



2019 Strategic Plan and Goals

1st Quarter Update

2nd Quarter Update

3rd Quarter Update

4th Quarter Update

Strategic Community Health Needs Assessment Implementation

A. Develop a Plan of Action to address needs identified through the 2018 CHNA according to this prioritized list of needs:

1. Dialysis – Contact DaVita Dialysis to discuss the feasibility of opening a unit in Nashville.

DaVita Dialysis was contacted and stated the situation was the same as when I contacted them in 2015. They do not think it would be financially feasible to add another facility in this region.

DeGray Dialysis was contacted and according to their office manager, they are treating approximately ten patients from our service area and have had an initial discussion about the possibility of opening a facility here. My plan is to follow-up with her in June.

GOAL MET

2. Alcohol and Drug Treatment – Monitor the legislation passed for opioid use disorder to determine if there are grants available to assist with the expense of implementing a drug treatment program.

The grants announced to treat opioid use disorder thus far do not cover the costs of remodeling or construction of a facility and since HMM does not have any space available to provide this type of program, HMM will continue to review grants as they are announced since HMM does not have the space nor the funding to implement this type of program.

GOAL TO MONITOR GRANTS MET

3. Individualized Therapy for Mental Health – Implement a Behavioral Health Clinic providing individualized therapy once a Licensed Certified Social Worker is hired.

See III.H above

GOAL DEFERRED

4. Transportation for Patients – Implemented a pilot Medical Transportation Program in September 2018.

Since implementing the Patient Transportation program, it has been expanded to transport patients for other outpatient services at HMM. A log of requests is being maintained to

determine if the hours of operation need to be expanded to meet needs.

GOAL MET

5. Rheumatologist – Contact CHI St. Vincent's about having one of their rheumatologist consider a satellite clinic in Nashville.

On March 14, 2019, a meeting was conducted with the CEO/CMO of CHI Hot Springs and the following specialty physician needs were discussed: rheumatology, pulmonology, neurology and orthopedics. He shared their physician recruitment for these specialties and will keep HMH updated as they are hired to determine whether or not a satellite clinic would be an option to consider.

Specialists in Little Rock would have to travel two hours to Nashville and the specialists who work in Texarkana, Texas are either too busy due to the physician shortage in these specialties or do not have an Arkansas medical license.

To date, CHI St. Vincent's Hot Springs does not have a rheumatologist available to conduct a satellite clinic.

GOAL TO RESEARCH MET

6. Pediatrician on Staff – Advise Dr. Sooman to market her clinic currently in Nashville due to lack of awareness.

Dr. Sooman was advised that the community is not aware of her satellite clinic and she is going to distribute marketing materials in the hospital waiting rooms to improve awareness.

GOAL TO ADVISE HER MET

7. Chemotherapy – Advise Dr. Webb to market his clinic that includes chemotherapy infusion at HMH Specialty Clinic due to lack of awareness.

Dr. Webb was informed of the lack of awareness of his clinic and the services it provides but he does not do any marketing of his services since one hundred percent of his patients are referred to him from another physician. He is willing to speak to groups regarding the services being offered in Nashville but he only takes patients who are referred from another physician.

Dr. Webb made a presentation to the Nashville Rotary on March 27, 2019 and the local newspaper featured a front page article about it.

GOAL TO ADVISE HIM MET

8. Public Education on Diabetes, Hypertension and Other Diseases – Continue to promote the Diabetes & You Education and participate in Health Fairs in the communities we serve and employer-sponsored health fairs.

The Marketing Committee is planning to participate in the Peach Blossom Festival, the Sevier County Senior Day and continues to promote the Diabetes & You classes.

Full-time Registered Dietitian, who is also a Certified Diabetic Educator, was hired. She has begun individualized counseling on outpatients with specialty diets, has conducted classes for the Cardiac and Pulmonary Rehab patients and has provided cooking classes.

Diabetes & You class has been transitioned to the Diabetes Self-Management Education and Support course taught by our RD, CDE.

HMH participated in the Paw Patrol Kids Health Fair, the Sevier County Health Fair and the Howard County Fair providing giveaways and information about HMH services.

GOAL MET

9. More Information on HMH Services - Develop a task force to plan an HMH sponsored health fair. 2019 operating budget includes a strategic marketing plan to address lack of awareness of services offered by HMH.

The Marketing Committee is tentatively planning a health fair for June.

HMH sponsored a Health Fair on the hospital's campus June 15th to increase awareness of the services offered at HMH.

GOAL MET

10. Autism Testing and Diagnosis – Offer computer-based testing for autism in the Behavioral Health Clinic when implemented.

GOAL DEFERRED (See III.H and IV.3 above)

Having nutrition classes was identified as a need but was not on the top ten list of prioritized needs above, however, HMH has hired a full-time Dietitian to conduct community-based education and individualized counseling for inpatients, outpatients and provider-referred patients beginning June 2019.

Allergy testing was also identified as a need and an Allergy Clinic opened in the HMH Medical Clinics March 2019.

DaVita Dialysis was contacted in June as a follow-up to discussing the possibility of a dialysis unit in Nashville with the Office Manager at DeGray Dialysis last January. The requested information was sent to our region's Senior Director of Business Development and her response last week was that it is taking longer to conduct an analysis because it involves two different teams within the company due to patients from our service area using facilities in Arkansas and Texas.

HMH was informed that the company had a new VP for this region and that there would be no decision made until he became familiar with the existing market. To date, DaVita has determined that only six (6) percent of the patients from our service area have commercial insurance coverage; the remaining patients have Medicare or Medicaid coverage. This is considered an unfavorable payer mix from their standpoint because a minimum of fifteen (15) percent of the patients should have commercial insurance coverage but they have not made any final decision.