COMMUNITY HEALTH IMPROVEMENT PLAN: ANNUAL REPORT FOR 2021

Lake Region Healthcare

Introduction

A community health improvement plan (CHIP) guides the healthcare system, its partners and stakeholders on work to improve the health of its community. It is based on health problems identified and prioritized through the community health needs assessment and community health improvement processes. The CHIP is a long-term, systematic effort to address these health issues and affect both short-term and long-term change to build a healthier community. It describes goals, strategies and activities that can reasonably improve community health and is meant to be used and reviewed often.

Lake Region Healthcare (LRH) collaborated with community partners for 6 months to compile, analyze and summarize the data for their 2019 – 2021 Community Health Needs Assessment. Lake Region Healthcare's CHNA Steering Committee reviewed both quantitative and qualitative data as part of the prioritization discussions. After a systematic deliberation, the following priority areas were identified:

- Mental Health
- Substance Abuse
- Lack of Awareness of Available Resources
- Chronic Diseases – Obesity, Cancer, Heart Disease, Diabetes

Although not identified as a separate priority health issue, it was decided that social determinants of health will be carefully considered and evaluated in all proposed intervention strategies due to its impact on a broad spectrum of health issues.

Lake Region Healthcare intends to use the CHIP as a strategic guide to address the identified health priority areas over the next three years and encourage its community partners to utilize the CHIP to inform their own work and make decisions about resources and prioritization. By working with a common agenda, the community will be able to leverage its resources and collective influence to help make Otter Tail County and the City of Barnesville a healthier place to live, work, learn and play.

Monitoring and Revision

Though many strategies included in the CHIP build on activities that were already in place, CHIP activities were officially implemented on March 2020 after it was adopted by the Lake Region Healthcare Board in February. In 2021, COVID-19 continued to disrupt the healthcare system and have a significant impact on our operations. Although considerable resources were directed towards COVID-19 response, in particular testing and vaccination efforts, we implemented as many CHIP activities as we can throughout the year. However, there were some activities that had to be put on hold or canceled at the time being due to the situation and limited resources.

Implementation will continue until a new CHIP is developed for the 2022-2024 cycle. The CHIP is a living document and will be monitored, reviewed, assessed for feasibility and effectiveness and revised as needed throughout the implementation period. CHIP strategies are reviewed once per year, typically in January or February of the following year. Decisions about what to revise in the CHIP will be made in collaboration with our CHNA steering committee, partners and stakeholders involved in the specific strategies and/or activities.

Data for monitoring progress in the CHIP will come from a variety of sources depending on the specific strategy and will be collected on an annual basis unless otherwise stated.

Progress on Priority Health Issues

Priority Issue: Mental Health

Age-adjusted suicide rate in Otter Tail County from 2013 through 2017 was 22.8, second highest in the entire state. Research shows that suicide disproportionately affects rural communities more than their urban counterparts. Rural communities face many barriers such as limited access to mental health services, social isolation and stigma associated with seeking help or treatment. The risk of suicide in the community is not limited to adults. Results from the Minnesota Student Survey completed in 2016 indicate high suicide ideation among Otter Tail County youths, particularly among female students. According to the survey, 14.7% of Otter Tail County 11th graders who answered the survey indicated seriously considering attempting to commit suicide in the past year, while 5% actually attempted suicide. Both rates are higher than the state's average.

Goal: Improve the mental health and wellness of the people in Otter Tail County and the City of Barnesville through prevention, reduction of stigma associated with mental illness and by ensuring access to appropriate and quality mental health services.

Strategy: Promote early identification of mental health needs and access to quality services.						
Objectives: (1) Increase the number of mental health providers. (2) Increase depression screening by primary care providers						
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**	**2020 Data**	**2021 Data**
Recruit and retain mental health providers	Executive Team, Medical Staff, Psychiatry	CBHH, Lakeland Mental Health, Otter Tail County Human Services, Productive Alternatives, Inc.	Increased number of mental health providers	# of LRH mental health providers	6	6
Implement depression screening protocol	Clinic		Early detection and treatment of mental health issues	Proportion of adults 18 years and older screened for depression Proportion of youth aged 12 to 17 years screened for depression	47.1% 88.6%	98.5% 82.4%

Collaborate with community partners to identify opportunities to expand access to mental health	Executive Team, Psychiatry, Medical Staff	Public Health, Human Services, Law Enforcement, Probation, CARE, Northstar, LB Homes, Thrifty White, Probation, CBHH	Improved community partnership; More efficient use of local resources to address mental health needs	# of community meetings	1	12
Train community members on QPR (Question, Persuade and Refer) Gate Keeper Training for suicide prevention	Quality	Productive Alternatives, Schools, Faith Community, Businesses	Suicide prevention through early detection and intervention	# of community members trained	68	0

In 2021 we had 6 psychiatric practitioners which allowed for improved access to mental healthcare. Our psychiatry department works collaboratively with the patient's primary care provider to provide holistic care.

To help us improve depression management, we implemented a process to increase the depression screening using the Patient Health Questionnaire -9 (PHQ-9) screening tool at all of our clinics. All patients age 12 to 17 years, regardless of risk factors, are screened for depression at every clinic visit. While all adults with a depression diagnosis are screened for depression during primary care visits and all psychiatry visits.

Understanding the extensiveness of the issue of mental health in our community, we wanted to ensure that we continue to collaborate with our community partners and stakeholders to help identify opportunities to improve access to quality mental health care. Currently these discussions are led by Productive Alternatives Inc and Otter Tail County Department of Human Services and includes representatives from law enforcement, other health care systems in Otter Tail county, substance abuse and mental health providers and other interested stakeholders. The group met monthly in 2021 and we plan on continuing to be part of this conversation and help the community have improved access to quality mental health care.

Due to the COVID-19 pandemic, QPR trainings were put on hold in 2021. Moving forward, this effort will be led by Productive Alternatives.

Strategy: Promote positive early childhood development, including positive parenting and violence-free homes.						
Objective: Increase referrals to Home Visiting Program.						
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**	**2020 Data**	**2021 Data**
Refer appropriate prenatal or postpartum patients to the County's Home Visiting Program	Women's and Children's Health,	OTC Public Health	New and expectant parents receive the support they need; Improved overall health and wellbeing for parents and their children	# of referrals to the Home Visiting Program	236	247

Lake Region Healthcare sends referrals to Otter Tail County Public Health's Family Home Visiting program on each delivery. The Women's and Children's Health department is also working on increasing referrals during the prenatal period for those who are most at risk, in order to provide earlier support and better mitigate adverse childhood experiences and improve maternal and newborn health. The Family Home Visiting program is a service provided by public health nurses, offering home visits to support families during pregnancy and parenting. They help connect the mother and child to early childhood interventions and community supports to promote a healthy pregnancy, a positive parent-child relationship, healthy child development and make a positive impact in the lives of the children and their families.

Strategies: (1) Facilitate social connectedness and community engagement. (2) Provide individuals and families with the support necessary to maintain positive mental well-being.						
Objective: Increase employee engagement.						
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**	**2020 Data**	**2021 Data**
Promote Thrive and Person-Centered Care activities among LRH staff and providers and the community	Wellness, Quality	PartnerSHIP 4 Health, OTC Public Health	Increased social connectedness; Improved mental wellbeing and resiliency	# of Thrive-related events hosted/facilitated ~~# of LRH staff and providers who attend Person-Centered Care trainings~~ LRH employee responses to TBD employee engagement survey question	3 110 Employees 10 Providers 84.1%	1 -- *3.68

Thrive is a proactive movement where members of the community promote health through happiness and meaning by using 5 proven mental health resiliency tools: (1) Expressing Gratitude, (2) Kindness, (3) Finding Your Flow, (4) Social Connections and (5) Values. These tools are rooted in positive psychology which believes that people want to lead meaningful lives, to cultivate what is best within themselves and to enhance their experiences of love, work, learning, worship and play. The Thrive initiative is spreading in our community and is now being led largely by the health educator at Otter Tail County Public Health. Internally, we facilitated 3 Good Things event in November for 2 weeks and had over 1200 responses. The Fergus Falls school district adopted the Thrive components. They focused on staff education and implementation in the first semester and will be focusing on student education and implementation in the second semester. Lake Region Healthcare plans to continue to participate in and promote the Thrive movement throughout the community.

Lake Region Healthcare Enterprise decided not to re-invest in Planetree, the person-centered initiative. However, there is a firm commitment from the organization to continue to focus on patient-centered care using the Planetree principles we have learned and other evidence-based person-centered care approaches to create a high-quality experience for all, including patients, their families, employees and medical staff.

Lake Region Healthcare adopted an enterprise-wide Centered on You initiative in 2020 to uphold its commitment to a person-centered approach and being the best place to give and receive care. One component of this initiative is conducting an Employee Engagement Survey periodically to assist with the organization's growth and improvement. The results of the survey will be used to guide future initiatives and action plans to promote and support employee engagement and to ensure that each employee feels like a valued member of the organization. In 2021, Lake Region Healthcare Enterprise partnered with Press Ganey Associates to administer the Employee Engagement Survey. Due to the change in survey tool, we identified a new measure for CY 2021 that we think best correlates to the particular strategy. The question selected is: *This organization supports me in balancing my work life and personal life.* Survey link was sent out to all employees and medical providers throughout the enterprise and 757 individuals responded. Statement is rated on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Average rating to this statement is 3.68. The next employee engagement survey is scheduled to be sent out on June 2022.

Priority Issue: Substance Abuse

Chemical dependence was one of the concerns frequently brought up in our focus group sessions. Alcohol, tobacco and marijuana are substances most commonly used by adolescents in Otter Tail County according to the 2016 Minnesota Student survey. As is the case across the entire country, addiction to opioids, heroin and methamphetamine is also a growing threat in our community. As part of our response, Lake Region Healthcare is one of eight pilot sites across the state following the Tackling Opioid Use With Networks (TOWN) model funded through the Minnesota Department of Health to help prevent opioid misuse and overdose. The TOWN model integrates prevention and treatment strategies at the health care system and in surrounding community to: (1) create coordinated clinical care teams, (2) improve the prescribing culture by providing education to providers and pharmacists on appropriate opioid and naloxone prescribing and dispensing, (3) increase coordination across community sectors and reduce treatment gaps for individuals with opioid use disorder by strengthening partnerships with law enforcement and other community sectors and (4) increase referrals for needed services by bringing together interdisciplinary and interagency teams to be represented in each community task force.

Goal: Reduce prevalence of substance abuse in Otter Tail County and the City of Barnesville through expansion of prevention, treatment and recovery support services.

Strategies: (1) Improve access to, utilization of and engagement and retention in prevention, treatment and recovery support services. (2) Advance the practice of pain management. (3) Promote proper use, storage and disposal of medications.					
Objectives: (1) Increase the number of waivered providers allowed to prescribe buprenorphine. (2) Increase the proportion of patients with chronic opioid prescription(s) with a signed Controlled Substance Care Plan. (3) Decrease the number of patients on chronic opioid therapy.					
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**	**2020 Data 2021 Data**
Establish an Opioid Safety Program led by the Opioid Safety Steering Committee	Multi-department		Improved opioid safety practices	Opioid Safety Program established Development of the Opioid Safety Steering Committee subcommittees	Established November 2019 Established November 2019

Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021
Engage and educate providers on MN and CDC opioid prescribing guidelines	Medical Staff, CSCT	St. Garbriel's Health Project ECHO	Improved opioid prescribing and alignment of opioid prescribing with current guidelines	# of providers trained on safe opioid prescribing guidelines # of patients on chronic opioid therapy	93 402	-- 355
Encourage the use of the Controlled Substance Care Plan for patients on chronic opioid therapy or with concomitant use of benzodiazepines	Clinic, CSCT		Increased patient engagement; Mitigate risk for opioid misuse, addiction and overdose	Proportion of patients on chronic opioid therapy with a signed Controlled Substance Care Plan	68%	*45.7%
Collaborate with community partners to identify and implement potential effective environmental strategies to address opioid abuse/misuse through the Otter Tail County Opioid Abuse Prevention Task Force	Quality	Public Health, Human Services, Law Enforcement, Probation, CARE, Northstar, LB Homes, Thrifty White, Probation	Improved capacity to address substance abuse-related needs	# of meetings and participants	2	5

An enterprise-wide (Lake Region Healthcare and Prairie Ridge Healthcare) Opioid Safety Program was established in November 2019 led by a multi-disciplinary Opioid Safety Steering Committee to ensure responsible opioid prescribing and systematic monitoring. The following subcommittees were formed, each tasked with identifying opioid practice patterns and developing procedures and programming to enhance patient safety and mitigate opioid-related risks in their particular domain: (1) Acute Pain Management, (2) Ambulatory Pain Management, (3)

Substance Use Disorder Services, (4) Non-Pharmacological Pain Management, (5) Controlled Substance Diversion Prevention and (6) Opportunities, Performance Improvement and Education. The work of the steering committee was put on hold to reallocate resources towards COVID-19 response. Currently the program is undergoing review to reevaluate its scope and membership. It is slated to be operative again in CY 2022.

Education on MN and CDC prescribing guidelines were provided in CY 2020 to all medical staff providers as part of their annual education packet. No additional education was provided in 2022.

In CY 2021 we updated this measure to reflect the percentage of patients with an active care plan, which is defined as a care plan that has been created or updated and signed within the last calendar year. This is different from the 2020 data which captured any patients with a signed care plan regardless of when it was last updated.

Lake Region Healthcare formed a Controlled Substance Care Team (CSCT) which consists of physicians, pharmacists, social worker, nurse care coordinator in August 2018. The team implements evidence-based strategies to reduce inappropriate use of opioids through care coordination, addressing unmet social needs, prescriber education and assistance, proper opioid disposal and engaging community partners. In addition, LRH established a Medication for Opioid Use Disorder program in 2018 to provide care for patients with opioid use disorder. We currently have 4 buprenorphine waivered providers.

Strategy: Expand access to Naloxone.						
Objective: Increase Naloxone co-prescribing to patients receiving prescription opioids.						
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**	**2020 Data**	**2021 Data**
Educate providers on recommendations regarding when to prescribe or co-prescribe naloxone	Medical Staff, CSCT		Reduced risks for opioid deaths	# of providers trained on naloxone prescribing recommendation	0	0
Host Community Narcan Training/Opioid Awareness	Marketing, CSCT		Increased knowledge on risks of opioid abuse; Increased access to naloxone	# of trainings/community education held # of participants	0 0	0 0

Resources were diverted to respond to the COVID-19 pandemic and we were not able to prepare and present provider education on Naloxone prescribing guidelines. We are currently working with our Pharmacy Department to develop education materials to be shared with all the providers in 2022.

Again, due to the COVID pandemic and the restrictions placed on public gathering as well as constrained resources, we were not able to host community trainings on Narcan and Opioid Awareness. Depending on the COVID situation in our community, we hope to be able to work with community partners and facilitate internal and community Naloxone education sessions in calendar year 2022.

Priority Issue: Resource Navigation

In all five focus group sessions we facilitated, the availability of a variety of health care services, community-based resources and social services was highlighted as an asset in the community. However, most community members are not aware of the resources available or do not know how to access them. This limited awareness of services and resources may lead to community members not seeking needed services, impacting health and leading to poorer health outcomes and quality of life.

Goal: Optimize access to health care, social services and other community resources in Otter Tail County and the City of Barnesville through increased collaboration between clinical and social services.

Strategy: Enhance awareness of community resources and health care and support services						
Objective: Increase the number of patients connected to appropriate community resources.						
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**	**2020 Data**	**2021 Data**
~~Pilot a monthly Resource Series~~	Multi-department	Faith leaders, Salvation Army, United Way, West Central Initiatives, Mahube-Otwa, Public Health, Human Services, other healthcare providers and community organizations	More effective community partnerships; Increased awareness of community resources	# of meetings # of participants	0	--
Pilot float social worker program at the clinic	Clinic, Social Services		Increased capacity to address social needs in a primary care setting	# of phone calls received	916	--
Develop a community resource link	Marketing, Social Services, Medical Home	Salvation Army, United Way, West Central Initiatives, Public Health, Human Services, Mahube-Otwa, other healthcare providers and community organizations	Increased awareness of community resources	Community resource link developed and promoted	Promoted the already existing community resources websites.	

Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Consider screening patients for social needs	Clinic	Salvation Army, United Way, West Central Initiatives, Public Health, Human Services, Mahube-Otwa, other healthcare providers and community organizations	Patients' needs are identified; Patients are referred to appropriate resources	# of meetings to evaluate feasibility and identify the screening tool and process	0	0

Due to the COVID-19 pandemic, social gathering restrictions were put in place and resources were reallocated to focus on planning, preparing and responding to the pandemic. Therefore, we were not able to coordinate the resource series as we had planned. In addition, workforce shortage continues to impact many sectors in our community this past year further straining our already limited resources. Due to the situation, it was decided that the monthly resource series activity is not feasible at the moment. However, we continue to work with our community partners, connecting and collaborating to educate and inform each other about available community resources and referring patients to appropriate resources.

The float social worker program has been suspended due to insufficient staffing. However, our social workers continue to assist and support as many patients from the outpatient setting as they can.

We continue to promote already existing sources of information regarding community resources to our patients such as 211.org, the community resource guide prepared by West Central MN Communities Action and information available through the Otter Tail County website.

The clinic continues to screen newly enrolled Health Care Home patients as well as patients enrolled in our Medication for Opioid Use Disorder Program for social needs using the Centers for Medicare & Medicaid Services' (CMS) Accountable Health Communities Model 10-question screening tool. This tool aims to identify unmet needs across five core domains – housing instability, food insecurity, transportation needs, utility needs and interpersonal safety. For individuals who indicate a positive response for the associated health-related social need, we provide them with information on community resources they can connect with to get help. Due to our planned transition to a new Electronic Health Record system, we have paused the planned roll out of the social needs screening tool to a larger set of our patient population.

Priority Issue: Chronic Diseases

According to the Centers for Disease Control and Prevention, chronic diseases are conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, diabetes and obesity, are among the most common, costly and preventable illnesses in our service area and across the country.

Cancer and heart disease are the top two causes of death in Otter Tail County. The most prevalent cancer diagnosis in the county are lung and colorectal cancers while breast cancer is the most common cancer among women in our community. Obesity which is now recognized as a chronic disease also exacerbates many other chronic diseases, such as cardiovascular disease and diabetes. According to the PartnerSHIP4Health survey conducted in 2018, close to 40% of Otter Tail County adults are considered to be obese while 72.5% are either overweight or obese.

Goal: Encourage health promotion and chronic disease prevention in otter Tail County and the City of Barnesville.

Strategy: Create healthy environment that promote health and support healthy behaviors in the community.						
Objective (1): Increase the proportion of adults who are at a healthy weight. **(2): Increase consumption of fruits and vegetables among youths and adults.** **(3): Decrease the proportion of adults who engage in no leisure-time physical activities.**						
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**	**2020 Data**	**2021 Data**
Continue to lead the annual Community Health Expo	Wellness, Marketing, Clinic, Nutrition Services	PartnerSHIP 4 Health, Local restaurants and businesses	Increased community engagement on health and wellness; Increased social connectedness	# of participants	~500	325
Support Live Well Fergus Falls and their initiatives	Wellness	PartnerSHIP 4 Health, Public Health, YMCA	Improved access to healthy food choices and physical activity opportunities	# of meetings	7	0
Expand Shop with the Doc program	Wellness, Providers, Marketing	Service Foods, Cafe 116	Increased knowledge and self-efficacy about healthier food choices and preparation	# of events # of participants	1 7	0 0

Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Establish Walk with the Doc program	Wellness, Providers, Marketing	YMCA, Parks and Recreation, Live Well Fergus Falls, PartnerSHIP 4 Health	Increased access to physical activity opportunities	Program established # of events # of participants	Not established 0	0
Advocate for local businesses to adopt worksite wellness initiatives	Marketing, Wellness	PartnerSHIP4Health	Increased community engagement on health and wellness	# of new and existing businesses engaged	130 participants in the Corporate Cup	14

Lake Region Healthcare's Wellness Department launched the 8th annual Community Health Challenge on April 4th with the theme, *Do Good + Feel Good*. It was a 6-week challenge that encouraged participants to move more for improved physical health and to do more for the individual's own wellbeing and the wellbeing of others. There were 325 participants who cumulatively completed 17,267 miles.

Due to the COVID-19 pandemic and resources and staff being diverted to support preparation and response to the pandemic, Shop with the Doc has been temporarily suspended along with the launch of the Walk with the Doc program. We will reassess when these programs should resume once the situation returns to "normal." Similarly, the Live Well Fergus Falls group temporarily paused their monthly meetings due to COVID-19 restrictions and limited resources.

Lake Region Healthcare along with PartnerSHIP4Health and other members of Live Well Fergus Falls work to promote worksite wellness to other businesses in the community. Lake Region Healthcare coordinated the Fergus Falls Corporate Cup, an event that promotes team building, physical activity, well-being and camaraderie within the workplace. In 2021, Lake Region Healthcare combined the Corporate Cup with the Community Health Challenge and had 14 businesses participate.

Internally, Lake Region Healthcare promoted worksite wellness through various events throughout the year such as the 90-Day Challenge which explores the different facets of wellness, the Maintain Don't Gain Challenge over the holiday season, Nutrition and Meal Planning class, Self-Care Workshop, and quick stretch sessions via Zoom.

Strategy: Improve access to quality preventive services.						
Objective: Increase the proportion of people accessing preventive services.						
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**	**2020 Data**	**2021 Data**
Offer I Can Prevent Diabetes classes for free	Wellness	YMCA	Decreased incidence of diabetes; Increase people living at a healthy weight	# of participants who complete the program	2 classes started but not completed.	12
Grow Lifestyle Medicine Program	Wellness, Clinic		Increased physical activity and consumption of health foods; Improve overall health and wellness	# of patients referred # of patients enrolled	156 93	82 54
Utilize pre-visit planning for cancer screening reminders	Clinic		Improved health screening uptake	Proportion of patients who are up to date with their breast, colorectal and cervical cancer screenings	Cervical Cancer Screening = 91% Colorectal Cancer Screening = 49% *Breast Cancer Screening = 56%	
Send out targeted mailings to educate parents and promote HPV vaccination	CIS, Clinic		Increased knowledge about the safety and benefits of the HPV vaccine; Improved HPV vaccination rate	# of mailings sent out Proportion of patients age 9-26 years old who had at least one dose of HPV vaccine in CY 2020	None 7.3%	None *16.1%
Send out reminder to improve completion of HPV series	CIS, Clinic		Improved HPV vaccination rate	Proportion of patients age 9-26 years old who had at least one dose of HPV vaccine in CY 2020	7.3%	*16.1%

Lake Region Healthcare offers the 12-month National Diabetes Prevention Program (NDPP) for free to all community members and Lake Region Healthcare employees. Lake Region Healthcare achieved full recognition by the Centers for Disease Control and Prevention in 2019 for their Diabetes Prevention Program. Two shortened NDPP classes were offered in 2021. One started in April and the other in October. Both were held virtually. There were 14 participants in the April class with 7 completing the program, while 5 participants out of 12 completed the October class.

Another program that Lake Region Healthcare's Wellness Department offers is Lifestyle Medicine. Through this program, we provide wellness coaching and personal training. The objective the program is to help clients achieve their personal health and fitness goals and get them back to living with intention every day. Clients can get a referral into the program from their healthcare provider which entitles them to receive a free 1-hour wellness coaching visit and 2 free 30-minute personal training sessions. After the free sessions, clients are offered a discounted personal training and/or wellness coaching session package. The certified wellness coach addresses areas of the client's life that may be inhibiting them from reaching their wellness goals – whether it is physical, emotional, mental or economic. In 2021, the Wellness Department received 82 referrals from providers. Of those referrals 65.9% enrolled into the program.

Some providers use pre-visit checklist to help identify gaps in care such as preventive health screenings and chronic care needs. The use of this tool has helped improve the clinic's preventive screening rates. Breast cancer screening data indicated in the above table represents breast screening rates among female Medicaid patients between the ages of 52-64 years, attributed to Lake Region Healthcare.

We were not able to implement an educational intervention to increase HPV vaccination acceptance. However, Otter Tail County Public Health sends out mailings to household with age-appropriate adolescents reminding them to schedule their HPV vaccination. To increase HPV vaccine series completion, patients who receive the first dose of the HPV vaccine at one of our clinics are asked to complete a post card with their mailing information which the clinic sends out at the appropriate time to remind the patients to schedule their 2nd dose of the HPV vaccine. The 2021 data indicated in the table above reflects the percentage of adolescent Medicaid patients attributed to Lake Region Healthcare who completed the HPV vaccine series by their 13th birthday.

COVID-19 Response

Lake Region Healthcare Enterprise reported 2,453 cases of COVID-19 in 2021, the most reported illness in the past year. Therefore, COVID-19 response continued to be one of the priorities in 2021, with a shift from preparation/early response to continued response, with a strong focus on mitigation strategies to prevent the spread of COVID-19. There was continued emphasis on appropriate use of Personal Protective Equipment (PPE) and appropriate isolation and quarantine. Recommendations from the CDC and MDH were monitored closely, with internal processes updated as needed to remain in compliance. In addition, there was a heavy focus on vaccination, both for healthcare workers and those in the community. As treatment options for COVID-19 became available, we worked on developing processes to screen eligible patients and ensure infusion within the required timeframe. Lake Region Healthcare's Infection Prevention collaborated with local and state public health agencies throughout the year on COVID-19-related reporting, cluster investigation with specimen sequencing, and mitigation strategies.

There was also continued work on High Level Disinfection (HLD) in 2021. The HLD sub-committee, co-chaired by the Infection Prevention and SPD Coordinators, met quarterly. During 2021, this group worked on multiple projects, including implementation of HLD of eye equipment in the ophthalmology department, analysis of new products for pre-cleaning instruments with education to the affected areas, guides for wet-time for disinfectant wipes, and ongoing compliance monitoring of high-level disinfection throughout Lake Region Healthcare.

Next Steps

We will continue to implement the strategies indicated in the CHIP, engage our community partners, monitor our progress and make changes as needed. Currently, Lake Region Healthcare and Prairie Ridge Healthcare are in the middle of their joint community health needs assessment process and plans on having the 2022 – 2024 CHNA report adopted by the Governing Board by September 2022 and the 2022 – 2024 CHIP by January of 2023.