Community Health Implementation Plan 2022-2024

Lake Region HEALTHCARE

About Lake Region Healthcare Corporation

The Lake Region Healthcare (LRH) enterprise is an independent, community-owned and governed, non-profit healthcare organization headquartered in Fergus Falls, Minnesota.

For more than 100 years, LRH has been dedicated to providing high-quality health care services and to improving the health and well-being of the communities we serve. Our commitment to providing the best health care possible and improving population health through community partnerships is reflected in our recently updated mission, vision, and values.

Community Served

With facilities in nine communities, the Lake Region Healthcare enterprise primarily serves five counties in west central Minnesota and eastern North Dakota. The enterprise operates two hospitals – in Fergus Falls and Elbow Lake – and 10 clinic locations in Fergus Falls, Elbow Lake, Ashby, Barnesville, Battle Lake, Evansville, Hoffman, Herman, and Morris, MN. In addition, it operates a cancer center, a senior living community (Mill Street Residence), and a wellness center among other health and wellness related ventures.

Community Health Needs Assessment

The LRH enterprise conducted a community health needs assessment (CHNA) with the participation of several community members and partners, including representatives from local schools, public health, faith community, law enforcement, and non-profit agencies. Participants provided input on community needs, assets and ideas for improvement. In addition, data on several health indicators were obtained from the following sources: US Census Bureau, American Community Survey, MN State Demographic Center, MN Employment and Economic Development, MN Student Survey, MN County Health Tables, County Health Rankings, MN Immunization Information Connection, MN Hospital Discharge Data, MN Pharmacy prescription Monitoring Program, Substance Use in MN, and MN Public Health Data Access.

Prioritization

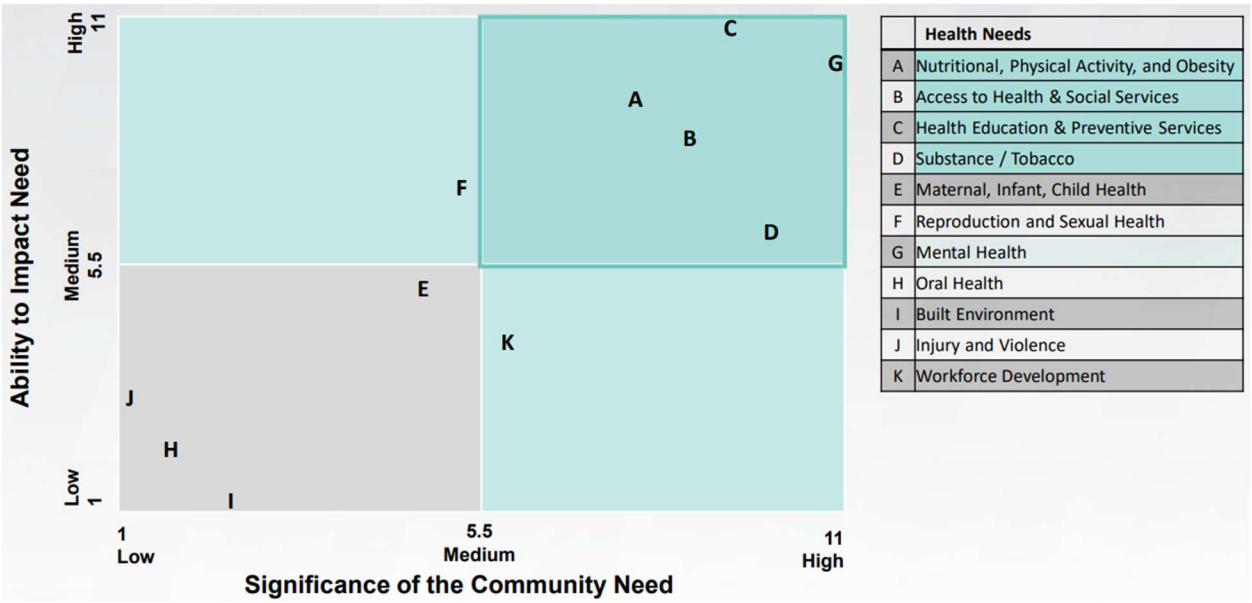
The LRH CHNA steering committee reviewed the results of the needs assessment during the prioritization session facilitated by consultants from FORVIS. Health needs were prioritized based on the following criteria:

1. Significance – The degree to which the problem leads to morbidity and mortality if left unaddressed.
2. Ability to impact – The degree to which a health issue can be influenced at the local level over the next three years.

Based on the polling, the following health needs were identified as the priority health issues:

1. Mental Health
    - Includes community needs related to active and preventive mental health services, access to mental health providers and services, community organizations, school and elder needs.
2. Health Education and Preventive Services
    - Targets current and future health education initiatives whether in the community via health fairs or in the school system. It also includes preventive services such as screenings, routine well visits, etc.
3. Nutrition, Physical Activity and Obesity
    - Addresses gaps in nutritional needs, access to health foods, food insecurity, recreational activity, community green spaces/parks, and preventive measures related to obesity across all age groups.
4. Access to Health and Social Services
    - Focuses on community barriers to accessing or gaps in current health care and social services related to improving overall health of individuals and the community (systematic, limited resources, etc.)
5. Substance and Tobacco Use
    - Includes all community needs related to drug, alcohol, tobacco, prescription drug use and abuse.

Prioritization Grid



Priority Issue: Mental Health

Goal: Improve mental health by expanding access to mental health education, resources and services.

Strategies: Promote early identification of mental health needs and access to quality services.				
Objectives: (1) Increase the number of mental health providers. (2) Improve depression screening of adolescents and adults in primary care.				
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metric**
Recruit and retain mental health providers.	Executive Team, Medical Staff, Psychiatry, LRMG	CBHH, Lakeland Mental Health, Human Services, Productive Alternatives, Inc., Solutions Behavioral Health, Nystrom & Associates, River Walk Counseling	Increase number of mental health providers.	# of LRH mental health providers.
Utilize depression screening protocol.	Clinic Leadership, Primary Care, Behavioral Health and Pediatric 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
Collaborate with community partners to assess community need and identify gaps and opportunities.	Executive Team, Medical Staff, Psychiatry	Public Health, Human Services, Law Enforcement, Productive Alternatives, Inc., CBHH, Lakeland Mental Health	Improved community partnership; More efficient use of local resources to address mental health needs.	LRH representation in community meetings

Strategies: (1) Facilitate social connectedness and community engagement. (2) Provide individuals and families with necessary support to improve resiliency and maintain positive mental wellbeing.				
Objectives: Improve employee engagement.				
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metric**
Promote THRIVE and employ employee engagement initiatives.	Human Resources, Unity Wellness, Executive Team	PartnerSHIP 4 Health, Public Health	Increased social connectedness; Improved mental wellbeing and resiliency.	# of employee engagement activities LRH Employee Engagement Survey score on the Resilience domain.

Priority Issue: Health Education and Preventive Services

Goal: Promote and improve individual and community health through education, patient activation and care coordination.

Strategies: Promote positive early childhood development through partnership with Public Health.				
Objectives: Increase referrals to Home Visiting Program.				
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metric**
Refer appropriate prenatal or postpartum patients to the Family Home Visiting Program.	Women's and Children's Health	Public Health	New and expectant parent receive the support they need; Improved health and wellbeing parents and the children.	# of referrals to the Family Home Visiting Program.

Strategies: Build awareness and offer convenient access to services.				
Objectives: Increase utilization of recommended preventive care services.				
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metric**
Use various tools to facilitate patient outreach – mail, phone call, text messaging, patient portal, etc.	Primary and Specialty Clinic, Health Information Management, Computer Information System, Revenue Cycle	Public Health	Increased use of preventive care services.	Child and Teen Checkup rate among Medicaid population. Annual Wellness Visit rate among Medicare population. Colorectal cancer screening rate. Breast cancer screening rate. Cervical cancer screening rate.

Priority Issue: Nutrition, Physical Activity and Obesity

Goal: Reduce overweight and obesity among adults and youth by promoting healthy eating, making nutritious food options available and accessible and increasing access to regular physical activity.

Strategies: Create healthy environment that promote health and support healthy behaviors.				
Objectives: (1) Increase 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**
Continue to lead the annual Community Health Expo.	Unity Wellness, Marketing, Nutrition Services	PartnerSHIP 4 Health, local businesses	Increased community engagement on health and wellness; Increased social connectedness.	# of participants
Enhance worksite wellness initiatives.	Unity Wellness, Human Resources		Increase employee engagement on health and wellness; Improve overall health.	# of employees who claim wellness reimbursement # of worksite wellness events
Improve comprehensive care for patients with diabetes.	Primary Care and Specialty Clinic, Medical Staff, Pharmacy, Registered Dieticians		Improved hemoglobin A1c control for patients with diabetes.	% of patients with diabetes with HbA1c control (<9.0%)
Provide counseling/education on food and nutrition.	Primary Care Clinic, Nutrition Services		Increase knowledge on healthy eating habits.	# of Registered Dietician outpatient visits

Priority Issue: Access to Health and Social Services

Goal: Increase access to health care and social services within the healthcare system and the community.

Strategies: Improve clinical-community linkages.				
Objectives: Increase the number of patients connected to appropriate health care and community resources.				
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**
Implement social health needs screening.	Case Management, Primary and Specialty Clinic, Inpatient Acute Care	Public Health, Human Services, Salvation Army, United Way, Mahube-Otwa, other health care and social service providers	Patient social health needs identified; Patients are referred to appropriate resources.	# of patients screened for social health needs % of patients who screen positive for social health needs
Expand care coordination.	Case Management, Nursing Administration, Executive Team		Better meet patient needs; Deliver high-quality and high-value care.	# of care coordinated patients
Provide comprehensive transitional care from inpatient to other settings.	Med/Surg, Case Management, Pharmacy	Long-term care, Home Health, other community and social support services	Improved health outcomes and patient experience.	30-day readmission rate

Strategies: Expand and support provider workforce.				
Objectives: Increase the number of health care providers.				
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**
Recruit and retain providers.	Executive Team, LRMG, Medical Staff		Expanded care offerings and capacity to serve patients.	# of providers

Priority Issue: Substance and Tobacco Use

Goal: Reduce use and misuse of drugs, alcohol and tobacco through expansion of preventive, treatment and recovery support services.

Strategies: (1) Improve access to and utilization of prevention, treatment, and recovery support services. (2) Advance the practice of pain management.				
Objectives: (1) Increase the number waivered provides prescribing buprenorphine. (2) Increase the proportion of chronic opioid prescribed patients who have an active care plan. (3) Decrease the number of patients on chronic opioid therapy.				
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**
Engage and educate providers on MN and CDC opioid prescribing guidelines.	Medical Staff, Providers, LRMG, Controlled Substance Care Team	Stratis Health	Improved opioid prescribing and alignment of opioid prescribing with current guidelines.	% of providers trained on safe opioid prescribing guidelines # of patients prescribed chronic opioid
Encourage use of active care plan for patients prescribed chronic opioids or with concomitant use of benzodiazepines.	Providers, Controlled Substance Care Team, Primary Care and Specialty Clinic		Increased patient engagement; Mitigate risk for opioid misuse, addiction and overdose.	% of chronic opioid prescribed patients with an active care plan

Strategies: (1) Promote proper use, storage, and disposal of medications. (2) Expand Naloxone access. (3) Provide Naloxone and overdose education.				
Objectives: (1) Increase Naloxone distribution as a Naloxone Access Point.				
Activity	**LRH Resources**	**Partners**	**Anticipated Impact**	**Performance Metrics**
Provide Naloxone and Overdose education to community.	Pharmacy, Providers, Controlled Substance Care Team	Public Health, First Responders, Schools	Increased knowledge on risks of opioid abuse and benefits of Naloxone.	# of community trainings held
Educate providers on Naloxone prescribing recommendations.	Pharmacy, Providers, Controlled Substance Care Team, LRMG, Medical Staff		Reduce risk for overdose.	% of providers trained on Naloxone prescribing recommendation.
Collaborate with community partners to identify gaps and opportunities to implement effective policy, system, and environmental strategies to address opioid abuse and misuse.	Controlled Substance Care Team, Quality, Providers	Public Health, Human Services, Law Enforcement, Northstar Behavioral Health, other health and social service providers	Improved community partnership; Increased capacity to address substance abuse-related issues.	# of Opioid Community Task Force meetings held

Conclusion

This implementation plan is not intended to be a static report, but rather a dynamic process that will evolve over time. It will be referenced often, evaluated periodically, and revised when necessary. LRH will also collaborate with community partners to align resources to spur positive changes in our communities. We will also ensure that the implementation plan is aligned to help accelerate Lake Region Healthcare's strategic objectives and commitment to effectively promote the health and quality of life of the communities we serve.