

IMPLEMENTATION STRATEGY

For Needs Identified in Community Health Needs Assessment

ROCHELLE COMMUNITY HOSPITAL Planning for Years 2013-2014

PROCESS

A Community Health Needs Assessment was conducted in 2012 through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney and former educator, and community development specialist, met with hospital staff to develop a plan for assessment. Mr. Madsen facilitated three community-based focus groups consisting of health care professionals and partners, including a doctor who serves the local Hispanic community in her practice; local officials; and area leaders selected for their roles in the community overall and with members of potentially underserved populations. Secondary data from state, federal, and private sources were reviewed by the consultant and compared to the primary data gathered. The community health needs were identified through that process and then prioritized and presented to hospital administration for review.

COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment process resulted in the identification of several prioritized needs synthesized into three general statements, which were presented as follows:

1. WELLNESS EDUCATION AND SERVICES FOR ALL AGES

This was identified as a need for better availability of information on wellness education and care opportunities for the community in general and also improved information to the community about the services available at Rochelle Community Hospital, its clinics, and other health care resources, including services and options for the underinsured and uninsured.

2. PREVENTION AND TREATMENT OF SUBSTANCE ABUSE

This is an area that requires the cooperation of health care providers and the community to address. This issue is intertwined with a need for improved mental health services post-arrest or post-care.

3. PLANNING FOR CONTINUED LOCAL AVAILABILITY OF MEDICAL SPECIALISTS

While there was general satisfaction expressed with currently availability of local and regional physicians and specialists, there was discussion of the need for succession planning for the medical community and identification of specific specialists that are not immediately available (although those specialties are available in nearby Rockford and/or DeKalb).

IMPLEMENTATION STRATEGY PLANNING PROCESS

After receiving and reviewing the Community Health Needs Assessment, Rochelle Community Hospital elected to utilize the ICAHN consultant to facilitate the implementation strategy planning process. A small advisory group was identified to create the plan for consideration by the Board of Directors. The advisory group consisted of:

- **Jennifer Montgomery**, Chief Nursing Officer, Rochelle Community Hospital
- **Lori Gutierrez**, Chief Financial Officer, Rochelle Community Hospital
- **David Schuetz**, Chief of Ancillary Services, Rochelle Community Hospital
- **Karen Tracy**, RN, Vice President of Administration, Rochelle Community Hospital
- **Dr. Diana E. Alanis**, M.D., Rochelle Medical Group
- **Stacey Sibley**, Human Resources Manager, Rochelle Community Hospital
- **Mark Batty**, Chief Executive Officer, Rochelle Community Hospital

Prior to convening the advisory group, the consultant restated the needs identified and prioritized through the Community Health Needs Assessment as seven long-term objectives and incorporated them into a right-to-left logic model designed after logic models utilized for grant reporting by the Centers for Disease Control and Prevention. The consultant then convened the advisory group and facilitated the group through the steps of strategy development. The group modified the long-term objectives to reflect measurable goals where possible and then developed two-year outcomes and year two and year one action steps to achieve the objectives.

The objectives, outcomes, and action steps reflect recognition of the most pressing health needs of the Rochelle area and the commitment to address those needs. The action steps require changes internal to the hospital as well as community-based and environmental change requiring the hospital to build or strengthen collaborations and partnerships within the community.

The advisory committee's conclusions were then submitted to the Board of Directors for consideration, modification, and adoption.

IMPLEMENTATION STRATEGY

In response to the needs identified and prioritized in the Community Health Needs Assessment conducted in 2012, hospital staff and the Board of Directors will work to achieve the specified objectives through the designated action steps.

1. WELLNESS EDUCATION AND SERVICES FOR ALL AGES

LONG-TERM OBJECTIVE 1.1

Improved availability of wellness education information (including Hispanic) evidenced through creation of new informational materials and the development of two new wellness education initiatives

Year One Activities

- Inventory available dual language materials and begin to translate additional resources
- Assess women's health information and need
- Assess the feasibility of sexually transmitted disease testing and education programs

Year Two Activities

- Begin to produce and develop dual language materials as needed
- Develop informational materials related to women's health
- Implement a sexually transmitted disease testing and education program consistent with feasibility

Two Year Outcomes

- Create a wellness information series for Hispanic residents, including dual language materials
- Expand informational materials to include information on women's health and information on sexually transmitted diseases

LONG-TERM OBJECTIVE 1.2

Improved information about local wellness care opportunities/resources for the general public and for the underinsured and uninsured (including Hispanic) evidenced by an increase in Hispanic patients and the provision of \$250,000 in new charity care

Year One Activities

- Assess and maintain the inventory of available local wellness care programs and resources
- Provide information to Hispanic and underinsured and uninsured patients or contacts where indicated
- Meet evolving guidelines from the Affordable Care Act concerning charity care

Year Two Activities

- Continue year one activities

Two Year Outcomes

- Increase information about local wellness care opportunities and resources to a level that results in increasing the number of Hispanic patients and increasing the amount of charity care provided by Rochelle Community Hospital by \$250,000

2. MENTAL HEALTH SERVICES

LONG-TERM OBJECTIVE 2.1

Improved access to mental health services post-arrest and post-RCH care

Year One Activities

- Work with Changes Counseling to direct appropriate patients to discounted counseling
- Assess the utilization of discounted counseling
- Institute an in-house program to provide reduced cost pharmaceuticals where appropriate

Year Two Activities

- Seek additional resources from a local source foundation based on the utilization assessment conducted in year one

Two Year Outcomes

- Increase the number of referrals for outside local counseling for underinsured and uninsured by 10%

LONG-TERM OBJECTIVE 2.2

Improved availability of information about resources and care available at Rochelle Community Hospital and its clinics (including Hispanic) evidenced by increased participation in community events, increased visits to the Rochelle Community Hospital website and increased numbers of new Hispanic patients at Rochelle Community Hospital

Year One Activities

- Maintain recently increased participation in community events
- Increase web-based information about resources and care at Rochelle Community Hospital
- Consciously identify bilingual staff and recruit bilingual employees where indicated

Year Two Activities

- Maintain and build participation in community events
- Develop intentional outreach from Rochelle Community Hospital to the local Hispanic community
- Continue conscious development of bilingual staff where indicated

Two Year Outcomes

- Create two new community events
- Increase visits to the hospital website by 2,000 new users
- Increase the number of new Hispanic patients at Rochelle Community Hospital by 10%

LONG-TERM OBJECTIVE 2.3

Prevent substance abuse evidenced by a reduction in persons self-reporting as smokers and by increasing the distribution of substance abuse information in conjunction with screening services

Year One Activities

- Continue the smoking cessation program offered by Rochelle Community Hospital
- Increase inclusion of substance awareness in existing programs where appropriate

Year Two Activities

- Continue the smoking cessation program offered by Rochelle Community Hospital
- Provide information in the form of pamphlets and hand-outs to persons receiving screenings where appropriate

Two Year Outcomes

- Increased participation with community-based substance abuse efforts by making increased information about substance abuse available generally and by providing specific information with screenings where appropriate

3. PLANNING FOR CONTINUED LOCAL AVAILABILITY OF PHYSICIANS AND MEDICAL SPECIALISTS

LONG-TERM OBJECTIVE 3.1

Recruit one new primary care physician within five to seven years

Year One Activities

- Develop an agreement with one medical student for future local services as a primary care physician

Year Two Activities

- Continue the relationship with one medical student to develop a future local practice as a primary care physician

Two Year Outcomes

- Establish a relationship with one potential future new graduate primary care physician

LONG-TERM OBJECTIVE 3.2

Recruit specialists measured by establishing at least four new contracts for specialty services

Year One Activities

- Identify local needs for specialists
- Recruit specialist services as indicated by need

Year Two Activities

- Continue to identify needed specialists and arrange for contracted services as needed

Two Year Outcomes

- Contractual relationships established with an OB/Gyn, Dermatologist, Urologist, and an Ear, Nose, Throat Specialist

ROCHELLE COMMUNITY HOSPITAL LOGIC MODEL

STAKEHOLDERS/ RESOURCES	YEAR ONE ACTIVITIES	YEAR TWO ACTIVITIES	TWO YEAR OUTCOMES	LONG-TERM OUTCOMES
<p>Stakeholders: Marketing Department, Community Events Coordinator</p> <p>Resources: \$5,000/first year</p> <p>Stakeholders: Community Events Coordinator, Nurse Practitioner</p> <p>Resources: \$5,000/first year</p> <p>Stakeholders: Community Events Coordinator, Health Department, Schools, Nurse Practitioner</p> <p>Resources: \$5,000/first year</p>	<p>Inventory available dual language materials and begin to translate additional resources</p> <p>Assess women's health information and need</p> <p>Assess the feasibility of a sexually transmitted disease testing and education program</p>	<p>Begin to produce and develop dual language materials as needed</p> <p>Develop informational materials related to women's health</p> <p>Implement a sexually transmitted disease testing and education program consistent with feasibility</p>	<p>Create a wellness information series for Hispanic residents, including dual language materials</p> <p>Expand informational materials to include information on women's health and information on sexually transmitted diseases</p>	<p>Improved availability of wellness education information (including Hispanic) evidenced through creation of new informational materials and the development of two new wellness education initiatives</p>
<p>Stakeholders: Emergency Department, Admitting Department, Case Management Department</p> <p>Resources: \$250,000/first year</p>	<p>Assess and maintain the inventory of available local wellness care programs and resources</p> <p>Provide information to Hispanic and underinsured and uninsured patients or contacts where indicated</p> <p>Meet evolving guidelines from the Affordable Care Act concerning charity care</p>	<p>Continue year one activities</p>	<p>Increase information about local wellness care opportunities and resources to a level that results in increasing the number of Hispanic patients and increasing the amount of charity care provided by Rochele Community Hospital by \$250,000</p>	<p>Improved information about local wellness care opportunities/resources for the general public and for the underinsured and uninsured (including Hispanic) evidenced by an increase in Hispanic patients and provision of \$250,000 in new charity care</p>
<p>Stakeholders: Case Management Department, Changes Counseling</p> <p>Resources: \$0/first year</p>	<p>Work with Changes Counseling to direct appropriate patients to discounted counseling</p> <p>Assess the utilization of discounted counseling</p> <p>Institute an in-house program to provide reduced cost pharmaceuticals where appropriate</p>	<p>Seek additional resources from a local source foundation based on the utilization assessment conducted in year one</p>	<p>Increase the number of referrals for outside local counseling for underinsured and uninsured by 10%</p>	<p>Improved access to mental health services post-arrest and post-HCH care</p>

ROCHELLE COMMUNITY HOSPITAL LOGIC MODEL

STAKEHOLDERS/ RESOURCES	YEAR ONE ACTIVITIES	YEAR TWO ACTIVITIES	TWO YEAR OUTCOMES	LONG-TERM OUTCOMES
Stakeholders: Marketing Department, Community Events Coordinator Resources: \$4,000/first year	Maintain recently increased participation in community events Increase web-based information about resources and care at Rochelle Community Hospital	Maintain and build participation in community events	Create two new community events Increase visits to the hospital website by 2,000 new users Increase the number of new Hispanic patients at Rochelle Community Hospital by 10%	Improved availability of information about resources and care available at Rochelle Community Hospital and its clinics (including Hispanic) evidenced by increased participation in community events, increased visits to the Rochelle Community Hospital website and increased numbers of new Hispanic patients at Rochelle Community Hospital
Stakeholders: Education Department, Nursing Resources: \$2,500/first year	Continue the smoking cessation program offered by Rochelle Community Hospital Increase inclusion of substance awareness in existing programs where appropriate	Continue the smoking cessation program offered by Rochelle Community Hospital	Increased participation with community-based substance abuse efforts by providing increased information about substance abuse and with screenings where appropriate	Prevent substance abuse evidenced by a reduction in persons self-reporting as smokers and by increasing the distribution of substance abuse information in conjunction with screening services
Stakeholders: Human Resources Department, CEO Resources: \$35,000/first year	Develop an agreement with one medical student for future local services as a primary care physician	Continue the relationship with one medical student to develop a future local practice as a primary care physician	Establish a relationship with one potential future new graduate primary care physician	Recruit one new primary care physician within five to seven years
Stakeholders: Administration, Outpatient Services Resources: \$0/first year	Identify local needs for specialists Recruit specialist services as indicated by need	Continue to identify needed specialist and arrange for contracted services as needed	Contractual relationships established with an OB/Gyn, Dermatologist, Urologist, and an Ear, Nose, Throat Specialist	Recruit specialists measured by establishing at least four new contracts for specialty services

ADDITIONAL INFORMATION

STATEMENT REGARDING ISSUES NOT ADDRESSED

All of the needs identified and prioritized in the Community Health Needs Assessment are addressed in the Implementation Strategy. The hospital identified post-transfer care for patients with mental health needs as being beyond the control or influence of Rochelle Community Hospital but did address the component of local access to mental health care post-arrest and post-care.

STATEMENT REGARDING BUDGET IMPACT

The first year new costs for the Implementation Strategy are estimated at \$306,500.

STATEMENT REGARDING COMMUNITY BENEFIT REPORT

Rochelle Community Hospital did not publish a community benefit report in the fiscal year commencing May 1, 2012.

ADOPTION

The Community Health Needs Assessment was accepted for publication and this Implementation Strategy was approved and adopted by the Board of Directors of Rochelle Community Hospital in April 2013.