**2019 Community Health Needs Assessment** 

# **Implementation Strategy**

**Riverwood Healthcare Center** 



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## **Implementation Strategy Adoption**

[IRS Form 990, Schedule H, Part V, Section B, 8-10, 2018]

This summary outlines Riverwood Healthcare Center's plan (Implementation Strategy) to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) developing new programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself.

On August 7<sup>th</sup>, 2019 the Riverwood Healthcare Center Board of Directors approved this Implementation Strategy to undertake the outlined measures to meet the health needs of the community.

This Implementation Strategy document is posted on the hospital's website at: www.riverwoodhealthcare.org

## **Hospital-Level Community Benefit Planning**

[IRS Form 990, Schedule H, Part V, Section B, 11, 2018]

#### **Priority Health Issues To Be Addressed**

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined that Riverwood Healthcare Center would focus on developing and/or supporting strategies and initiatives to improve:

- 1. Mental Health
- 2. Substance Abuse
- 3. Access to Healthcare Services
- 4. Nutrition, Physical Activity & Weight
- 5. Diabetes



#### Priority Health Issues That Will Not Be Addressed & Why

In acknowledging the wide range of priority health issues that emerged from the CHNA process, Riverwood Healthcare Center determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence.

Health Priorities Not Chosen for Action	Reason
Cancer	Limited resources excluded this as an area chosen for action at this time. Riverwood feels that efforts outlined herein to improve access to healthcare services will also have positive impact in this area.
Injury & Violence	Riverwood believes that this priority area falls more within the purview of the county health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.
Family Planning	Limited resources excluded this as an area chosen for action at this time.  Other community organizations have programs to better meet the need for family planning.

#### **Implementation Strategies & Action Plans**

The following displays outline Riverwood Healthcare Center's plans to address those priority health issues chosen for action in October 2019-September 2021.



Mental Health	
Community Partners/ Planned Collaboration	<ul> <li>City &amp; County Law Enforcement</li> <li>Aitkin County Health &amp; Human Services</li> <li>Regional mental health agencies</li> </ul>
Goal	Maintain existing mental health and behavioral health services while exploring the feasibility of expanded services.
Timeframe	October 2019 – September 2021
Scope	This strategy will focus on residents of Aitkin County and the Garrison and Mille Lacs Lake area.
Strategies & Objectives	Strategy #1: Maintain Health Care Home certification in Riverwood's three primary care clinics.  Use team based approached to address social determinants of health and patient needs.  Develop method within electronic health record to appropriately screen for social determinants of health  Consider adding LICSW Behavioral Health Therapist position to care delivery model  Strategy #2: Offer the evidence-based Living Well with Chronic Conditions (LWCC) program to residents  Riverwood will send appropriate staff to become certified instructors for LWCC course  Offer at least one LWCC course per year within our communities  Consider cross-training opportunities and feasibility of also offering Living Well with Chronic Pain course  Strategy #3: Expand role of Mental Health RN through Behavioral Health Integration  Mental Health RN will support mental health provider and provide care coordination for patients  Mental Health RN will work cohesively with patients to ensure needs are met and patients are connected to appropriate community resources  Align care management services with Behavioral Health Integration (BHI) requirements to ensure role is sustainable  Strategy #4: Utilize Minnesota Community Measures (MNCM) as a trusted data source to assess change in depression screening and remission  Align clinic workflow with MNCM measure requirements  Use MNCM for benchmarking to assess change in screening for depression and depression remission within our clinics  Strategy #5: Explore opportunity to form a community-wide task force to increase mental health awareness  Explore opportunities with local stakeholders such as schools, public health and law enforcement that would increase awareness and enhance access to local resources that support mental health and wellness
Anticipated Impact	<ul> <li>Reduce avoidable ED admissions due to mental health concerns</li> <li>Increase in referrals to appropriate community resources</li> </ul>
Plan to Evaluate Impact	<ul> <li>Track number of patients enrolled in Behavioral Health Integration (BHI)</li> <li>Use MNCM for benchmarking year-year progress</li> </ul>

Substance Abuse	
Community Partners/ Planned Collaboration	<ul> <li>City and Aitkin County Law Enforcement</li> <li>Aitkin County Health and Human Services</li> <li>Minnesota Department of Health</li> <li>Local School Districts</li> <li>Regional Health Systems</li> </ul>
Goal	To help inform and educate community members about substance abuse prevention and treatment.
Timeframe	October 2019 – September 2021
Scope	This strategy will focus on residents of Aitkin County and the Garrison and Mille Lacs Lake area.
Strategies & Objectives	Strategy #1: Maintain a multidisciplinary controlled substance care team which provides oversight to all clinic locations  Maintain Medication-Assisted Treatment (MAT) program to reduce opioid addiction Grow the established network of local resources available for patient referrals  Strategy #2: Collaborate with local and regional health systems on best practices to reduce opioid abuse, prevention and ongoing education Multidisciplinary Substance Abuse Care Team will attend ongoing ECHO webinars focused on case reviews and best practices throughout the state Maintain a community-wide Opioid Task Force  Strategy #3: Utilize data analytics to monitor progress with opioid use reduction. Milligram Morphine Equivalents (MMEs) will continue to be monitored monthly  Strategy #4: Maintain role of Opioid RN Care Coordinator to facilitate care RN Care Coordinator will support individualized care through patient engagement and connecting patients to local resources Use motivational interviewing techniques and goal setting to promote behavior and lifestyle change  Strategy #5: Offer onsite tobacco cessation support and partner with community stakeholders to provide education on growing trends with electronic nicotine delivery systems (i.e. e-cigs, vaporizers) Certified tobacco treatment specialists will provide onsite cessation support to patients Riverwood will partner with community partners, such as public health and local
	schools, to provide education on electronic nicotine delivery devices and growing trends among youths
Anticipated Impact	<ul> <li>Reduce inappropriate use of opioids by patients and rates of opioid addiction</li> <li>Increase community-wide awareness on substance abuse and electronic nicotine delivery systems</li> </ul>
Plan to Evaluate Impact	Monitor opioid prescription rates by Riverwood providers on monthly basis

Access to Healthcare Services		
Community Partners/ Planned Collaboration	<ul><li>Essentia Health</li><li>CentraCare Health</li></ul>	
Goal	To support enhanced access to primary and specialty care services.	
Timeframe	October 2019 – September 2021	
Scope	This strategy will focus on residents of Aitkin County and the Garrison and Mille Lacs Lake area.	
Strategies & Objectives	Strategy #1: Grow primary care though the recruitment of physicians and advanced practice practitioners.  Focus on recruitment and retention of primary care providers  Strategy #2: Develop and implement a strategy to increase access within primary and specialty care  Maintain strong relationships with external organizations and providers which allows for continued access to specialty care within our communities  Explore feasibility of expanding telehealth and/or virtual health services  Promote use of MyChart (patient portal) to enhance communication between provider care teams and patients  Utilize Master Facility Plan to evaluate potential growth in facilities that support access (i.e. retail pharmacy, clinic expansion, surgery)  Continue partnership with CentraCare Health and implement kidney dialysis in Aitkin, MN  Continue partnership with Essentia Health for Oncology and explore options for future growth	
Anticipated Impact	<ul><li>Enhanced access to care</li><li>Cost-effective care</li></ul>	
Plan to Evaluate Impact	<ul><li>Monitor appointment lead time within primary and specialty care</li><li>Adjusted patient days</li></ul>	

Nutrition, Physical	Activity & Weight
Community Partners/ Planned Collaboration	<ul><li>Aitkin County Public Health</li><li>Community Education programs through Aitkin and McGregor Schools</li></ul>
Goal	To improve the health of community residents by encouraging healthy eating, physical activity and weight management.
Timeframe	October 2019 – September 2021
Scope	This strategy will focus on residents of Aitkin County and the Garrison and Mille Lacs Lake area.
Strategies & Objectives	<ul> <li>Strategy #1: Expand care management services to support patients on their health and wellness goals</li> <li>Riverwood will continue to provide training for staff on motivational interviewing and clinical health coaching skills</li> <li>Develop individualized care plans that align with patient needs and interests to improve their health and well-being</li> <li>Identify screening tools within electronic health record system to better assess patients' readiness to change, literacy and/or other barriers to learning</li> <li>Maintain Intensive Behavioral Therapy (IBT) weight management program offered by Riverwood's Registered Dietician</li> <li>Strategy #2: Explore partnership with community stakeholders around the feasibility of a community wellness center in Aitkin, MN</li> <li>Partner with community stakeholders and develop group to assess feasibility of a community wellness center</li> <li>Strategy #3: Continue to promote wellness through community engagement</li> <li>Sponsor and participate in local community events (such as health fairs, community walk/runs)</li> <li>Develop a strategy to enhance volunteerism for Riverwood employees that would support local communities</li> <li>Maintain Community Wellness Resource guide that is available to patients and community members</li> <li>Maintain Farm2Riverwood program where Riverwood buys and serves fresh produce from local farmers which is available to staff, patients and community members</li> </ul>
Anticipated Impact	<ul><li>Community engagement</li><li>Strengthen health and wellness of our communities</li></ul>
Plan to Evaluate Impact	<ul> <li>Referrals to community resources</li> <li>Referrals to IBT weight management program</li> </ul>

Diabetes	
Community Partners/ Planned Collaboration	<ul> <li>Aitkin County Public Health</li> <li>Local School Districts</li> </ul>
Goal	To help prevent diabetes and support patients with diabetes to better manage their health and well-being
Timeframe	October 2019 – September 2021
Scope	This strategy will focus on residents of Aitkin County and the Garrison and Mille Lacs Lake area.
Strategies & Objectives	<ul> <li>Strategy #1: Maintain recognition from the American Diabetes Association (ADA).</li> <li>Riverwood will continue diabetes self-management program, which is available at all primary care clinics, and maintain ADA recognition requirements</li> <li>Strategy #2: Optimize electronic health record system and population health strategies         <ul> <li>Maintain diabetic registry to ensure timely care is provided</li> <li>Monitor optimal diabetic control for diabetic patients</li> <li>Utilize team-based approach to care and connect patients to appropriate community resources that supports prevention, health and well-being</li> </ul> </li> <li>Strategy #3: Utilize Minnesota Community Measures (MNCM) as a trusted data source to assess change in Optimal Diabetes Control         <ul> <li>Align clinic workflow with MNCM measure requirements</li> <li>Use MNCM for benchmarking and to assess annual change in diabetic optimal control</li> </ul> </li> </ul>
Anticipated Impact	<ul><li>Enhanced access to care</li><li>Disease prevention &amp; improved health outcomes</li></ul>
Plan to Evaluate Impact	Optimal Diabetic Care

