

Implementation Strategy

Marcus Daly Memorial Hospital Hamilton, Montana

Approved September 25, 2018



**MARCUS DALY
MEMORIAL
HOSPITAL**
Quality Care Close to Home™

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Introduction

Marcus Daly Memorial Hospital (“MDMH”) is a rural, nonprofit 25-bed Critical Access Hospital. We’re located in Hamilton, Montana, in the heart of the Bitterroot Valley. We are governed by a community volunteer board of directors.

MDMH was established as a publicly owned, non-tax-supported hospital, opening on July 1, 1931, with the express purpose of providing health care to the citizens of Ravalli County, Montana. The hospital moved to its present location in 1975 and over the years has expanded to its present 275,000 square feet in order to meet the needs of the growing population.

A rural hospital has a responsibility to provide local residents with comprehensive healthcare they can trust and rely on. MDMH offers advanced medical services close to home. We are proud to offer our community a local medical resource so that they do not need to spend more time and money travelling out of town for the care they need.

As the community grows, so does our hospital, we are continuously upgrading our facilities and expanding the role of our staff to meet the needs of our patients. We are the largest employer in the Bitterroot Valley, boasting over 500 team members and 60 providers on the medical staff. Over the past decade, significant additions and renovations include birthing, rehabilitation, emergency and hospice centers, an intensive care unit and, coming soon, a state-of-the-art surgical center. Additionally, we have incorporated a state-of-the-art electronic record-keeping system and revamped our Hospitalist Program to provide inpatient physician coverage 24/7. We have also opened clinics throughout the Valley specializing in orthopedics, sports medicine, obstetrics and gynecology, neurosurgery, family medicine, and much more!

Our Mission: To provide the Bitterroot Valley with quality, accessible, and personalized healthcare.

Our Vision: The Marcus Daly healthcare team aspires to be a trusted community leader known for exceeding the expectations of those we serve. We promise exceptional care delivered by dedicated, compassionate professionals who take pride in achieving the highest level of satisfaction.

We offer a wide array of medical services utilizing cutting-edge technology and innovative treatments. We strive to provide each patient with the service that addresses their unique needs. Our staff works one-on-one with patients so that we can take a holistic approach to their recovery—addressing physical, emotional, and mental needs. We emphasize outcomes using evidence-based therapy to meet the patient’s personal goals.

In June 2015, MDMH published a Community Health Needs Assessment Report (“CHNA Report”). In that 2015 CHNA Report, MDMH identified the following community health needs:

- Facilities and equipment, including a radiation center, dialysis and a Darby clinic
- Medical specialties, including urology, ENT, pulmonology, dermatology, cardiology and OB/GYN

- Health education

Based on the 2015 community health needs assessment, we opened two new clinics, contracted for urology services, expanded access to local cardiology services through recruitment of non-invasive cardiologist, and offered various health and education classes to the community.

In June 2018, MDMH published our most recent CHNA Report. MDMH collected information about community health needs through interviews and community forums in February 2018. The CHNA Report identifies the organizations that participated in interviews. Eighteen community members participated in community forums in four communities. These findings were supplemented with quantitative data obtained from various public sources.

Based on that community health needs assessment, as part of an annual strategic planning session the Board of Directors for MDMH met in February of 2018 and identified the following significant community health needs:

1. Substance Abuse
2. Mental Health
3. Transportation
4. Chronic and Communicable Diseases
5. Access to Healthcare
6. Health Education

MDMH is pleased to submit this Implementation Strategy. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in law as an opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

Consistent with the requirements of Section 501(r)(3), this Implementation Strategy identifies MDMH's planned response to each significant community health need.

Substance Abuse

Planned Action	Time Frame	Planned Commitment of MDMH Resources	Planned Community Collaborations	Anticipated Impact
Placement of Medication Disposal Box (MedSafe)	4 th Quarter 2018	Placement of MedSafe collection receptacle in an area that is regularly monitored by employees and is in compliance with DEA regulations on disposal of controlled substances.	Public may access MedSafe collection receptacle at MDMH for drug disposal outreach to community health care providers and public services for awareness and availability of new community resource.	Reduce the amount of unused prescriptions in the community for illicit diversion and use.
Explore the potential for a rural opioid reduction program/clinic	End of 2019	Development of a controlled substance care team.	Collaborate with mental health agencies, law enforcement, schools and community public health agencies.	Address prescribing and dosing practices, treatment of opioid addiction and ultimately decrease opioid related deaths.
Review options to develop a Substance Abuse Unit at MDMH	End of 2021	Management Leadership	Public Services	Increase number of beds dedicated to patients with substance abuse disorders.
Participate in Ravalli County's task force for reduction of alcohol and drug abuse	Ongoing	MDMH representative to attend and participate in County task force meetings.	Ravalli County task force	Improve communication between agencies and reduce the abuse of alcohol and drugs within the community. Align resources to decrease substance abuse disorders.

Mental Health

Planned Action	Time Frame	Planned Commitment of MDMH Resources	Planned Community Collaborations	Anticipated Impact
Hire a Mental Health Provider	Fall 2018	Clinical provider and available to consult in the emergency department and on the floor in addition to accepting referrals from both internal and external providers.	Work with other mental health providers in the county.	Improved patient care. Training of staff and direct support to staff to work with individuals with mental health needs.
Grant Project started to address “Depression Screening”.	June 2018 thru November 2019.	Improve early detection and management of patients with depression who present to our hospital and clinics.	Independent physician offices and mental health agencies.	Positive screenings will result in referrals to the appropriate mental health provider and/or entity for treatment. Improve quality of life.
Hire Population Health Manager. Expand population health program to include behavioral health integration (BHI).	Hire September 2018	Coordinate communication between patient’s Primary Care Physician, Clinic Staff and Behavioral Health Specialist and patient to ensure proper management of behavior health diagnosis.	Caravan Health and Accountable Care Organization (ACO) Consultant/Partner and ACO 17 LLC (Medicare Shared Savings Program ACO MSSP)	Increase patient satisfaction and cost savings by managing care. Improve Health

Transportation

Planned Action	Time Frame	Planned Commitment of MDMH Resources	Planned Community Collaborations	Anticipated Impact
Creation of a patient transportation policy that incorporates local transportation service companies and MDMH ambulance service for assisting patients requiring help in returning to their place of residence.	Completed September 2018	Ambulance services Local taxi subsidies for qualified individuals.	Local transportation service companies and healthcare assisted living organizations.	Easing the burden on patients without the means of returning to their place of residence.
Creation of a local transportation resource list.	Completed Spring 2018	Care Coordination Nurses, Social Worker, and Clinic Registration staff	Various local organizations and companies.	Make available a list of potential solutions or services that patients require and can choose from.
Creation of a team to investigate the option of MDMH forming an internal transportation/courier service to assist patients in need of transportation.	Report due by end of 2020.	Management Leadership	N/A	Identify the detailed need of patients and the potential costs and resource requirements.
Investigation of using Telehealth Services to reduce transportation needs.	Report due by June 30, 2019.	Management Leadership	N/A	Identify the detailed potential costs and resource requirements.

Chronic and Communicable Diseases

Planned Action	Time Frame	Planned Commitment of MDMH Resources	Planned Community Collaborations	Anticipated Impact
Develop local Urology Clinic	Open clinic in August 2019	Contract with provider Clinic space Surgical equipment	none	Provide requested urological services locally for community.
Recruit additional Family Practice Physician(s)	Ongoing active recruitment in place	Contract with provider Clinic space Recruitment dollars	none	Provide additional availability of requested primary care services locally for community.
Actively recruit for gastroenterology provider	Ongoing active recruitment in place	Recruitment dollars Contract with provider if located Clinic space	none	Would provide additional availability of requested gastroenterology services locally for community.
Clinical Data Analytics Software (HealtheIntent)	Available by December 2019	Financial and technical	Health registries Other local independent providers	Better management of chronic disease patients.
Population Health Manager	September 2019	New role to expand our reach on chronic disease.	Caravan Health and Accountable Care Organization (ACO) Consultant/Partner and ACO 17 LLC (Medicare Shared Savings Program ACO MSSP)	Better management of chronic disease patients and wellness activities.
International Heart Institute (IHI) expansion	May 2018	Additional square footage for cardiac disease clinic, may also hire a Physician's Assistant (PA).	Joint venture with International Heart Institute of Missoula	Less wait time to obtain service.
Organizational Strategic Plan to	September 2019	Additional wellness	Caravan Health and	Better management of

increase vaccinations for Flu and Pneumonia and increase other patient wellness activities		clinic staff	Accountable Care Organization (ACO) Consultant/Partner and ACO 17 LLC (Medicare Shared Savings Program ACO MSSP)	chronic disease patients and wellness activities.
Hiring another Chronic Care Nurse	Position posted September 2018	Recruitment dollars Employment of provider when located. Clinic space	Caravan Health and Accountable Care Organization (ACO) Consultant/Partner and ACO 17 LLC (Medicare Shared Savings Program ACO MSSP)	Better management of chronic disease patients.

Health Education

Planned Action	Time Frame	Planned Commitment of MDMH Resources	Planned Community Collaborations	Anticipated Impact
Continue and enhance community education series providing access to class room setting educational services.	Continuous	MDMH employees and physicians to provide classes. Director of Marketing to organize internal and external presenters.	Identify topics in collaboration with local providers and public service agencies.	Local citizens take a proactive approach to managing care and improved wellness.
Enhancement of internal education and reference materials through a healthcare best practices reference (Lippincott) and education software (CareLearning)	August 2018	Purchase of necessary software and licensing. Roll out of improved caregiver education program.	Provide access to resources to local providers, patients and community members.	Local healthcare providers will have better knowledge of best practices and access to current protocols. Patients will also have access to improved materials.
Enhancement of Patient Portal patient discharge instructions	June 2019	Patient portal will be integrated to HealtheIntent to deliver enhanced patient education materials including discharge instructions through patient portal.	Online and social media efforts will be used to enhance participation.	Patients will have immediate access to electronic discharge instructions and patient education materials.
Investment in population health resource and software which includes patient education resources.	December 2019	Significant financial investment in software solution and system build.	Allow local providers to integrate into software solution for community population health approach.	Solution to proactively manage patient conditions with associated resources and materials.

Access to Healthcare

Planned Action	Time Frame	Planned Commitment of MDMH Resources	Planned Community Collaborations	Anticipated Impact
Expansion of walk-in /Convenient Care Clinic day and hours	Completed May 2018	Hired additional medical provider.	none	Patients will have access to urgent care services, reducing wait times in emergency departments, and improving access to primary care office.
Recruit behavioral health provider	Completed August 2018	Hired fulltime Psychiatric Nurse Practitioner	Work with existing providers to ensure support and sustainability of service line expansions.	Improve patient satisfaction.
Recruit urologist and expand services	August 2019	Significant financial resources in staffing, space and equipment.	Work with existing providers to ensure support and sustainability of service line expansions.	Improve patient satisfaction.
Expand occupational health services	End of 2019	Dedicated space and resources.		Improve patient satisfaction.
Recruiting for neurology, gastroenterology and family practice providers	Ongoing active recruitment in place	Significant financial and service line expansion resources.	Work with existing providers to ensure support and sustainability of service line expansions.	Improve patient satisfaction.
Utilize Task Force to analyze patient transfers and outmigration of services from community	Continuous	MDMH will devote information technology resources and personnel to analyze and track patient transfers and referrals in order to	Collaborate with independent healthcare providers to contribute data for service line analysis.	Patients will have increased local access to financially and operationally sustainable medical services in our community.

		assess feasibility of delivering additional services locally.		
Investigating the addition of implementing Telehealth services	Report due by June 30, 2019	Executive Team to evaluate and select preferred vendor. Financial commitment will be presented in pro-forma at June 30, 2019.	Meet with significant employers in the valley to identify solutions for remote access for employees to reduce lost work time.	Improve patient satisfaction.