Narcotics Anonymous, Link for Hope
	Exploring the addition of a new Physician relationship to one of our Rural Health Centers to address chronic pain issues	Cash to fund the program, staff time to recruit new PA	Provide patients with an alternative treatment to narcotics to manage their pain	5/31/2017	New England Sport and Spine
<b>Cardiovascular Disease</b>	We offer Phase II and III outpatient Cardiac Rehab programs	Facility space, equipment, cash to subsidize the classes	Educate patients on their medications and risk factors. Teach importance of physical activity and healthy diet.	In place	None
	Our outpatient Case Management group follows all patients that have recently been discharged with a diagnosis of CHF	Facility space, cash to fund staff salaries	Assist patients with understanding their CHF care plan (follow up appointments, medications, etc). Ultimate goal is to avoid an admission and improve patient outcomes.	In place	None

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	When CHF patients that are known to be higher risk are discharged home, we offer an RN home visit through the Community Care Team (CCT)	Cash to subsidize the program	RNs can inspect safety of home for risk factors, they make sure patient is taking correct medications, update physician on patient health - assist contiuum of care.	In place	Beacon Health
<b>Cardiovascular Disease, cont'd</b>	Tobacco free campus	Signage	To encourage staff/visitors to stop smoking	In place	None
	The MRHIN (Maine Rural Health Innovations Network) grant we participate in with 9 other hospitals is gearing up to look at the diagnosis of Congestive Heart Failure	Staff time; mileage to attend meetings; cash to purchase new educational materials	Through collaboration with the other hospitals, learn best practices for care plans to treat patients with CHF. Goal will be to reduce readmissions and improve patient outcomes.	6/30/2017	9 other Maine hospitals
	Maintain our Gold Star status in the Maine Tobacco Hospital Network	Staff time and signage	To encourage staff/visitors/patients to stop smoking	Ongoing	None
<b>Diabetes</b>	Offer Diabetes education with a Certified Instructor. This includes after hours group sessions with the patient and a caregiver/family member.	Staff time, facility space, educational materials	Educate patients on their disease and tools to manage it on a daily basis.	In place	None
	Participation in the MRHIN grant with 9 other Maine hospitals, with improving diabetes health outcomes as the first goal	Staff time and mileage to attend meetings	Through collaboration with the other hospitals, learn best practices for care plans to treat patients with Diabetes. Goal will be to allow patients to better manage their disease on a daily basis.	In place	9 other Maine hospitals
	Monitor all Hemoglobin A1c tests performed here with a result over 9 and offer further education	Staff time	Better management of the disease to improve quality of life for the patient. Avoid admissions/high cost care when blook levels spike.	In place	None
	Looking at available space and staffing to allow our Diabetes Educator to be physcially IN the Rural Health Clinic and case manage the Diabetic patients	Staff time and facility space	Increased access to our Educator to allow more opportunities for staff and patient education.	2/28/2017	None
<b>Respiratory Diseases</b>	Our outpatient Case Managemet group follows all patients that have recently been discharged with a diagnosis of Chronic Obstructive Pulmonary Disease or Pneumonia	Facility space, cash to fund staff salaries	Assist patients with understanding their care plan (follow up appointments, medications, etc). Ultimate goal is to avoid a hospital admission and improve patient quality of life.	In place	None
	We offer outpatient Phase II and III Pulmonary Rehab classes	Facility space, monitoring equipment, cash to subsidize the classes	Educate patients on their medications and risk factors. Teach importance of physical activity and healthy diet.	In place	None

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<b>Respiratory Diseases, cont'd</b>	MRHIN grant group has a subgroup that is looking at the diagnosis of COPD	Staff time and mileage to attend meetings	Through collaboration with the other hospitals, learn best practices for care plans to treat patients with COPD. Goal will be to allow patients to better manage their disease on a daily basis.	In place	9 other Maine hospitals
	We are currently revising our care plan for inpatients with COPD. We are proposing to include more therapy assessment and education surrounding their medications and inhaler administration	Printing costs and staff time	Patients that are better educated and stronger when they are discharged home. Ultimate goal is to avoid a hospital readmission and improve patient quality of life.	Early 2017	Harmony Healthcare International
	Joined with Maine hospitals to participate in the Hospital Improvement Innovation Network (HIIN). A focus of this group is around reducing readmissions.	Staff time and mileage to attend meetings	Gain tools to use for patient care and education. We will seek to modify our treatment plan to prevent them from readmission.	First Quarter 2017	Maine HIIN group, Maine Hospital Association

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**The CHNA identified a list of top five health factors.**

Many of these reach out to areas that are not within our scope of license or practice as a hospital. We partner with many local agencies to attempt to address these issues. We are unable to commit more resources to these areas, due to the financial losses that we have sustained in recent years.

- 1 **Access to Behavioral/Mental Health Care** - we refer patients to 3 local agencies that can provide this care. We also have contracts to bring mental health counselors into our Emergency Department if patients present with these conditions.
- 2 **Poverty** - we have a financial assistance program in the Hospital providing free care to patients at or below 150% of the federal poverty level. We also have a sliding scale discount program available in our Rural Health Centers for patients up to the 150% poverty level. This program provides care totaling around \$1.3m/year to approximately 325 people.
- 3 **Employment** - we are the largest employer in Houlton. We have also partnered with Northern Maine Community College to assist with their nursing education program. They have classroom space in our hospital and are allowed to do their clinical training on our inpatient unit.
- 4 **Health Care Insurance** - we offer a very competitive plan to our employees; we assist the public with a financial assistance program; we have an employee that manages an indigent drug program for our patients; and we refer/assist patients that have questions regarding enrollment with plans that are available.
- 5 **Transportation** - we are in contact with local agencies that can provide transportation for our patients (Logisticare through MaineCare and Aroostook Regional Transportation Service (ARTS) to name a couple options). A Maine charity group called Simple Gifts has also donated gas cards that we can distribute to patients in need.

**We are also working to help address some of the access indicators.**

**Primary Care Providers** - we have recruited seven new primary providers in the past two years and have redistributed the patient case load to accommodate many new patients.

**Medical Cost** - we have limited our charges in some areas over the past few years, offered a tax season discount to folks that wanted to pay off account balances, and frequently assist patients in setting up realistic payment plans for services.

**Uninsured** - please refer to comments above under Poverty and Health Care Insurance.

**Dental care** - we offer the First Tooth fluoride varnish and dental education program in our Pediatrics practice. Aside from that, we refer patients for other needed dental care. This is currently not within the scope of our services at the Hospital.

As we referred to above, we are limited to how many indicators we are able to tackle due to our licensing and financial restrictions.