Community Health Needs Assessment

Implementation Plan

Mary Rutan HOSPITAL

Period: 2016-2018

PROGRESS REPORT 06/29/2018

Updated January 16, 2018

KEY FINDING #1:
HEALTH LIVING TO PREVENT OBESITY & CHRONIC DISEASE

Data from the 2015 Logan County Community Needs Assessment survey shows that there is room for improvement in Logan County in terms of getting people to make healthier choices. For example, the survey showed that:

- Only about one-fourth (28.6%) of the respondents indicated that they exercised for 30 minutes at least five times per week, which is the current recommendation of health experts.
- Calculations based on the heights and weights reported by the respondents revealed that more than two-thirds (69.2%) were either overweight or obese.
- More than one in four (26.5%) adults reported having been diagnosed with diabetes; that's much higher than the state and national averages (10.9% and 10.1%)
- The diabetes rate was high even among young adults' ages 18-34 years at nearly 15%.
- More than half (53.1%) of respondents reported having been diagnosed with high blood pressure.
- Nearly on half (47.6%) of respondent reported having been diagnosed with high cholesterol.
- Coronary heart disease was reported by 10.2% of respondents, higher than state and national levels at 4.3%.

Priority 1 Improvement Targets – Healthy living to prevent obesity and chronic disease GOAL – Equip and motivate Logan County residents to make healthier choices		
Measurable Objectives (How we will know we are making progress)	**Data Source**	**Frequency of Measurement**
1.1 Increase the percentage of residents that exercise at least 5 times each week to 30% by 2018 through the promotion of Healthy Habits initiatives.	CHA Survey	3 years
1.2 Reduce the percentage of overweight and obese residents to 65% by 2018.	CHA Survey	3 years

IMPROVEMENT STRATEGIES

PRIORITY 1 Strategies – Healthy living to prevent obesity and chronic disease GOAL – Equip and motivate Logan County residents to make healthier choices				
Strategies (What we will do to achieve our goals and objectives)	**Lead** (Who is responsible)	**Timeline**	**Measurement**	**Outcomes**
1.1 Lead Logan County Healthy Living Coalition –expansion of community activities and education	MRH Community Relations Dept	Ongoing	Ability to meet goals set forth by CHIP	Christie Barns, co-chair of the coalition meets monthly with community partners to establish, prioritize and carry out goals.
1.2 Expand the Healthy Habits, Healthy You program providing increased activities, community education, promotion of success stories and community involvement	MRH Community Relations Dept & LCHD/Coalition	1Q 2016 Finalize Plan 2016,2017,2018	-Participation Count, Pre & Post Knowledge of Education (Annual) -CHA Survey (3yr)	Healthy Habits Healthy You is being branded throughout Logan County in a variety of ways; coalition endorsed events and activities, logo displayed on Bellefontaine City

				recreation athletic apparel, logo affixed to two transit vehicles and 2 MRH courier vehicles, promoted at the Logan County Fair with healthy sandwich picks & paper fans, endorsed in a letter from the health district to all food permit vendors, a number of flyers, logo on vending machines offering healthy snack options at the YMCA, and WIC literature. In 2017, 8 locally owned restaurants labeled menu items, a Facebook site was developed with regular blog postings, success stories were printed in the Bellefontaine Examiner, county-wide 5K run/walk events took place, healthy living lifestyles course in which participants take part in a pre/post class assessment was created. 100% of participants indicate greater knowledge and use of nutrition and fitness practices after having completed the class, A Winter Walking Program was implemented for ’17 and ’18 and Steve’s IGA began labeling 20 healthier choice food items and provided a “tip” for each. The 2018 CHA showed twice as many people knowing about the Healthy Habits Healthy You brand. Going from 6.3% in 2015 to 12.8% in 2018. Those who have heard about it but don’t know what it is increased from 20.3% to 26.3%.
1.3 Comprehensive Weight Management Clinic centered around Very Low Calorie Diet & Low Calorie	Director of Cardiovascular Services	1Q 2016 Implement new service line	Increase the percentage of participants by 10% annually	As of 12/31/2016, 276 community members have participated in the New Direction Weight

Diet options • Medical management • Individual nutrition plans • Education and group support sessions • Psychosocial counseling • Exercise programming		2016,2017,2018	Measure and track participant improvement outcomes annually	Management program at MRH. Average weight loss is 36 pounds in the first 12 weeks of the program. Estimated 5,000 pounds lost in 2016. As of 12/31/2017, 250 patients participated with the program. In addition to the weight loss, participants also see a drop in systolic blood pressures by 5-10% in 12 weeks. Many patients have been able to reduce or do away with BP medications and low other risk factors. As of 12/31/18
1.4 Implement "Healthier ME" Program to assist overweight population that does not meet new MRH Weight Management Program Guidelines	Community Relations Dept, Education, Exercise, Dietician, MRH PCMH practices	1Q 2016 Implement new service line 2016,2017,2018	-Participation -Referrals to "Healthier ME" program	Creating a Healthy Me program was developed and implemented in 2016 offering quarterly sessions. 114 community members enrolled in the class. In 2017, 80 community members participated from 3 counties. As of 06/29/2018, 39 people have participated in the program.
1.5 Solid Ground Falls Prevention Classes (a new program Fall 2015) to allow senior adult to reduce fall risk and become more physically active. (baseline 60 participants)	Community Relations Department Barns/Harmon	Quarterly 2016, 2017, 2018	Increase by 30% the number of participants annually	Classes were offered by MRH and Green Hills Community to the general public in various locations at least quarterly; Friendly Senior Center, IL Community Church, MRH, and Green Hills. 97people participated in 2016 – a 61% increase over all. In 2017 – 53 seniors participated in classes offered by MRH and 97 offered at GHC for a total 150. – a 55% increase over 2016 county-

				wide. However, MRH alone did not meet the goal. As of 06/26/2018 – 39 people have participated in Solid Ground through MRH.
1.6 Targeted screenings and education for school age, community and at risk population focused on Healthy Living/Chronic Disease/Cancer and lack of screenings	Community Relations and specific MRH related Depts.	2016,2017,2018	Number of Participants / risks identified	Numerous screenings and educational activities took place in 2016 throughout Logan County with 38,335 touch points. All at-risk and age populations were reached. In 2017 – There were over 100 community outreach appearances reaching all populations with 74,624 touch points.
1.7 Video Education branded with Healthy Habits Healthy YOU initiatives – utilize Waiting Rooms, Social Media, Coalition Partners, Chamber	MRH Community Relations Dept/ Coalition	Implement 2017, 2018	Measure outreach touch points	The Healthy Living coalition is in the process of determining the content of this education piece.
1.8 Grocery Store labeling – Healthy Habits Health YOU choices marked/ in store education in Community Markets located in at-risk areas of Logan County of Central Bellefontaine/ IL area and privately owned markets in West Liberty and West Mansfield.	MRH Community Relations Dept/ Coalition	2Q 2016	Implementation of 1 store each year	Efforts were made to partner with Community Markets with no success. The local grocer however is taking steps on their own to offer affordable produce on a regular basis. In 2017 MRH reached out to Steve's Market in DeGraff and they were eager to participate. In September of 2017, 20 grocery items were tagged at Healthy CHOICE items. Along with tagging each product included a Tip for choosing the healthiest option. The DeGraff location also allowed us to place vinyl lettering about produce department of the store and a window decal at the front entrance. An article about the project appeared in the Bellefontaine

				Examiner. Because the owner also owns Steve's IGA in Urbana, the labeling also took place there. Plans to target the West Mansfield IGA are slated for 2018.
1.9 Walk with a Doc/ Play with a Doc / Family Meal	MRH physician practices (PCMH)/MRH Community Relations Dept., MRH Medical Director	Nov/Dec 2016 Jan/Feb/Mar 2017	Participation	Walk with a Doc is being reintroduced in conjunction with a Winter Walking Program in cooperation with Bellefontaine City Schools and Bellefontaine Parks & Rec. Planning took place in Nov/Dec of 2016. The program will be offered Jan/Feb/March of 2017 making the Bellefontaine Elementary School available 4 days a week with evening walking hours. Wednesday's will be designated Walk with A Doc with MRH providers taking part. 230 unique walkers participated in the Winter Walking Program, 1034 total uses. Participants walked and average of 45 minutes. 44 people attended over 8 times. In 2018 the Walking Program will be offered in cooperation with the Bellefontaine Joint Recreation District, Bellefontaine Elementary School and Indian Lake High School. The Walk will be offered Mon – Thurs. from 6 to 7:30 p.m. at both locations. Walk With A Doc Wednesday will also occur. 10 MRH providers have volunteered their time to participate. 272 participated with an 18% increase over 2017.
1.10 Partner with area food sites to provide education/ demonstration/	Coalition/ MRH Community Relations/	4th Quarter 2016 2017, 2018	-Increase participation of food sites annually	January 2016 MRH met with St. Vincent DePaul to explore ways to

tools for providers and participants of Meal Sites to promote and offer healthy nutritional meal options	MRH Dietitian			provide better food options and educate at-risk children on the importance of healthier choices. April 2016 representatives from 2nd Harvest Food Bank, Lutheran Community Services and MRH met to explore opportunities on how best to educate and provide better food options. 2nd Harvest has unlimited access to fresh fruits and vegetables. Challenges lie in getting the produce to the food sites in a timely manner. 2nd Harvest provides recipe cards to participants when a new item is introduced. Educational materials are distributed with food trucks. 2nd Harvest added a food truck event at the Our Daily Bread site. The MRH Foundation awarded a grant to the Our Daily Bread for a convection oven replacing the deep fat fryer to offer healthier choices. In 2017 the 2nd Harvest Food truck incorporated two independent produce visits to Logan County. These were well received as each visit ran out of items to distribute. The MRH Foundation awarded $4,474 to the First United Methodist Church to purchase a convection oven that will allow them to prepare additional meals. Their monthly dinner will increase from 150 to 200 and their annual Thanksgiving meal will increase from 600 to 650.

				In 2018
1.11 Implement School Based Health & Wellness Education Program with Belle Center Amish	MRH Community Relations Barns/Harmon	2016	Pre/Post Test	In 2016 Nancy Harmon led educational sessions on germs and the digestive tract for the local Amish community March 10th and March 16th. 35 children participated.
1.12 Institute Logan County Restaurant menu labeling – promote Healthy Habits Health YOU restaurant choice.	Coalition/ MRH Community Relations/ MRH Dietitian	2018	Increase participation of food sites annually	June, 2016 Brewfontaine, a locally owned eatery, tagged a number of menu items as Healthy Habits Approved, having met MRH dietary standards. As of April 2017 – 8 locally owned restaurants are featuring healthier menu items with the Healthy Habits Healthy You CHOICE stickers indicating selections have met MRH dietary criteria. Most restaurants include a large sticker in their front window indicating their participation.
1.13 Establish Formal Plan/Policy to restructure MRH café and menu to healthier products for patients, visitor, community and staff to include meals, vending, snack bar, gift shop and catering	MRH Food & Nutrition/ MRH Leadership Team/ Administration, Foundation	1Q/2Q 2016 Plan & Policy 3Q 2016 Implementation 2017 reno fresh, healthy look	Employee Survey Patient Survey	Formal plan was established June 2016. An updated Café design was completed in Aug 2016 – implementation planned for 1Q 2017. A gradual implementation of action steps has occurred in 2016; complimentary infused water is being offered, fried foods have been eliminated from the menu, increased pricing on sugar-sweetened beverages throughout the hospital (café, snack bar, gift shop and vending), reduced pricing on bottled water, vending machines offer 25% healthy items, traffic light program enhanced to offer fewer "red" items, more "green" items, menu list healthiest items first.

				April 2017, Vending in the hospital's main facility is offering 75% healthy snack items with new machines and buy-in from supplier. As of November MRH no longer offers an independent snack bar. A vending machine with healthy options is the replacement. Snacks offered in the Gift Shop have been limited. December 2017 the café remodel was completed and is now called Café on Palmer and open to the public with mostly healthy options.
1.14 Review Chronic Disease Education at the bedside and in MRH physician practices along with promotion of management and support group programs (CHF,COPD, Cardiac Rehab, Diabetes, Weight Management)	MRH Education/PCMH/Community Physician Practices	4Q 2016 review 2017, 2018 implementation – ongoing	Increased participation in chronic disease management program, support groups and PCMH data	Internal Medicine providers and staff provide education materials and review the materials with patients. Patients with specific needs are referred to education resources within Mary Rutan. Additionally the providers and/or staff contact the Care Coordinator to assist patients that can benefit from community resources. Internal Medicine has a care coordinator who provides education and works with patients to assist them in identifying community resources and assist patients in enrolling, contacting and setting up transportation to attend. The Care Coordinator directly contacts community resources to assists with interventions to barriers. During the past year Mary Rutan Hospital Internal Medicine has provided several in-service training to staff and providers to identify patients with needs and to provide information of community resources available.
1.15 Fund Community Health &	Mary Rutan Foundation	2016,2017,2018	Overview of programs and	Dec 2016, 10 recipients were

Wellness Grants for community partners targeting physical activity and proper nutrition			grant outcomes	awarded grants totaling $49,998. December 2017, 8 recipients were awarded grants totaling $34,616. December 2018

KEY FINDING #2:
DRUG ABUSE (OPIATE AND HEROIN)

Data from the 2015 Logan County Community Needs Assessment survey shows that this is another issue that is negatively affecting the health and well-being of too many Logan County residents. The assessment showed that:

- Nearly one-third (31.4%) of young adults said they knew someone that uses heroin.
- Over 17% of seniors indicated they misused pain medications.

IMPROVEMENT TARGETS

Priority 2 Improvement Targets – Drug Abuse (Opiate & Heroin) GOAL –Reduce the number of individuals and families that are negatively affected by drug abuse		
Measurable Objectives (How we will know we are making progress)	**Data Source**	**Frequency of Measurement**
1.1 Increase the number of heroin addicts seeking treatment by 5% by 2018.	Coalition/CHWPLC / CCI	3 years
1.2 Reduce the rate of opiate prescriptions in Logan County by 1% annually.	OARRS	Annually

IMPROVEMENT STRATEGIES

	PRIORITY 2 Improvement Strategies – Drug Abuse (Opiate & Heroin) GOAL –Reduce the number of individuals and families that are negatively affected by drug abuse.			
Strategies (What we will do to achieve our goals and objectives)	**Lead** (Who is responsible)	**Timeline**	**Measurement**	**Outcomes**
1.1 Remain a lead organization in the Community C.O.R.E. Coalition as an active partner	MRH Medical Director, VP Community Relations	2016,2017,2018	Ability to meet goals set forth by Coalition/CHIP	Tammy Allison is an active member of CORE along with Dr. Grant Varian.
1.2 Senior Leadership lead Community C.O.R.E. Medical Action Group	MRH Medical Director, VP Community Relations	2016,2017,2018	Committee Goal Outcomes: Education, Treatment, Policy	The Care Coordinator at Internal medicine attends meetings and shares information with providers and staff. Dr. Varian is also a part of this initiative.
1.3 Educate physicians regarding over-prescribing opiates and use of the OARR system.	Coalition, MRH Medical Director, Pharmacy, Community Relations Dept.	2016	-2016 Participation Rate -2017-2018 OARR data to track improvement	The providers and staff have completed education and are enrolled in the OARRS system. The exam process includes the use of the use the OARRS system. The ability to track prescribing

				trends internally is not yet available through MEDITECH due to the inability of the system to electronically prescribe all medications. Initiative is underway, nearing completion.
1.4 Implement patient education program by medical professionals at discharge, medication review with pharmacist and in MRH practices	MRH pharmacy, MRH Practice Managers, MRH Medical Director	2016	90% compliance rate as reported through EMR	Currently in practice, Dec 2016.
1.5 Review and update current prescribing protocols and educate appropriate clinical staff	MRH Medical Director, Pharmacy Director	2016-2017	Protocol review, incorporated in EMR and education complete by 12/31/2017	Protocol review currently underway, Dec 2016. Pain Protocols are under review and being re-written to reduce confusing regimens. Initiative is underway, nearing completion
1.6 Awareness/Prevention Education incorporated in to Power-Up 4 Fitness Program	Community Relations/ DARE Officer	2016,2017,2018	Pre and post test	Due to staffing and time constraints at the schools this was not completed in 2016 or 2017. PUFF is being evaluated for 2018. A survey of teachers in the fall of 2017 showed no interest in adding the drug awareness and prevention piece. The kids already receive this education through multiple other sources.
1.7 Host Medication Take Back and promote take back boxes at Sheriff's Dept and Indian Lake	Community Relations/ Pharmacy/Law Enforcement	2016,2017,2018	Report amount of medications collected annually	MRH is partnering with the CORE prevention group to further promote permanent drop boxes and take back events. Medication Take Back events were held Spring 2016 and Fall 2016. A total of 110.4 pounds of pills were collected at the events. The Sheriff's Office collected 211.5 pounds at its drop box and 46.0 pounds have been taken in at the Russells Point Police Department.

				In 2017 a Spring Take Back event was held on April 29. The Fall event on October 28. For the year, 87.2 pounds of pills were collected at the Take Back events and 324 pounds of pills were collected from the 2 drop boxes. In 2018
1.8 Pursue possibility of placing medication drop box in MRH retail pharmacy to offer drop site within city limits.	MRH Pharmacy/ Foundation	2017	Implementation of box and tracking of collected medications annually	January 2017 - After a complete investigation DEA standards will not allow a permanent box to be placed in the retail pharmacy due to its close proximity to the Emergency Department. January 2018 – Plans are slated to add an additional permanent drop box in the Emergency Department of the hospital where there is 24/7 monitoring.
1.9 Partnership with Bellefontaine City Police Department and Pharmacies promoting disposal of unused and unwanted medications	Community Relations/Foundation BCPD	Ongoing	Count of flyer disbursed	Sept 2015, 15,000 pieces of prevention flyers were developed and provided to the Bellefontaine Police Department for distribution to area pharmacies. This to quantity was provided for a 2-year span. April 2017 – per Chief Standley this is still a viable initiative the department wishes to continue. MRH will supply flyers as needed and also incorporate posters to be hung in area pharmacies to further solidify the message. January 2018 – The BPD has asked MRH to develop new pieces for this purpose. Larger posters have been added to the initiative, which mirror the brochures. These posters

				will be located in pharmacy's and on drive through windows.
1.10 Work with Coalition to research opportunities to bring in a consultant to assist with a community-wide plan for a comprehensive treatment program.	Coalition/ Foundation	2017	Findings of study	We have worked with the coalition attending meetings and have brought in trainers to review the suicide prevention program. We have created resources with their assistance to assist patients with needs as they access community resources. We have completed training with the 211 program so we can better assist our patients with needs and integrate these programs into the patient's care plans.

KEY FINDING #3:
MENTAL HEALTH

Data from the 2015 Logan County Community Needs Assessment survey shows that there is the need to address mental illness in Logan County to improve the overall health status of the community. For example, the survey showed that:

- Nearly 30% of the respondents (29.2%) reported that they had symptoms of depression for two or more weeks in the last year; in some communities the rate was as high as 36.3%.
- Nearly one in five adults (19.7%) said that their mental health prevented them from performing their usual daily activities.
- Among young adults, 4.8% said they had seriously considered committing suicide in the past year.
- Almost 20% of young adults (19.8%) said they use drinking to deal with stress; 41.6% said they use eating and 12.9% said they use smoking as stress relieving techniques.

IMPROVEMENT TARGETS

PRIORITY #3 Improvement Targets – Mental Health GOAL – Equip and motivate Logan County residents to make healthier choices		
Measurable Objectives (How we will know we are making progress)	**Data Source**	**Frequency of Measurement**
1.1 Reduce the percentage of young adults that use drinking, eating or smoking to relieve stress by 2%.	CHA Survey	3 years
1.2 Reduce the percentage of young adults that seriously consider suicide to 4.5% by 2018.	Crisis Hotline CHA Survey	Annually 3 years

IMPROVEMENT STRATEGIES

	PRIORITY 3 Improvement Strategies – Mental Health GOAL – Equip and motivate Logan County residents to make healthier choices			
Strategies (What we will do to achieve our goals and objectives)	**Lead** (Who is responsible)	**Timeline**	**Measurement**	**Outcomes**
1.1 Partnership with OSU to institute tele-psychiatry services in MRH Emergency Department	MRH Medical Director, VP Patient Services, ED Director	2016 Implementation 2017, 2018 Ongoing Services	-Patient Volumes -Intervention # -CCI & Tele-psychiatry -Hospital Placement	OSU has not been able to provide the telepsychiatry program so to better serve our patients we have hired and CNP with specialty in behavioral health to serve our patients in addition to the time Dr Mason comes to our practice to serve patient needs. The new CNP will start 8-1-17. There is no movement as OSU is unable to move forward with staffing. 01/08/2018
1.2 MRH Internal Medicine (PCMH) Practice/Care Coordinator represent medical sector in Mental Health Suicide Coalition	MRHIM Practice Manager	2016 Ongoing	Participation	Our Care Coordinator and practice manager continues to participate in the Mental Health Suicide Coalition.
1.3 MRH Internal Med & Pediatric (PCMH) Behavioral/Mental Health Assessment of all patients with option of additional mental health services provide by Dr. Mason for total continuum of care.	MRHIM & MRH Peds Practice Managers	Ongoing	-Patient volumes by diagnosis -MH Service Volumes -Improvement outcomes	See 1.1 above
1.4 Implement Stress Manager/ Depression Education as a part Healthy Habit Healthy YOU initiative	Community Relations Health & Wellness/ Coalition	2016, 2017, 2018	-Touch points -Pre/Post Assessments	A component has been added to the Creating a Healthy Me program to incorporate emotional aspects of healthy living. 118 people participated in 2016 80 people in 2017 39 in 2018
1.5 Pediatric Mental Health Medication Grant for indigent	MRH Peds Practice Manager/ Care Coordination/ Community Relations	ongoing	Application count # assisted	To date, no patient has needed the assistance. MRH Pediatrics generally tries to find a medication that is covered by the patient's insurance.

KEY FINDING #4:
ACCESS/AWARENESS/RESOURCES

Logan County has many organizations that provide a wide variety of services and programs designed to meet residents' health and social service needs. However, data from the 2015 Logan County Community Needs Assessment shows that many residents are not aware of all of the services and programs that they could benefit from. They also indicated they have not received important information that can help them make better lifestyle choices and/or seek appropriate care. For example, the assessment showed that:

- Nearly three quarters of the survey respondents (73.5%) never heard of the Healthy Habits, Healthy You campaign, a major community initiative designed to help residents of Logan County make healthier lifestyle choices; another 20% of residents heard about it but knew little or nothing about it.
- In focus groups that were conducted it was found that few of the participants knew about the federally qualified health center (Community Health and Wellness Partners of Logan County) that has locations in the West Liberty and Indian Lake communities. This center provides a full range of low cost health care services to Logan County residents.
- About one-third of respondents indicated they had never received information from providers regarding important health topics such as diet and eating habits (30.7%), physical activity or exercise (31.5%), quitting smoking (33.5%), drug and alcohol addiction (38.8%), and mental health issues (35.2%).
- During the community Call-To-Action, seventy (70) community partners shared concerns regarding the lack of knowledge and contact information for available resources throughout Logan County.

IMPROVEMENT TARGETS

PRIORITY #4 Improvement Targets – Access/Awareness/Resources GOAL – Effectively disseminate information about the community's health and social service programs to all Logan County residents		
Measurable Objectives (How we will know we are making progress)	**Data Source**	**Frequency of Measurement**
1.1 Increase awareness/use among residents in at-risk Neighborhoods of Community Health and Wellness Partners of Logan County and MRH Physician Practice by 2018.	CHWP/ MRH Practices	Annually
1.2Increase awareness among residents and agencies of Logan County about services and community resources related to health and mental health.	Coalition CHA Survey	Annually 3 years
1.3 Increase access of transportation to available resources and services.	TLC CHA Survey	Annually 3 years
1.4 Decrease percentage of individuals traveling outside of Logan County for Urgent Care Services	CHA Survey	3 years

IMPROVEMENT STRATEGIES

	PRIORITY 4 Improvement Strategies – Access/Awareness/Resources GOAL – Effectively disseminate information about the community's health and social service programs	

	to all Logan County residents and assess availability of needed resources			
Strategies (What we will do to achieve our goals and objectives)	**Lead** (Who is responsible)	**Timeline**	**Measurement**	**Outcomes**
1.1 Convenience Care Services Line as pilot for Urgent Care	VP Physician Practices/Administrative Team	1 Q 2016 Opening 2017 transition	Strategic Plan	A convenience clinic was made available to the community 1Q 2016. In February of 2018, the Convenience Clinic will transfer to the full Urgent Care setting at the newly built Mary Rutan Health Center.
1.2 Construct and open Urgent Care Facility at 33/68 property	Administrative Team	2017	Strategic Plan	Site work began on the Mary Rutan Health Center in December of 2016. Occupancy of the new building is January 31, 2018. First patients will be seen on February 12, 2018. The new construction, known as the Mary Rutan Health Center, will operate an Urgent Care, Therapy Services, Sports Medicine, corporate health services, radiology and lab, along with a retail pharmacy.
1.3 Remodel & Renovation of Rehabilitation Center	Director of Rehabilitation Center/ Administrative Team	2016-2017	Strategic Plan	Rehabilitation services were incorporated into the Mary Rutan Health Center design plan. Slated completion 1Q 2018.
1.4 Non-primary Care ED Referral Program	ED Director/ MRH Practices Managers/ CHWPLC	Ongoing	Annual	We continue to work with ED and Convenience care to assist patients with establishing a relationship with a primary care provider. We have enhanced our program and contact every patient that was seen in ED or Convenience Clinic within 48 hours to check on status, patient continuing needs, set up necessary follow-up appointments and educate patients on the clinic hours and availability of same day appointments to encourage

				continuity of care.
1.5 Physician Recruitment for upcoming retirements	MRH Medical Director/ Compliance Officer	Ongoing	Strategic Plan	We have hired 3 CNPs during the past year to improve service availability and assist in the preparation of future retirements.
1.6 Medical Scholarship & Loan Program	Foundation	Ongoing	Annual Participation	Medical Scholarships have been awarded. 2016 – 33 2017 – 42 2018 – 29
1.7 Implement EMT/Paramedic Scholarship Program to address county shortage	Foundation	2016- ongoing	Annual Participation	EMT/Paramedic scholarships were introduced at the annual EMT appreciation dinner May 2016. Due to a lack of participation MRH did not host a dinner instead delivered goody baskets to all squads. Scholarships were awarded in 2017 and 2018.
1.8 Representative of MRH to be an active partner in Coalition	Director of Care Coordination	2016, 2017, 2018	Participation	A member of the Care Coordination team has been an active member of the ARC Coalition – 01/01/2017 01/01/2018 – There are no members of the Care Coordination team attending the ARC meetings however, they are still on the mailing list for information.
1.9 MRH to participate in investigation and support of 211 system implementation; including funding partnership and updating all MRH information regularly	Coalition/ Foundation/ MRH Care Coordination, Marketing & Community Relations	2016 Coalition Investigation 2017 Plan & Implementation	Outcome – Annual CHA Survey- 3 yr	Mary Rutan Hospital assisted with the funding of the 211 system for Logan County.
1.10 Participation and support of Logan County Transportation Advisory Board	VP Community Relations/ Foundation	Ongoing	TAB- Annual CHA Survey-3 yr	Tammy Allison is an active member of the Transportation Advisory Board.
1.11 Senior Leadership Participation in Logan County Coalition Advisory Board – oversight/advise all Coalitions	VP Community Relations	Ongoing	Community Plan Outcomes-annual CHA Survey -3 yr	Tammy Allison and Christie Barns both sit on the Coalition Advisory Board.

Other Needs Identified in the CHNA But Not Addressed in this Plan

Two other topics were identified by the Community Health Risk and Needs Assessment: Poverty and Transportation (Evening and Weekend). These areas are not addressed in Mary Rutan Hospital's Implementation Plan due to limited staff and financial resources and the need to allocate significant resources to the priority health needs identified. However, support will be given to community efforts in these areas through participation in the Logan County Coalition Advisory Board (CAB), Logan County Chamber of Commerce, Logan County Transportation Advisory Board and United Way of Logan County.

Board Approval

An overview of the findings of the Logan County Health Risk and Community Needs Assessment (CHA), the Logan County Community Health Plan (CHIP) and the MRH Implementation Plan were presented to the Mary Rutan Hospital Board of Directors on Monday, October 26, 2015 for approval. The Board unanimously approved the documents as presented.

Document Control - Community Relations Department/October 26, 2015
Updated January 4, 2018