



### CHNA Implementation Strategy

Plan of Action to address needs identified through the 2015 CHNA according to this prioritized list of needs:

1. Dialysis – Contact DaVita Dialysis to discuss the feasibility of implementing an outpatient hemodialysis center in Nashville during fiscal year 2016.

Since dialysis was considered the top priority on the CHNA, DaVita was contacted, as outlined in CHNA's Section G: Plan of Action, during the summer months by the CEO regarding this need. The follow-up to these conversations was reported to the HMH Board of Directors in the September 2015 CEO Board Report.

*Unfortunately, after reviewing the data on patient volumes from our service area who are currently receiving treatment at a DaVita facility in their other locations, Andrea McCarther, DaVita's representative for this region, informed me there are two reasons why DaVita could not open an outpatient facility in Nashville. One, there is not a physician who is willing to travel to Nashville to meet the requirements for a medical director and two, the patient volume would be a redistribution of their existing market share and drive up costs unnecessarily to add a new location. If for some reason, the Hope or Texarkana facilities experienced an increase in demand requiring additional capacity and a physician becomes available to serve as the medical director in Nashville, DaVita would reconsider the request.*

DaVita is the only provider of dialysis services in the southwest Arkansas region and since their company is not able to operate a dialysis unit in Nashville, Arkansas for the reasons listed above, HMH is unable to meet this community need due to lack of resources.

#### **Goal Not Met**

2. Clinical Psychologist/Psychiatrist – Recruit a clinical psychologist or psychiatrist for a satellite clinic in Nashville to address behavioral health needs by 4<sup>th</sup> quarter of fiscal year 2016.

**Goal will be deferred to 2017 due to the expense to implement a Hospitalist Program.**

3. Long Range IP Behavioral Health (PHS) Research – Contact Pioneer Health Systems to assist with research on feasibility for developing an IP Behavioral Health program in Nashville. Given the expected cost to construct a five bed IP Behavioral Health Nursing Unit, completed financial projections should be reviewed with Welch, Couch and Company, CPAs by 3<sup>rd</sup> quarter of fiscal year 2016.

CEO and CFO met with representative from Pioneer Health to discuss long range plan for inpatient geriatric behavioral health. Critical Access Hospitals are allowed to construct up to ten licensed beds for a distinct part service such as inpatient rehab and inpatient psych unit. Arkansas has a CON (certificate of need) process to apply for the addition of a distinct part unit. This inpatient program requires a full-time psychiatrist. In addition to the construction of licensed beds, specific support space is required for the unit. Determining the number of licensed beds required to operate cost effectively is the next step.

Proceeding with a pro-forma and third party review is being deferred until the outpatient volumes at COMPASS meet projected volume goals. CFO recommends engaging Health Care Practice in the Little Rock office of BKD to assist with the pro-forma due to the capital expense to construct and operate an inpatient behavioral health unit.

**Goal was deferred to the 2017 Corporate Goals to allow time for Compass to meet projected outpatient volumes before any further research is done on an inpatient facility.**

4. Dermatology – Recruit a dermatologist for a satellite clinic in the new medical office building during the 1<sup>st</sup> quarter of fiscal year 2016.

Dr. Martin Johnson began his satellite clinic in Nashville August 4, 2015 and plans to schedule patients two days a month and may expand his coverage if needed.

**Goal Met**

5. Pain Clinic – Explore the options of recruiting a Pain Specialist to come to the specialty clinic by 3<sup>rd</sup> quarter of fiscal year 2016.

Dr. Michael Wages with Precision Spine Care is scheduled to attend the February Medical Staff meeting to discuss pain management needs in Nashville and the services he provides to determine if it is necessary to have a satellite clinic or if patients could be directly referred to his clinic in Texarkana.

**Dr. Wages attended the Medical Staff Meeting and discussed how he focuses on determining the underlying causes of pain and uses interventions for treatment. His goal is to eliminate the cause of pain. His clinic in Texarkana has been very busy and he does not anticipate being able to provide a satellite clinic in Nashville. Due to the nationwide concerns regarding opioid addiction, HMH purposely approached him because he is an interventional anesthesiologist with a fellowship in pain medicine.**

6. Allergist/Allergy Clinic – Research the feasibility of providing an allergy testing and treatment clinic by the end of 2<sup>nd</sup> quarter of fiscal year 2016.

This goal will be **deferred to fiscal 2017 goals** due to Surgical Services staff having to implement eClinical Works EHR in the Surgery Clinic in order meet meaningful use requirements and to submit data to the Physician Quality Reporting System (PQRS measures) to avert their being penalized on reimbursement. Staff also had to develop a mechanism to submit PQRS measures for both of the CRNAs to avert reimbursement penalties. These projects took priority over researching and implementation of an allergy clinic.

7. Translation Services – Explore options to implement upgraded translation services to help improve patient satisfaction and patient engagement with the Hispanic population by the end of 1<sup>st</sup> quarter of fiscal year 2016.

HMH has contracted with Pacific Interpreters, a visual interpreter service utilizes an iPad device to facilitate visual interpretation which improves patient satisfaction, patient engagement, patient confidence, and trust in health care personnel. This service provides HMH access to over 240 languages. Their interpreters are certified in health care translation. This service was implemented October 2015.

**Goal Met**

8. Strategic Marketing Plan

- a. Community Town Hall Meetings – Implement bi-annual meetings at the Carter Day Center to update the community of the “State of the Hospital”. On-going The Carter Day Center has been reserved to conduct a community meeting on July 12, 2016 and October 4, 2016.

**The community meeting scheduled for July 12<sup>th</sup> was cancelled because no one had responded with plans to attend it.**

- b. Expanding D&Y Classes – Research the ability to offer night/evening classes by end of 2<sup>nd</sup> quarter of fiscal year 2016.

HMH has offered a night class and two day classes during this quarter.

**Goal Met**

- c. Awareness – Continue marketing our services through billboard, direct mail campaigns, health fairs, Engage, restaurant commercials, and community directory. On-going

2015 Community Report was published and presented to the Board of Directors, the Medical Staff, Quorum Court, Rotary, Cossatot Community College during career day and to HMH employees during Town Hall meetings. The report was placed on the hospital's website and printed copies were placed in the cafeteria.

Cardiac/Pulmonary Outpatient Rehab marketing campaign conducted including direct mail and outdoor advertising.

Health Fair conducted at the Murfreesboro Senior Citizens Center.

Winter issue of ENGAGE magazine was mailed in January.

Updates to the HMH Facebook added regarding services and health education.

Electronic sign being used to advertise OT, Cardiac/Pulmonary OP Rehab, Diabetes and You Class and the FROG program.

Presentations were made to community groups regarding PICC lines, Exercise Stress Testing and Cardiac/Pulmonary Rehab.

CFO and Foundation Director have been working with the Chamber of Commerce to develop a community directory.

**Quarterly blood drive – 20 units donated; goal met**

**Continue to offer Free Diabetes & You Programs with successful outcomes among participants**

**Populating the webpage with “News” section information regarding services and staff education**

**The summer edition of ENGAGE highlighted Dr. Wilkins and included population health information regarding the importance of annual health screenings and exams with your Primary Care Physician.**

**The HMH staff manned a booth at the Peach Blossom Festival and shared information about our services and the Arkansas Saves Stroke program. Over 400 people stopped by our booth.**

**eBook and blog series for our website was implemented to provide more patient health education.**

**Diabetes & You, PET/CT, Cardiac and Pulmonary Rehab and OT Services are being featured on the electronic sign.**

9. Walk-in Clinic/After Hours – Researching the possibility, with the addition of two more employed physicians, to offer extended clinic hours to accommodate the non-emergent patients by end of 4<sup>th</sup> quarter of fiscal year 2016.

At the time these goals were developed, HMH had one employed family medicine physician in active practice, one recruited to begin July 2015 and another one to begin August 2016. Unfortunately the MD in active practice resigned June 2015. This opportunity will be discussed when the other physician begins active practice.

Goal will not be met due to the recruited physician coming August 16, 2016 not having time to start accepting patients in her clinic during the 4<sup>th</sup> quarter.

Since the clinic staff was hired and began working August 15<sup>th</sup>, the EMR training did not have to be delayed until September as originally planned and instead has been scheduled for the week of August 22<sup>nd</sup> so Dr. Wilkins will begin accepting patients August 29<sup>th</sup> and her clinic hours of operation will be 9 AM to 6 PM. Both Dr. Caldwell and Dr. Wilkins will make every effort to accommodate their established patients with urgent care needs.

10. Genetic Testing Research – Research the feasibility of Genetic Testing during 1<sup>st</sup> quarter of fiscal year 2016.

Dr. Webb, the Medical Oncologist from the Genesis Cancer Center in Hot Springs, is the only specialized physician on staff that would be ordering genetic testing. HMM staff researched the requirements for offering genetic testing which include having to construct special “clean rooms” in the laboratory. Due to the low patient volume, it is not financially feasible for HMM to endeavor in genetic testing.

**Goal Met**

Note: “Goal not met” was reported in error at the end of the 1<sup>st</sup> quarter. Since the research was conducted, the goal was met.