

PCH Implementation/Strategic Plan 2016-2019

(Revised – 11/24/15 at PCH Board meeting)
(Refined/defined at Sr. Leadership meeting on 12/14)

Approved by the PCH Board or Directors on 12/29/15

MISSION - *To Make a Difference in Health Care*

VISION - *To Be a Leader in Health Care*

VALUES Statements:

PCH strives to be the Provider of Choice by recognizing, understanding and respecting our community's need for quality care

PCH strives to be the Employer of Choice by respecting and engaging our employees while providing a compassionate, family oriented environment

1. Quality care

- **Pay for performance (volume to value) – n, pch**
 - Education and information – internally/externally
 - a. Sign up for the National Rural Accountable Care Consortium – done 12/17/15

- **Patient safety**
 - Participation in the HEN and its' projects
 - Developing facility “dashboards” for – Safety, QA/QI, Campus to monitor, track and manage
 - Ongoing staff education and training for personal and patient safety
 - PCH Safety Committee development and implementation
 - Up-to-date, reviewed and renewed facility P/Ps

2. Managing Population health/Chronic disease management

- **Decrease prevalence of obesity, youth risk factors – s, c**
 - Partner/collaborate with the Boys/Girls Club and Malta Trails
- **Healthy communities/neighborhoods – c**
 - Annual health fair
 - Continue to provide May/November lab specials
 - Health Maintenance EHR solution implementation
 - Continuing to have Practitioners involved in community groups for education/information
- **Mental health (depression and anxiety) – c**
 - Education and information of services offered and provided in our community – internal/external
 - Continue to explore potential options of space the services to be provided at PCH
 - Continued and increased use of Telehealth
- **Diabetes – board**
 - Work with our MHN health insurance group
 - Health Maintenance EHR solution implementation
 - Get registered in and send information to the State wide Diabetes program
 - Explore the potential of starting up “Healthy Lifestyles” again
 - Partner with the County Health nurse
- **Safety/accident prevention education/information (suicide, MVA, farm related, gun, others) – w**
 - Participate in the MHA and the Montana Health Improvement Initiative
 - Community education, information and marketing – social media and all other venues
- **Others – Heart disease, cancer and respiratory**

3. R&R of Human Capital

- **Recruitment of Optometrist to community – board**
 - Being involved in community conversations
 - Offering equipment available here at PCH (? Space)
 - **Practitioners (primary care) – s**
 - Make a decision in January 2016 and then move forward as appropriate for a 4th Practitioner
 - Maintain our current 3 Practitioners through contract negotiations
 - **Nursing – pch**
 - Need 2 to 3 RNs (are in contact/communication with 2 local people for hopefully Spring 2016)
 - Continue to encourage, develop and use UAPs
 - Look at needs based on licensure levels and practice to license capabilities
 - Partnership/collaboration with Aaniih Nakota College
 - a. Being on their Advisory Board
 - b. PCH being a clinical site for students
 - Partnership/collaboration with Northern Montana college of Nursing
 - Explore option of recruitment of International nurses
 - **Succession planning – pch**
 - MD
 - Medical Records
 - Lab – Technical Supervisor, ? others in the department Lab and/or X-Ray
 - Any and all other key positions that are identified and have a time line
 - Work with all Department Heads in planning/preparing to have backup in their absence
 - **Job growth/workforce development – c**
 - Competitive wages/benefits
 - Be involved in the AHEC and the Workforce State wide initiative
 - Be involved in community groups – PhillCo, Chamber, etc.
 - Gain and/or improve contacts to high schools and college for potential healthcare professionals
 - Attend 1 to 2 job/career fairs per year
 - Where appropriately internally encourage and support staff to get further education/training
 - **Recruitment package**
 - Continue to refine/define our recruitment offer
 - Standardize loan repayment offers
 - Define a way to retain the spouse and/or family
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4. Technology/data

- **Telemed – pch**
 - Promote, market and/or advertise this service and who all is available
 - Compile a concise list of Telehealth Practitioners available
 - Look at space on our campus that may be more appropriate and conducive to the service
 - Put information on our referral forms/processes as an option
 - Involvement and use of TeleER Ipad technology
- **EMR – pch**
 - Appropriate Users to annual conference – PCH investing our people in the use of this tool
 - Community use of the Patient Portal
 - Purchase appropriate additional EHR solutions to affect us – clinically, financially, operationally
 - Explore options of 2 complete separate IT systems/structures/services with HLRC and PCH
 - Continue to meet MU standards and criteria

5. Access to health care

- **Insurance coverage/health plans – n**
 - Space in PCH for MHN Navigator and working out the processes
 - Track Medicaid Expansion impact – , % of Mcaid folks, self-pay, bad debt, charity care
 - As appropriate and identified individual conversation with insurance carriers
 - Offering again for our PCH staff to explore health insurance coverage options
 - **Aging services (HH, PALS, DME/Home Oxygen)- c**
 - Monitor and assess the options of HH vs. Visiting Nurse Services – r/t regulations and payment
 - Monitor and assess the option of PALS vs. Self Directed – r/t regulations and payments
 - Senior Citizens Center
 - Help ensure sustainability of Transit and community access to the service
 - **HLRC collaboration– c, pch**
 - Continued open lines of communication and collaboration where appropriate looking at each individual opportunity from the patient, community, PCH and HLRC perspective
 - **Specialty and outreach clinics**
 - Ensure that whatever we do to increase access and utilization we don't harm RHC status
 - Urology
 - OB/GYN
 - Orthopedics
 - Oncology
 - Sleep studies – look to develop new/improved space
 - Assess and determine addition of MRI to PCH – ms
 - Explore potential/probability of adding Ultrasound and a tech here at PCH within 5 years - ms
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6. Partnerships and collaborations

- **Fostering existing and/or new group collaborations at PCH – w**
 - Assess our Lab oversight options
 - Continue in current healthcare groups/organizations – MHN, MHA, NMHA, STAT Air, MIHA
 - Assess and then get involved with any other appropriate healthcare groups/organizations
- **Emerging forms of health care delivery systems – n**
- **Community engagement (PCH staff being active/involved in community groups) – pch**
- **Housing – c**
- **Senior/community center – c**

7. Economy, Finances and reimbursements

- **Insurance exchange – pch**
- **Pay for performance – n, pch**

8. Regulatory changes, demands and challenges

- **Keep up-to-date and makes changes timely and appropriately**

Identified areas/aims that Phillips County Hospital will partner and/or collaborate on, but of which PCH will not take on the lead responsibility to accomplish as others in the community appear more appropriate to PCH for them to do the work or they are most likely already undertaking the work identified.

A) Population health aims:

- Increase % of childhood immunizations - s
- Increase % of adolescent immunizations –s
- Decrease pertussis cases – s
- Increase seatbelt use, youth risk factors – s, c
- Decrease drug use – c
- Decrease alcohol use, youth risk factors- s, c
- Decrease tobacco use, youth risk factors –s, c
- Decrease preventable drug deaths - s
- Decrease premature deaths - s
- Decrease suicide, youth risk factors – s,c

NOTE - Probable partners/collaborators – County Health Nurse, Boys/Girls Club, PC Sheriff's Department, MHA and the Montana Health Improvement Initiative

B) Recruitment and Retention

- R&R of Dentist
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NOTE - Probable partners/collaborators – PhillCo, Chamber, local Dentist to have discussion about the what, when, who, where and why of initiating this work

C) Access to healthcare

- Mammography in house

Note – we are providing Mamography through and agreement with KRMC in Kalispel by having their bus to Malta approximately every 4-6 weeks, but will continue to monitor if that is meeting the needs of our community and adjusting as appropriate

D) Partnership/collaborations

- EMS/ambulance service – pch - they are an independent/volunteer organization and PCH will be there if or when they want to have conversations of how PCH may be able to help
- Mergers/acquisitions/integration – n – we will just keep informed of trends and any potential options

Acronyms for where the goal/aim came from:

N = National

S = State

C = Community

Board = PCH Board of Directors

PCH = Phillips County Hospital

MS – PCH Medical staff

W = PCH Senior Leadership

PCH Implementation/Strategic Plan 2016-2019

Practices/Process for this CHNA that led up to the Implementation/Strategic Plan:

1. **Community** – Phillips County Hospital defines the community it serves as all of Phillips County and the adjacent counties of Blaine, Valley and Fergus.
2. **Methods and processes to conduct this CNHA** – for this cycle and to keep our CHNA an iterative process PCH was involved with and collaborated with work already going on in the community and region that was also working on identifying community needs.

- PCH gets any community questions or concerns and ideas of changes needed annually when they hold their Annual Meeting. Meeting held 10/27/15
- PHC Board of Directors and Senior Leadership held a Strategic Planning retreat in August of 2015 which was conducted by a 3rd party consultant using healthcare trends and issues from a local, regional, state and national perspective.

NOTE - Information considered in articles found in – Beckers, AHA, MHA, B.E. Smith, State of Montana DPHHS data and any other pertinent periodicals that discuss/review trends and issues affecting healthcare.

- PCH Senior Leadership and Department Heads then reviewed and discussed the findings and aims of that planning process throughout the months of Sept – Nov.
- Incorporated work completed by Vibrant Futures – Regional Planning for Local Prosperity for North Central Montana
- Incorporated the Town Hall meetings, planning sessions and community assessment conducted by the Montana Economic Development Association (MEDA) Assessment
- PCH Board of Directors reviewed and approved the CHNA and Implementation/Strategic Plan at their regular Board meeting on 12/29/15

NOTE – PCH took into account the many different comments, question, concerns and input from any and all of the individual people, groups or resources involved throughout this process to come to a final plan/strategy to meet the identified needs of the community that are appropriate for PCH to address in an efficient and effective manner.

3. **Resources** – PCH as appropriate and feasible will put the following resources to use in an efficient and effective manner to meet the goals of its' Implementation/Strategic Plan
 - Actual cash dollars – as financially able based on cash position and finances
 - People - dedication of time, energy and their knowledge and expertise
 - Connections/collaborations – PCH will use its connections and collaborations with other community, regional, state or national stakeholders where appropriate and needed.
 - PCH will also identify and then use any other resources they have at their disposal to work to meet any and/or all of the aims/goals planned for.