

2019 Community Implementation Plan

- Mental Health
- Substance Use and Abuse
- Nutrition and Physical Activity
- Access to Care



TABLE OF CONTENTS

Executive Summary.....	3
I. Introduction.....	4
II. SCRMC Information and Mission Statement.....	4
III. Health Needs of the Community.....	6
IV. Significant health needs that will be addressed.....	10
V. Other needs identified and currently being addressed.....	10
VI. Significant health needs that will not be addressed.....	11
VII. SCRMC's Implementation Strategy.....	12
A. Mental Health.....	13
B. Substance Use.....	15
C. Nutrition and Physical Activity.....	17
D. Access to Care.....	19
VIII. Adoption of Community Health Needs Assessment and Implementation Strategy.....	22

EXECUTIVE SUMMARY

Background and Process

St. Croix Regional Medical Center (SCRMC) conducted a community health needs assessment (CHNA) and developed an implementation strategy with interventions to address the identified health needs. This process was in collaboration with Amery Medical Center, Osceola Medical Center, Mental Health Task Force of Polk County, Polk County Health Department, Polk United, United Way of St. Croix Valley, and the University of Wisconsin – Madison, Extension. Representatives from each of these organizations comprised the Polk County CHNA Leadership Team.

The purpose of the CHNA was to evaluate and prioritize health concerns in order to empower the community to solve health problems and improve health outcomes. The goal is for the community to collectively and strategically target evidence based interventions to improve population health. The CHNA Leadership Team collected data to identify the top health priorities in Polk County.

Methods used included a survey administered throughout Polk County, community forums, key partner meetings and comprehensive collection and review of secondary health data. The data collected was presented and discussed at the community forums, key partner meetings, and ended with voting conducted at each to identify the top health priorities. Participants identified the top four health priorities of Polk County as:

- Mental Health
- Substance Use
- Nutrition and Physical Activity
- Access to Care

Using the principles of the Wisconsin Way model, which has its roots in the County Health Rankings, the Community Tool Box, and Healthiest Wisconsin 2020, the CHNA Leadership Team will act on the results of the 2019 CHNA to spearhead the next phase of the community health improvement process, action planning. Additional partners and community members will be mobilized under the umbrella of Polk United, a community coalition dedicated to health improvement activities. Partners and members will serve on health priority workgroups that will develop action oriented three year plans to address the four health priority areas with the goal of reducing health disparities and improving population health.

The final approved version of the 2019 CHNA and July 1, 2019 – June 30, 2022 Implementation Strategy is available to the public at www.scrmc.org located under “Legal Notices.” Printed copies of both documents are available upon request (free of charge).

I. Introduction

SCRMC completed a comprehensive Community Health Needs Assessment (CHNA) that was approved by the Governing Board on June 25, 2019. SCRMC performed the CHNA in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The Implementation Strategy will explain how SCRMC will address health needs identified by continuing existing programs and services, and by implementing new strategies.

The complete CHNA report is available electronically at www.scrmc.org under “Legal Notices.” Printed copies are also available upon request by calling the Director of Community Health and Wellness at 715-483-0498 (235 State Street, St. Croix Falls, WI). If you have questions, comments or feedback regarding this CHNA or the Implementation Strategy, please call 715-483-0498 or email Deanna.Nelson@SCRMC.org.

II. SCRMC Information and Mission Statement

SCRMC is a 25-bed not-for-profit Critical Access Hospital (St. Croix Falls, WI) with Community Clinics located in St. Croix Falls, (WI), Lindstrom (MN), Balsam Lake (WI), Frederic (WI), and Webster (WI). SCRMC offers the services of nearly 100 physicians, physician assistants, nurse practitioners, nurse midwives, psychiatrists, psychologists, and 25 fields of medical and surgical specialty practice at its five sites. The SCRMC service area encompasses Polk, Burnett, and Chisago counties in the St. Croix River Valley of Wisconsin and Minnesota.

SCRMC Mission: To **improve health and wellness** by providing convenient access to high quality, affordable health care.

SCRMC Vision: The choice for superior, high-value health care.

SCRMC Values:

1. **Service** – We anticipate and meet the needs of our patients, visitors, co-workers, providers and organizations with whom we work to the fullest extent possible. We work collaboratively with our colleagues, recognizing their skills, challenges, and dedication.

2. **Trust** – We are committed to acting in the best interests of our patients, their families, our colleagues, and the communities we serve. We are thoughtful, consistent and purposeful in all our actions. We trust others will do their best.
3. **Respect** – We treat everyone with whom we interact – our patients and their families, our colleagues, other medical staff, and vendors – with respect, courtesy, compassion and dignity. We are accountable for our own actions.
4. **Excellence** – We strive to provide outstanding, superior work in everything we do.
5. **Stewardship** – We use all our resources wisely, including time, talent, energy and financial resources to provide for the present and future needs of our patients, physicians and employees and communities.

SCRMC organizational goals include:

1. Quality: Improve MNCM composite from 66% to 67%.
2. Finance: Maintain operating income at 2.2%.
3. Service: Improve “Likelihood to Recommend” (HCAHPS and CGCAHPS).
4. Quality: Maintain overall harm rate per 100 discharges at 3.01 or below.
5. Service: Improve affordability by lowering the “total cost index” from 1.19 to 1.15.
6. Growth: Increase total patient panel size.

The 2019 Strategic Priorities are focused on improving the following areas:

1. Service
 - a. Implement innovative care models that enhance customer value.
 - b. Open Webster Dental Clinic.
2. Quality
 - a. Focused improvement on Population Health
 - b. Participate in the Healthcare Improvement Innovation Network
 - c. Information Governance
3. People
 - a. Focus on team member engagement and alignment to the organizational goals while expanding human capacity to support CroixCares.
 - b. Develop an organizational compensation strategy.
4. Finance

- a. Create an effective service line approach that incorporates analysis to guide understanding in making investment strategies.
 - b. Maintain profitability of the organization.
5. Growth
- a. Develop future Regional Health System vision.
 - b. Retain, recruit, and develop a robust multi-specialty practice.

III. Health Needs of the Community

The top ten community health needs identified in the 2019 CHNA include:

- 1 Mental Health** Mental health refers to our emotional, psychological and social well-being, and how it relates to our ability to cope with the normal stresses of life. Poor mental health manifests itself in poor quality of life, higher rates of chronic disease, and shorter lifespan.
- 33% of survey respondents stated they have been told they have Depression/Anxiety (2015: 23%).
- 22% of survey respondents stated they felt sad/depressed 3 or more days per week (2015:15%).
- 14% of survey respondents stated they were doing nothing to address their mental health problem (2015: 26.9%).
- 17% of high school students reported that they seriously considered suicide in the last year (2015: 14%).
- 19% of high school students reported being bullied on school property (2015: 14%).
- 2 Substance Abuse** Substance abuse is the harmful use of chemicals, including psychoactive drugs, alcohol, prescription medications (and huffing). Substance abuse can lead to dependence syndrome (a negative behavioral, cognitive and physiological phenomena and social decline).
- Opioid related hospital discharges increased from 69 in 2016 to 275 in 2018.

711 pounds of prescription drugs have been collected at permanent drop box locations (2016: 275 lbs.; 2017: 691 lbs.).

Motor vehicle crashes involving alcohol increased from 6% in 2016 to 11% in 2018.

14.9% of respondents, or their family, has been negatively impacted by the use of Methamphetamine.

10.5% of respondents, or their family, has been negatively impacted by marijuana use.

3 Nutrition and Physical Activity

Good nutrition is the intake of food that positively addresses the body's dietary needs. Physical activity helps keep the body in good physical condition. Poor nutrition and physical inactivity produce overall poor health and are major contributors to obesity and chronic diseases such as diabetes, heart disease and stroke.

66% of respondents said they were slightly or very overweight (2015: 60%).

Only 37% of respondents stated that they at 3 or more servings of fruits and vegetables per day (2015: 48%).

Only 42% of respondents stated that they exercise at least 30 minutes per day on 3 or more days per week (2015: 49%).

38% of Polk County students are eligible for free and reduced lunch at school (2015: 42%).

4 Access to Care

Access to care refers to having the same access for all to appropriate, convenient, and affordable health care. This includes things such as access to providers, cost, insurance coverage, medical transportation, and cultural sensitivity and responsiveness.

19% of the Polk County population are on Badgercare (2015: 17%).

50% of respondents stated they did not receive the medical care they needed because they could not afford to pay (2015: 54%).

- 35% because insurance would not cover the service (2015: 25%).
- 31% because the co-pay was too high (2015: 22%).

5 Healthy Growth and Development

Care and support for the best possible physical, social and emotional health and development (i.e. prenatal care, regular check-ups, child & elderly care).

34.2 % of mothers had a high school diploma/GED or less at delivery (2016: 35.6%).

30% of women had less than 10 prenatal visits during pregnancy (2016: 28%).

11% of pregnant women had gestational diabetes (2016: 9%; US: 6%).

9.1% of pregnant women had gestational hypertension (2016: 6.2%; US: 9.1%).

31% of children are not up to date on their vaccinations by 2 years old (2015: 75%)

6 Tobacco Prevention

Preventing tobacco use, providing treatment to stop smoking, protection from second-hand smoke.

Tobacco compliance checks at the time of sale rate is 23%, the state goal being less than 10% (2015: 8.8%).

16% of mothers smoke during pregnancy (2016: 21%).

11.6% of high school students reported using E-Cigarettes (2015: 16%).

9% of high school students reported smoking (2015: 12%).

12.3% of survey respondents indicated they smoked (2015: 11.9%).

- 7 Injury and Violence Prevention** Preventing injury from accidents or violence (i.e. falls, car crashes, abuse, assault).
- 9% of high school students reported never, rarely, or sometimes wearing a seat belt when riding in a car driven by someone else (2015: 6.8%).
- 25.4% of high school students report texting or sending an email while driving on more than 1 day in the last 30 days (2015:24.2%; 2017/WI: 457%).
- 10 motor vehicle deaths (2015: 5).
- 3% of deaths are attributed to accidents (2015: 6%).
- 8 Sexual and Reproductive Health** Education and health care to maintain sexual health, prevent unintended pregnancy and sexually transmitted infections.
- The teen birth rate is 22% (2015: 23%).
- 66% of high school students reported using a condom the last time they had intercourse (2015: 17%).
- 25% of high school students reported never having intercourse (2015: 2017).
- 59.3% of all Chlamydia cases are reported in 15 to 24 year olds (2015: 65.3%).
- Seven (7) Gonorrhea cases (2015: 3).
- 9 Oral Health** Keeping teeth, gums, and mouth healthy to prevent mouth pain, tooth decay, tooth loss, mouth sores.
- There are 52 dentists per 100,000 population (WI: 64; US 65.6). 2015 data.
- 1534 students were served at the NorthLakes Dental Clinic in 2018 (2017: 1453).
- 55% of students served had untreated tooth decay (2017: 58%).

- 19% of the students served for untreated tooth decay were Pre-K through 8th grade.

789 patients were served at the NorthLakes Dental Clinic in 2018 (2017: 1147).

- 10 Occupational and Environmental Health
- Illnesses and injuries from indoor and outdoor hazards, such as chemicals, contaminated food/water, polluted air, or work hazards.

39% of the 123 completed radon test had a result of 4.0pCi/L or higher (this is the level that mitigation is recommended). (2017: 23%).

IV. Significant health needs that will be addressed

SCRMC will develop and support initiatives, and measure their effectiveness, to improve the following health needs:

1. **Mental Health** – Specific Implementation Strategy on page 13.
2. **Substance Use** – Specific Implementation Strategy on page 15.
3. **Nutrition and Physical Activity** – Specific Implementation Strategy on page 17.
4. **Access to Care** – Specific Implementation Strategy on page 19.

V. Other needs identified and currently being addressed

SCRMC works collaboratively with Amery Hospital and Clinic, Osceola Medical Center, Mental Health Task Force of Polk County, Polk County Health Department, United Way of St. Croix Valley, and UW-Extension to determine the four most significant health needs of the community. SCRMC would also like to contribute efforts to other community health needs identified in the Community Health Needs Assessment.

Healthy Growth and Development – Reviewing and discussing developmental milestones at Well-Child visits is essential to healthy growth and development. SCRMC is committed to working with children and their families to encourage and engage maximum potential for all.

Tobacco Prevention – SCRMC is committed to playing an active role in tobacco prevention. Tobacco prevention will be addressed through some of the strategies and activities aimed at preventing, eliminating, and reducing substance use. Tobacco screenings, whether first hand or second hand smoke, is an essential

question that is asked at each clinic and hospital visit. Providers and staff educate patients on the detriments of tobacco use and will send patients to the appropriate resources if they are in need of assistance.

Injury and Violence Prevention – There has been community inquiry and collaboration surrounding a “texting while driving” screening question into the electronic health record. Further discussion, with the potential for implementation, will take place at SCRMC.

With regards to violence prevention, there is strong support from SCRMC in Trauma-Informed Care. SCRMC is collaborating extensively with community committees surrounding trauma and adverse childhood experiences (ACE). Through awareness, education, and treatment, SCRMC is committed to being a leader in this area.

Sexual and Reproductive Health – Sexual and reproductive health is very important to SCRMC. Counseling is offered for any issue in sexual and reproductive health. “Teen health” information is included in all teen Primary Care visits in the After Visit Summary (AVS). All Primary Care providers screen patients between the age of 16-24 for Chlamydia and Gonorrhea if they are deemed sexually active. Cervical and breast cancer screenings are addressed at each Primary Care visit. Patient education materials are distributed through the facility in a health literate language.

Oral Health – SCRMC knows how important oral health is to a person’s overall well-being. Providers promote the importance of oral health to patients and where they can seek services in the area. SCRMC will be providing dental services in Burnett County at the Webster Dental Clinic located in the Webster Health Center in 2019. SCRMC will look to expand dental health services into Polk County.

Occupational and Environmental Health – SCRMC providers promote the positive health benefits of good occupational and environmental health at patient visits. There is SCRMC representation on the Polk United Leadership Team where discussions take place surrounding this topic. SCRMC runs emergency preparedness drills to ensure quality collaboration if an unfortunate event would take place in the future. Beginning in July 2019, SCRMC will enter into a partnership with HealthPartners and Harvard University to implement a Total Worker Health structure within the organization. This is a pilot study aimed at identifying a successful employee health and wellness program through system-wide collaboration.

VI. Significant health needs that will not be addressed

SCRMC will be addressing all health needs recognized in the CHNA.

VII. SCRMC's Implementation Strategy

After reviewing the CHNA data and mapping existing resources, SCRMC developed a comprehensive Implementation Strategy that is in alignment with their mission, goals, and strategic priorities. SCRMC will engage key community partners in implementing strategies across the service area. They acknowledge the many organizations and resources in place to address the health needs of our communities and have reviewed both internal and external resources. . Some of the strategies used will include modifying polices, providing support, enhancing access, changing consequences and incentives, providing information, and enhancing skills.

This Implementation Strategy specifies community health needs that SCRMC has determined to meet in whole or in part and that are consistent with its mission. SCRMC reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June 30, 2022, other organizations in the community may decide to address certain needs, indicating that SCRMC should then refocus its limited resources to best serve the community.

The strategies and activities outlined below will be implemented in coordination with local partners and coalitions. Many of the strategies align closely with community and/or county strategies. The health focus areas were prioritized based on size, severity, available data, the hospital's ability to have an impact, and the number of communities effected within the SCRMC service area.

The SCRMC Governing Board approved the Implementation Strategy on June 25, 2019. The final approved version of the 2019 CHNA and July 1, 2019 – June 30, 2022 Implementation Strategy is available to the public at www.scrmc.org located under "Legal Notices." Printed copies of both documents are available upon request (free of charge).

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 7/1/2019 - 6/30/2022**

SCRMC FACILITY:	St. Croix Regional Medical Center
CHNA SIGNIFICANT HEALTH NEED:	Mental Health
CHNA REREFERENCE PAGE:	33
PRIORITIZATION:	1

BRIEF DESCRIPTION OF NEED: 17% of Polk County High School students reported they seriously considered suicide in the last year (2015: 14%). 33% of survey respondents stated that they have been told they have depression/anxiety (2015: 23%). 22% of respondents stated they felt sad/depressed 3 or more days per week (2015: 15%).

GOAL: Improve mental health by increasing outpatient and inpatient access to behavioral health services, providing staff education and training, and ensuring patients that enter (or are in) our health system have an identified primary care provider.

OBJECTIVES:

1. By June 30, 2022, the suicide rate in Polk County will decrease from 16 per 100,000 to 14 per 100,000.
2. By June 30, 2022, high school students that report seriously considering suicide in the last year will decrease from 17% to 15%.
3. By June 30, 2022, the percent of survey respondents that state they felt sad/depressed 3 or more days per week will decrease from 22% to 19%.

ACTIONS SCRMC INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Train staff in Mental Health First Aid.
2. All patients discharged from the hospital will have an identified primary care provider.
3. Integrate behavioral health consult into inpatient encounter.
4. Strengthen relationship with Hudson Hospital in telehealth.
5. Support community health priorities by actively participating in the Polk United Leadership Team and Mental Health Task Force team.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Improved behavioral health awareness, education, social support and stigma reduction in the SCRMC service area.
2. Patient will have a trusting relationship with a consistent healthcare provider and, therefore, seek help when necessary.
3. Improved access to behavioral health services to patients in the SCRMC service area.
4. Improved consultation services and access to behavioral health services to patients in the SCRMC service area.
5. Population health collaboration is taking place and is improving health outcomes.

PLAN TO EVALUATE THE IMPACT:

1. At minimum, 100% of triage nurses will complete the training.
2. BOE Report

3. Inpatient behavioral health encounters
4. Identify service expansion
5. Number of meetings attended by SCRMC staff/providers, total hours donated in-kind to support initiatives.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Staff-time to support the implementation of the actions listed above
- In-kind staff/provider expenses

COLLABORATIVE PARTNERS:

- Allina Health
- Amery Medical Center
- Burnett County Public Health
- Chisago County Public Health
- Community Partners
- Community Partnerships for Youth and Families
- Fairview
- Hazelden Betty Ford Foundation
- Healthier Burnett
- Mental Health Task Force of Polk County
- Mobilizing Action through Planning and Partnerships (MAPP)
- Northwest Counseling & Guidance Clinic
- Northwest Passage, Ltd
- Osceola Medical Center
- Polk County Mental Health & Chemical Dependency
- Polk County Public Health
- Polk United
- River Valley Medical Center
- Statewide Resources (Crisis Management)
- Tomah Memorial Hospital

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 7/1/2019 - 6/30/2022**

SCRMC FACILITY:	St. Croix Regional Medical Center
CHNA SIGNIFICANT HEALTH NEED:	Substance Use
CHNA REREFERENCE PAGE:	34
PRIORITIZATION:	2

BRIEF DESCRIPTION OF NEED: Opioid related hospital discharges increased from 69 in 2016 to 275 in 2018. 711 lbs of prescription drugs have been collected at permanent drop box locations (2016: 275 lbs; 2017: 691 lbs). Motor vehicle crashes involving alcohol increased from 6% in 2016 to 11% in 2018. 14.9% of respondents, or their family, has been negatively impacted by the use of Methamphetamine. 10.5% of respondents, or their family, has been negatively impacted by marijuana use.

GOAL: Promote health by reducing substance use and abuse.

OBJECTIVES:

1. By June 30, 2022, the number of motor vehicle crashes involving alcohol will decrease from 11% to 9%.
2. By June 30, 2022, the number of respondents reporting that methamphetamine has negatively impacted themselves, or their family, will decrease from 14.9% to 12%.
3. By June 30, 2022, the number of opioid related hospital discharges will decrease from 275 to 225.

ACTIONS SCRMC INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. One to two, (1-2) staff members will be trained as a Tobacco Treatment Specialist.
2. All patients discharged from the hospital will have an identified primary care provider.
3. Respiratory staff and Tobacco Treatment Specialist will integrate to allow for a collaborative inpatient visit.
4. Support community health priorities by actively participating in the Polk United Leadership Team and Substance Use Task Group.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Improved access and treatment options for those with tobacco addictions.
2. Patient will have a trusting relationship with a consistent healthcare provider and, therefore, seek help when necessary.
3. Improve access and services to patients with substance use and abuse problems.
4. Improve substance use and abuse population health collaboration in the SCRMC service area.

PLAN TO EVALUATE THE IMPACT:

1. Patient encounters, cessation rate.
2. BOE Report.
3. Patient encounters using both specialties.
4. Number of meetings attended by SCRMC staff/providers, total hours donated in-kind to support initiatives.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Staff-time to support the implementation of the actions listed above,
- In-kind staff/provider expenses.

COLLABORATIVE PARTNERS:

- Allina Health
- Amery Medical Center
- Aurora Community Counseling
- Burnett County Public Health
- Chisago County Public Health
- Community Partners Fairview
- Community Partnerships for Youth and Families
- Hazelden Betty Ford Foundation
- Healthier Burnett
- Mayo Clinic Program
- Mental Health Task Force of Polk County
- Mobilizing Action through Planning and Partnerships (MAPP)
- Northwest Counseling & Guidance Clinic
- Northwest Passage, Ltd
- Osceola Medical Center
- Peace Tree Counseling
- Polk County Mental Health Polk County Mental Health & Chemical Dependency
- Polk County Public Health
- Polk United
- River Valley Medical Center

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 7/1/2019 - 6/30/2022**

SCRMC FACILITY:	St. Croix Regional Medical Center
CHNA SIGNIFICANT HEALTH NEED:	Nutrition and Physical Activity
CHNA REREFERENCE PAGE:	35
PRIORITIZATION:	3

BRIEF DESCRIPTION OF NEED: 66% of respondents said they were slightly or very overweight (2015: 60%). Only 37% of respondents stated that they eat 3 or more servings of fruits and vegetables per day (2015: 48%). Only 42% of respondents stated that they exercise at least 30 minutes per day on 3 or more days per week (2015: 49%). 38% of Polk County students are eligible for free and reduced lunch at school (2015: 42%).

GOAL: Promote health and reduce chronic disease risk by increasing the prevalence of healthy weight among youth and adults living and working in the SCRMC service area.

OBJECTIVE:

1. By June 30, 2022, the number of respondents stating that they eat three or more servings of fruits and vegetable per day will increase from 37% to 45%.
2. By June 30, 2022, the number of respondents stating that they exercise at least 30 minutes per day on three or more days per week will increase from 42% to 50%.
3. By June 30, 2022, the number of respondents stating they were slightly or very overweight will decrease from 66% to 59%.

ACTIONS SCRMC INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Develop and offer specific chronic disease programming in high diagnosis areas.
2. All patients discharged from the hospital will have an identified primary care provider.
3. Create and implement consistent annual workshop schedule incorporating nutrition and physical activity classes and education.
4. Revise diabetes education program for Rural Health Care (RHC) reimbursement.
5. Educate providers and implement staff processes for continuous glucose monitoring.
6. Support community health priorities by actively participating in the Polk United Leadership Team and Nutrition and Physical Activity Task Group.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Evidence based nutrition and physical activity interventions will decrease the growth rate of chronic disease and obesity.
2. Patient will have a trusting relationship with a consistent healthcare provider and, therefore, seek help when necessary.
3. Providers, staff, and patients will have better familiarity with programs and workshops offered throughout the year and, therefore, be able to guide the patient toward necessary education sessions that fit each individual's needs.
4. More patients with diabetes will be compliant through covered education and treatment options.
5. Improve outcomes in diabetic patients.

6. Improve nutrition and physical activity population health collaboration in the SCRMC service area.

PLAN TO EVALUATE THE IMPACT:

1. Community programs offered; participation rate; obesity rate
2. BOE Report
3. Referrals
4. Services are reimbursable, participation
5. MNMCM
6. Number of meetings attended by SCRMC staff/providers, total hours donated in-kind to support initiatives.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Staff-time to support the implementation of the actions listed above
- In-kind expenses.
- Supplies and marketing.

COLLABORATIVE PARTNERS:

- ABC for Rural Health
- Burnett Public Health
- Chisago County Public Health
- Community Partners
- Healthier Burnett
- Healthwatch Coalition
- Mobilizing Actions through Planning and Partnerships (MAPP) Committee
- Polk County Community Services
- Polk County Public Health
- Polk United
- River Valley Medical Center
- Rural Health Care (RHC)
- Tomah Memorial Hospital

**CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 7/1/2019 - 6/30/2022**

SCRMC FACILITY:	St. Croix Regional Medical Center
CHNA SIGNIFICANT HEALTH NEED:	Access to Care
CHNA REREFERENCE PAGE:	36
PRIORITIZATION:	4

BRIEF DESCRIPTION OF NEED: 19% of the Polk County population are on Badgercare (2015: 17%). 50% of respondents stated they did not receive the medical care they needed because they could not afford to pay (2015: 54%). Of the respondents that could not afford to pay, 35% stated it was because their insurance would not cover the service (2015: 25%), 31% said it was because their co-pay was too high (2015: 22%), and 15% said it was due to lack of transportation (2015: 2.2%).

GOAL: Improve health by increasing access to care.

OBJECTIVE:

1. By June 30, 2022, the percent of survey respondents stating that they did not receive the medical care they need because they could not afford to pay will decrease from 50% to 45%.
2. By June 30, 2022, the percent of survey respondents that stated they have a medical center they regularly use will increase from 95% to 96%.
3. By June 30, 2022, the percent of the Polk County population on Badgercare will decrease from 19% to 18%.

ACTIONS SCRMC INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Launch telehealth services to extend access to specialty care.
2. Decrease total cost of care.
3. Recruit primary care physicians
4. Develop framework for future community healthcare.
5. Offer dental services in Burnett County with plans to grow in other counties.
6. Expand access to affordable insulin.
7. Expand access to affordable inhalers.
8. Expand vaccination capabilities at community pharmacies beginning with Shingrix, expanding to TDAP, then moving to influenza.
9. Educate providers and nursing staff for medical record optimization.
10. Increase patient awareness of technology to engage patients.
11. Support community health priorities by actively participating in the county health leadership team.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Patients are able to access specialty providers in rural areas.
2. More patients will be able to afford health care services.
3. Patients have improved access to primary care services.
4. Drive population health outcomes in the new age era of technology and predictive analytics.

5. Improve oral health outcomes and reduce unnecessary healthcare charges using emergency services.
6. Improve diabetic outcomes.
7. Improve asthma outcomes.
8. Community health improves by decreasing or eliminating disease transmission.
9. Patient records are updated in real time allowing patients to make better decisions regarding their health care through provider efficiency and transparency.
10. Patients understand their health and make better informed decisions resulting in greater patient engagement and, therefore, improved health outcomes.
11. Improve access to care through community relationships and population health collaboration.

PLAN TO EVALUATE THE IMPACT:

1. Patient encounters using the telehealth platform in Frederic and Webster.
2. Total cost of care index.
3. Primary Care physicians hired.
4. Multi-day Governing Board level collaboration takes place; Model is developed.
5. Reduction in Emergency Department visits for dental diagnosis.
6. Patient utilization, MNCM, out of pocket savings.
7. Patient utilization, MNCM, out of pocket savings.
8. Patient utilization, Vaccine status in population data, patients served that do not have a benefit.
9. Percentage of providers that send “Open Notes” to MyChart.
10. Percentage of patients signed up for MyChart.
11. Number of meetings attended by SCRMC staff/providers, total hours donated in-kind to support initiatives.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Staff-time to support the implementation of the actions listed above.
- In-kind expenses associated with increasing access to care.

COLLABORATIVE PARTNERS:

- Allina Health
- Amery Medical Center
- Burnett County Public Health
- Chisago County Public Health
- Chisago Lakes School District
- Ecumen-Parmly
- Fairview
- Family Pathways
- Government
- Hazelden Betty Ford Foundation
- Healthier Burnett
- Mental Health Task Force of Polk County
- Mobilizing Actions through Planning and Partnerships (MAPP) Committee
- Osceola Medical Center
- Polk County Public Health

- Polk United
- Rural Health Care (RHC)
- Tomah Memorial Hospital
- University of Minnesota Extension
- University of Wisconsin Extension

VIII. ADOPTION OF COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

On June 25, 2019, the Governing Board of St. Croix Regional Medical Center, met to discuss the 2019 Community Health Needs Assessment (CHNA) and the July 1, 2019 – June 30, 2022 Implementation Strategy for addressing the community health needs. Upon review, the Board approved the CHNA and the Implementation Strategy.

Signature: _____



Joseph Shi
Governing Board Chair

Date: _____

6/25/19