

Presbyterian Healthcare Services
Community Health Implementation Plan (CHIP)

Dan C. Trigg Memorial Hospital - Quay County
August 2013

Eat well. Be active.
Avoid unhealthy substances.



 **PRESBYTERIAN**
Community Health

Table of Contents

Executive Summary.....2

Dan C. Trigg Memorial Hospital Community Health Implementation Plan.....4

Overview4

Community Health Needs Assessment Background5

Plan Development7

Plan for Prioritized Significant Health Needs8

Goal 1..... 8

Goal 2..... 8

Goal 3..... 9

Goal 4..... 9

Goal 5.....10

Goal 6.....10

Goal 7.....10

Alignment with PHS Strategic Plan 11

Community Health Needs not Addressed in this Plan..... 12

Plan Adoption and How to Get Involved.....14

Executive Summary

Dr. Dan C. Trigg (DCT) Memorial Hospital is a critical access hospital located in Tatum, New Mexico. As a not-for-profit hospital with 25 licensed beds, Trigg Memorial exists to improve the health of the patients, members and communities it serves in Quay County.

Presbyterian operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tatum; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 9,500 employees and provides services to one in three New Mexicans.

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified significant health needs and subsequently prioritized them. The process first involved review of the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs. These significant health needs were then narrowed to three prioritized health needs. Input was solicited from Board members who are representative of the communities, patients, members, physicians and stakeholders served. A community forum was held in Quay County to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

This Community Health Implementation Plan (CHIP) was developed to address the prioritized significant health needs identified in the CHNA process. The prioritized significant health needs are **nutrition, physical activity, tobacco use and substance abuse**. PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**. The CHIP describes briefly how PHS is addressing the other nine significant health needs. However, the plan focuses on the significant health needs that were prioritized by the communities through the CHNA process. The plan identifies multiple interventions to impact the prioritized health needs.

To address all of the priority areas, DCT will support increased community education through a health fair, continuing education to providers, participation in the local health council, support for self-management of chronic disease, and increased wellness information at the library.

Strategies to increase healthy eating include partnership with the local food coop, advertisement of healthy food selections and their impact on health, and support of the local health council.

Dan C. Trigg Memorial Hospital
Community Health Implementation Plan

Strategies for the prevention of unhealthy substance use include a free grief support group and free continuing education for local providers.

To support residents in preventing and treating diabetes, DCT will provide a diabetes educator who will be available at no cost to community members who cannot afford it.

Dan C. Trigg Memorial Hospital Community Health Implementation Plan

Overview

Presbyterian Healthcare Services exists to improve the health of the patients, members and the communities it serves. Presbyterian was founded in New Mexico in 1908, and is the state's only private, not-for-profit healthcare system as well as its largest provider of care.

The Presbyterian system operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 9,500 employees and provides services to one in three New Mexicans.

Dr. Dan C. Trigg Memorial Hospital is a 25-bed critical access hospital owned by Quay County, which leases management of the hospital to Presbyterian Healthcare Services. The hospital offers a variety of health services including but not limited to: inpatient hospital care, observation care, skilled nursing care (swing beds), a 24/7 emergency department staffed with an on-site physician, a hospital based family medicine clinic, general surgery, podiatry, behavioral health services, hospice and home health services, diabetic medical nutrition therapy, laboratory, physical therapy, speech therapy, occupational therapy, diagnostic radiology, digital mammography, CT Scan, mobile MRI, respiratory therapy, outpatient pulmonary rehabilitation, and a structured outpatient program in psychiatry. The surrounding community offers some counseling services for mental health, substance abuse, and violence. Due to the population size of the county, services are often limited, suffering from a lack of trained personnel and funding.

Community Description

For the purposes of the Community Health Needs Assessment and the implementation plan, PHS has generally defined the "community" of each hospital as the county in which the hospital is located. Dan C. Trigg Memorial Hospital defines its community as Quay County, New Mexico.

In 2012, the U.S. Census Bureau estimated Quay County's population to be 8,769. The racial/ethnic breakdown of Quay County in 2011 was non-Hispanic White (52.8 percent), Hispanic (43.1 percent), American Indian and Alaska Native (2.2 percent) and Black (1.6 percent). Due to large ethnic diversity, 27.8 percent of households in Quay County speak a language other than English at home. The median household income (2007-2011) was \$29,772 and 20.2 percent of the population lives below the poverty line. The major city in Quay County is Tucumcari, which has a

population of 5,204.¹ The main industries in Tucumcari are healthcare, manufacturing and educational services.

Partners

DCT partners include DCT hospital, PMG clinic employees, local primary care providers, the Quay County Health Council, the Quay County Schools, Mesalands Community College, the Chamber of Commerce and various civic groups.

Community Health Needs Assessment Background

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified twelve significant health needs and subsequently prioritized them. This Community Health Implementation Plan was developed to address the prioritized significant health needs identified in the CHNA process.

Presbyterian first reviewed the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs.

These 12 significant health needs are outlined below. In keeping with the Healthy People 2020 format, these twelve significant health needs are divided into three categories: overarching health issues, health related behaviors and health outcomes.

Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

Health Related Behaviors

3. Immunization
4. Injury and Violence Prevention
5. Nutrition, Weight Status, and Physical Activity
6. Tobacco Use and Substance Abuse

Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease
11. Maternal, Infant and Child Health
12. Mental Health and Mental Disorders

¹ 2012 U.S. Census Bureau Quick Facts, Quay County, New Mexico
<http://quickfacts.census.gov/qfd/states/35/35037.html>

The priority-setting process used a best practice learned from Community Health Improvement Partners in San Diego – a group formed in 1995 to meet the California law that requires private, non-profit hospitals to conduct a triennial community needs assessment.

As part of the Presbyterian Community Health Needs Assessment process, input was solicited from PHS Board members. Presbyterian Health Plan is governed by a separate Board of Directors. Each regional hospital is also governed by a Community Board of Trustees. Board members are representative of the communities, patients, members, physicians and stakeholders served. They are active community members and do not receive compensation for their service on the boards. Each board includes physicians and physician leaders who have special knowledge of the health needs of their respective communities.

Each board member was asked to determine areas of focus using the following criteria:

- Size of the issue
- Seriousness of the issue
- Importance to Presbyterian
- Alignment with the Presbyterian purpose, vision, values, strategy and goals, and services provided, plus the ability to have an impact
- Availability of community resources

Additionally, the health priorities of the State of New Mexico and each County Health Council were reviewed for alignment.

Based on input and the potential to impact significant health issues in New Mexico, Presbyterian selected ***nutrition, physical activity and tobacco use*** as its community health priority areas.

Based on feedback from community partners, the tobacco use priority subsequently was expanded to ***tobacco use and substance abuse***.

PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**

As part of the Community Health Needs Assessment, community health forums were held to gain insight into the specific barriers, opportunities and potential strategies for achieving the stated priorities in each community. As outlined in the IRS requirements, forum participants included:

- People with special knowledge of or expertise in public health

- Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives or members of medically underserved, low-income and minority populations, and populations with chronic disease needs, in the community served by the hospital
- Business and economic development professionals and non-profit leaders

More information on the CHNA process can be found at www.phs.org.

Plan Development

The following *principles* were identified to guide the development of the interventions incorporated in the Implementation Plans:

- Data will be used to drive identification of interventions
- Interventions will be based on professional theories and will be consistent with professional and/or best known evidence or practices
- The purpose of the interventions will be clearly stated and easy to understand
- Interventions will be simple and will piggyback on existing interventions
- Interventions will be practical and realistic
- Interventions will be sustainable
- Interventions will be engaging to the target population
- Interventions will be age appropriate and culturally relevant
- Interventions will promote equity and will not reinforce disparities in health outcomes
- The plan will be integrated with existing hospital and PHS plans
- PHS will collaborate with existing agencies to strengthen adopted strategies
- Interventions will be evaluated and monitored

Additionally, PHS used the following guidelines from 2012 IRS Schedule H Instructions (pp. 15-17), which specifies that a community health intervention must:

- Be carried out or supported for the purpose of improving community health or safety
- Be subsidized by the organization
- Not generate an inpatient or outpatient bill
- Not be provided primarily for marketing services
- Not be more beneficial to the organization than to the community (e.g. not designed primarily to increase referrals of patients with third-party coverage)
- Not be required for licensure or accreditation

- Not be restricted to individuals affiliated with the organization (employees and physicians)
- Meet at least one community benefit objective, including improving access to health services, enhancing public health, advancing generalizable knowledge, and relieving government burden
- Respond to demonstrated community need

Plan for Prioritized Significant Health Needs

DCT will be implementing activities specific to Quay County that are related to the identified health needs of healthy eating, active living, prevention of unhealthy substance use and diabetes.

Goal 1

Increase physical activity in Quay County

Intervention

- Develop a Prescription Trail in Quay County (~\$5,000 and staff time)

Anticipated Impact

- Increased opportunity for residents to be physically active

Indicators of Success

- Number of new prescription trails developed
- Number of prescriptions written for prescription trails

Goal 2

Increase access to healthy foods for Quay County residents

Interventions

- Develop a partnership with the Food Coop to provide healthy food to Quay County residents (staff time)
- Use Digital Sign to promote healthy food selections and the importance of good nutrition for health (staff time and use of sign)

Anticipated Impact

- Increased awareness of the Food Coop and any other alternative options for healthier eating

Indicators of Success

- Number of referrals made to the food coop
- Number of days there is information about healthy food on the digital sign

Goal 3

Provide educational material and support to community members regarding 1) the importance of physical activity, 2) unhealthy use of substances, 3) healthy foods and resources for them in each area

Interventions

- Quay County Health Fair (staff time and cost for pens, hand sanitizer, etc.)
- Encourage all PHS providers to take the New Mexico Department of Health Continuing Education on a brief intervention for tobacco cessation (staff time)
- Provide continuing education opportunities for behavioral health to providers system-wide (staff time)
- Grief support group open to all community members at no cost (staff time)

Anticipated Impact

- Increased interest among the public in taking ownership of their health and actively making changes in their lives
- Provider use of best practices to support patients with tobacco cessation as well as other behavioral health goals
- Provision of support for community members to respond to grief without the unhealthy use of substances

Indicators of Success

- Number of people who attend health fair
- Number of screenings completed
- Follow-up based on information received from the health fair
- Number of providers utilizing CE opportunities

Goal 4

Increase awareness regarding the prevention and management of diabetes for residents of Quay County

Interventions

- Utilize diabetes educator to go into senior center to provide support for community members (\$41.20 per hour)
- Look at the possibility of putting a wellness education in the proposed library downtown (staff time)

Anticipated Impact

- Expansion of outreach education efforts to residents of Quay County

Indicators of Success

- Number of Quay County residents who receive education from a diabetes educator
- Placement of wellness information into library

Goal 5

Continue to partner with and support Health Council initiatives related to the 4 significant health need priorities

Intervention

- Partner with the Quay County Health Council to support relevant initiatives (staff time)

Anticipated Impact

- Preparedness to respond to community need as it relates to the health priorities

Indicators of Success

- Number of meetings with the Health Council where the health priorities are part of the agenda
- Number of initiatives related to the priority areas where DCT is a partner

Goal 6

Provide support for local providers related to continuing education and best practices vis-à-vis the health need priorities of healthy eating, active living, prevention of unhealthy substance use and diabetes

Intervention

- Utilize the quarterly provider round table and hospital digital sign-board to advertise continuing education opportunities (staff time, hospital facilities, and food for roundtable meetings)

Anticipated Impact

- Meet on an ongoing basis to share and learn from local providers
- Support for best practices in medical care related to the health need priorities

Indicators of Success

- Number of meetings held with local providers
- Number of continuing education opportunities advertised on electronic sign

Goal 7

Support the self-management of chronic diseases (diabetes, arthritis, COPD, etc.) in PHS communities

Intervention

- Partner with the Department of Health Chronic Disease Prevention Bureau to provide the My Chronic Disease program in Quay County and the PHS regions (~\$60,000 and staff time region-wide)
 - Develop a three-year plan for the expansion of the My Chronic Disease (My CD) program

Anticipated Impact

- Provision of tools for New Mexico residents to effectively manage their chronic diseases and prevent further complications

Indicators of Success

- Number of people completing the My CD program
- Number of Presbyterian staff trained to be leaders of the My CD program

Alignment with PHS Strategic Plan

Presbyterian has incorporated community health strategies into its long-term strategic plan. The plan reflects community health in the following ways:

- Excellence in Clinical Quality and Patient Experience. Strengthen the enterprise-wide approach to improving the quality and safety of care as well as the patient experience. Focus on embedding an improved experience into the care design, reducing harm, eliminating unexpected mortalities, deploying the use of evidence through the electronic health record (EHR) and implementing community health priorities.
- Regional hospitals will continue to improve the patient experience with special emphasis on community health activities.
- As part of the integration of the EHR, the regional hospitals will use data from other sites and clinics to develop future community health initiatives.
- The regional sites will also use the results of the community health assessments to foster the expansion/improvement of services identified in the needs assessment.

In addition, the priorities of healthy eating, active living, and prevention of unhealthy substance use are reflected in the PHS Strategic Plan in the following ways:

- Wellness of employees as a focus throughout the plan
- Implementation of a comprehensive chronic pain and addiction program

Community Health Needs not Addressed in this Plan

Presbyterian Healthcare Services decided to focus its community health priorities and related work on three prioritized significant health needs. Consistent with the PHS purpose to improve the health of the patients, members and communities it serves, Presbyterian remains committed to providing preventive, acute, episodic and chronic care to address the priority health conditions in each community with input from communities, key stakeholders and governance.

What follows is a description of how PHS is addressing the nine non-prioritized significant health needs identified in the CHNA, even though they were not incorporated into the CHIP.

Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

Presbyterian spends significant resources on **health communications** and **health information technology** as part of innovation and best practice. For example, through a new Discharge Call Center, patients leaving inpatient or emergency services are contacted within 72 hours to assist them and their families with a safe transition to home, provide education as needed, reinforce discharge instructions and seek opportunities for improvement.

Presbyterian uses trained staff, as well as video and phone interpretation services to meet the needs of its patients and communities. These interpretation services can be accessed anywhere in PHS hospitals or clinics.

An electronic health record has been implemented in all Presbyterian ambulatory clinics and will be installed and operational in all eight hospitals by May 2014. In addition, Presbyterian is a founding participant in New Mexico's Health Information Exchange.

As a not-for-profit health system, Presbyterian has an obligation to provide a community benefit and address the overarching health issue of **access to health services**. In 2012 PHS provided approximately \$27.6 million at cost in free medical care and \$19.7 million at cost in uncompensated care. PHS also donated \$65,000 to Albuquerque Healthcare for the Homeless.

Health Related Behaviors

3. Immunization

4. Injury and Violence Prevention
5. Nutrition, Weight Status, and Physical Activity
6. Tobacco Use and Substance Abuse

PHS also partners with communities to address immunization rates and annually contributes approximately \$50,000 as well as staff time, to influenza **immunizations**.

Injury and violence prevention are addressed in several ways:

- Car seats are provided for a \$20 donation to families in need
- The First Born home visiting program is implemented in Socorro and Rio Arriba Counties and is focused on safety for pregnant women, infants and children through age 3
- “Precious Beginnings” case management is a program for high-risk mothers that focuses on safety during pregnancy
- Domestic violence screening, suicide assessment and depression screening are incorporated into all ambulatory patient visits and referral sources are provided when indicated
- All inpatients are screened for risk of fall, and preventive steps are taken
- In ambulatory settings, at-risk adults and geriatric patients are screened for risk of falling, and preventive measures are taken
- In home care settings, risk of home injury and falling is completed with all patients, and preventive measures are taken

Out of these significant health issues, PHS has identified **nutrition, physical activity, tobacco use and substance abuse** as system-wide priorities. These are high-yield priorities that address the root causes of many, if not all, of the health outcomes are listed below. Interventions focused on these priorities are reflected in the plan.

Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease
11. Maternal, Infant and Child Health
12. Mental Health and Mental Disorders

The focus on health outcomes such as **cancer, diabetes, heart disease and stroke, and respiratory disease** are addressed comprehensively in our communities utilizing best practice and evidence based prevention tools through the Presbyterian Medical Group, mobile screening, and treatment.

Presbyterian has several community-based home visiting programs that facilitate **maternal, infant and child health** and focus on outreach to at risk, uninsured populations.

The behavioral health system in New Mexico is under great stress due to high need and lack of funding for services. PHS has been a provider for Medicaid Salud patients since the inception of the Managed Care program. Starting in 2014, Presbyterian will be implementing Centennial Care, which is the redesign of the Medicaid, long-term care and behavioral health system in New Mexico. This will be a unique opportunity to re-integrate **mental health and mental disorder** prevention and treatment into the primary care system. With The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), coverage of and access to mental health and substance abuse treatment will also be increased. Because of these two major legislative changes, PHS is planning for and implementing best practices in support of mental health and mental disorders.

In addition, PHS hospitals, emergency departments, and clinics have provided behavioral health services for patients including:

- Emergency mental health evaluation and stabilization
- Access to behavioral health consultation via video teleconference (since 2011)
- Outpatient clinic services in Albuquerque locations for adults and children
- Behavioral health therapists as part of the core team in 10 patient-centered medical homes since 2010/2011 as an investment to improve access to community-based behavioral health
- Mental health hospital services for adults, children and adolescents in Albuquerque
- Staffing and support for a pharmacy sample clinic that provides free samples of needed medication for patients who cannot afford medications

Plan Adoption and How to Get Involved

This Community Health Implementation Plan was approved by the DCT Board in July 2013 and by the PHS Board Quality Committee in August 2013.

DCT will continue to implement the CHIP throughout 2013-2016 with regular updates that will be posted on phs.org. DCT will hold an annual report to the community and will be accepting comments throughout the year on the plan. If you would like to contact DCT directly or participate in the process, call Administration at (575) 461-7007.