

# IMPLEMENTATION PLAN

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*Addressing Community Health Needs*

***Roundup Memorial Healthcare ~ Roundup, Montana***

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*Disclaimer: The National Rural Health Resource Center and the Montana Office of Rural Health strongly encourage an accounting professional's review of this document before submission to the IRS. As of this publishing, this document should be reviewed by a qualified tax professional. Recommendations on its adequacy in fulfillment of IRS reporting requirements are forthcoming.*

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## The Implementation Planning Process

The implementation planning committee – comprised of Bradley Howell, Roundup Memorial Healthcare CEO, as well as the Hospital Association Board members and the Senior Leadership Team participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process, a community health assessment. The facility conducted the CHSD Process in conjunction with the Montana Office of Rural Health (MORH).

A Community Health Needs Assessment (CHNA) was performed in the fall of 2012 in order to determine the most important health needs and opportunities for Musselshell County, Montana. “Need” was identified as the top issues or opportunities rated by respondents during the CHNA survey process or in the focus groups. For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s CHNA, which is posted on the facility’s website ([www.rmhmt.org](http://www.rmhmt.org)) under Community Needs Assessment.

The implementation planning committee identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise.

The implementation planning committee determined which needs or opportunities could be addressed considering Roundup Memorial Healthcare’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners. Participants then created a goal to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures).

The prioritized health needs as determined through the assessment process and which the facility will be addressing are as follows:

1. Access to primary healthcare services
2. Continuity of care for Cancer, Respiratory Care and Heart Disease through tertiary care in Billings
3. Availability of home health services
4. Access to mental health services

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In addressing the above issues, Roundup Memorial Healthcare seeks to:

- a) Improve access to health care services;
- b) Improve the quality of patient care through the adoption of “best practices”
- c) Enhance the health of the community;

**Roundup Memorial Healthcare’s Vision:**

Compassionate, safe and well-documented care based upon best practices and delivered with the kindness we would want for ourselves, our family and our neighbors.

**Roundup Memorial Healthcare’s Mission:**

Delivering healthcare that is careful, comp[etent and kind.

**Implementation Planning Committee Members:**

The implementation planning committee – comprised of Bradley Howell, Roundup Memorial Healthcare CEO, as well as the Hospital Association Board members and the Senior Leadership Team participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process, a community health assessment. The facility conducted the CHSD Process in conjunction with the Montana Office of Rural Health (MORH).

## Prioritizing the Community Health Needs

The implementation planning committee completed the following in order to prioritize the community health needs:

- Review the facility's presence in the community (i.e. activities already being done to address community need)
- Consider organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
- Assess the health indicators of the community through the available secondary data
- Evaluate the feedback received from consultations with those representing the community's interests, including public health

### Roundup Memorial Healthcare's Presence in the Community:

- List activities your facility performs in the community
  - Health Fair in spring, 2013
  - Blood pressure checks, blood sugar checks, physical therapy assessments, infection control demonstration done at Musselshell Valley Trade Show
  - Blood pressure and blood sugar checks, diabetic education provided at Musselshell County Fall extravaganza
  - Education session provided at local senior living center, Homes on the range
  - Outreach clinics held in Melstone and Winnett.
  - Sports physicals provided at reduced cost at Melstone and Roundup and at Clinic
  - CEO healthcare spotlights done monthly on local FM radio station
  - Art shows held at the hospital (through 2013)

### List of Available Community and Facility Resources to Address Needs

Most of the Musselshell County community resources are coordinated through the Local Advisory Council:

- Montana Tobacco Use Prevention Program
- Musselshell Sheriff Department Probation and Parole
- Adult Protective Services & Domestic Violence
- Family Services
- Mental Health Center – various programs

- Area Two Council on Aging
- Roundup Elementary School
- Musselshell County Food Bank
- Musselshell County Substance Abuse Treatment and Medical Care
- Ministerial Association
- Human Resource Development Council

### ***Musselshell County Indicators:***

#### Low Income Persons

- low income persons (persons below federal poverty level) = 20%

#### Uninsured Persons

- Uninsured adults less than age 65 = 26.7%
- Uninsured children less than age 18 – data not available for Musselshell County

#### Primary and Chronic Diseases: Leading Causes of Death

- Heart Disease
- Cancer
- CLRD (Chronic Lower Respiratory Disease)

\* Other primary and chronic disease data is by region and thus difficult to decipher community need.

Percent of Population Age 65 and older = 18%

Size of County and Remoteness – population of Musselshell County = 4,629; Population Density = 2.5 people per square mile

Nearest Major Hospital – Billings Clinic in Billings, MT is 55 miles from Roundup Memorial Healthcare.

## Needs Identified and Prioritized

### *Prioritized Needs to Address*

1. Top health concerns: 'Alcohol abuse/substance abuse' (50.6%) 'Cancer' (36.7%), 'Tobacco Use' (16.7%),
2. Three most important things for a healthy community: 'Access to health care and other services' (52.6%), 'Good jobs and healthy economy' (51.0%), 'Good schools' (25.9%)
3. The majority of respondents indicated a need for 'Home Healthcare' (52.0%), 'Respiratory Health' (26.3%), and 'Diabetic Clinic' (25.0%)
4. Focus Group Participants mentioned a need for various support groups (e.g. diabetes, substance abuse and gastric by-pass). Mental health services, suicide prevention and emergency psychiatric evaluation are continuing needs.
5. Significant percentage of survey respondents indicated that the community was 'Somewhat healthy' (55.5%)
6. A majority of respondents described themselves as 'Healthy or very healthy' (63.3%)

### *Needs Unable to Address*

1. Survey respondents indicated a need for alcohol and substance abuse counseling and treatment (68.4%)
2. 35.5% of respondents indicate that they or a member of their household delayed getting health care services when they needed it because: 'It costs too much' (58.0%), 'No Insurance' (42.0%), or 'Too long to wait for an appointment' (26.0%)
3. Tobacco use and poor water quality were mentioned by a number of survey respondents and focus group members.

### Executive Summary

The following represents a summary of the goals and corresponding strategies and activities which the facility will execute in order to address the prioritized health needs from page 7. For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 10.

**Goal 1:** Improve the quality of patient care by reviewing and revising current workflows to reflect “Best Practices”

**Strategy 1.1:** Develop and install an electronic health record in both the hospital and the clinic

**Activities:**

- Establish a partnership with Billings Clinic to access their Cerner Millennium electronic health record
- Budget for staff time, hardware, software and training resources
- Find appropriate funding through loans and grants to meet meaningful use criteria
- Establish a Steering Committee and hire a project manager to oversee the implementation
- Work with Billings Clinic IT to adapt the software to meet RMH needs
- Train and support hospital staff during the transition from paper charting to the electronic health record

**Goal 2:** Provide RMH patients with a mechanism for continuity of care and a longitudinal personal patient record

**Strategy 2.1:** Develop and install an electronic health record in both the hospital and the clinic

**Activities:** See activities under Strategy 1.1 above



**Goal 3:** Improve patient access to primary healthcare services

**Strategy 3.1:** Remodel and expand RMH Clinic facilities

**Activities:**

- Obtain grant funding for improvements
- Find temporary secure storage for existing medical records
- Stage the scheduling of construction be least disruptive for patients and providers
- Install hardware in each exam room to accommodate the electronic health record

**Strategy 3.2:** Decrease patient wait time and provider efficiency through a LEAN / Six-Sigma projects

**Activities:**

- Observation of current patient flow
- Determine primary bottlenecks
- Develop current value stream map
- Work with clinic staff and providers to plot a future value stream map
- Implement changes
- Educate staff on the LEAN process to standardize our problem solving process

**Goal 4:** Respond to the need for home health and outreach services

**Strategy 4.1:** Establish and market visiting nurse service

**Strategy 4.2:** Schedule a monthly outreach clinic in Melstone

### Implementation Plan Grid

**Goals 1&2:** Improve the quality of patient care by reviewing and revising current workflows to reflect “Best Practices”  
Provide RMH patients with a mechanism for continuity of care and a longitudinal personal patient record

**Strategy 1.1:** Develop and install an electronic health record in both the hospital and the clinic

**Health Issue Addressed:** ‘Access to health care and other services’ was identified as the most important indicator for a healthy community. This addresses the key problem of continuity of care between rural / primary care and tertiary / specialty care.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
<ul style="list-style-type: none"> <li>Establish a partnership with Billings Clinic to access their Cerner Millennium electronic health record</li> </ul>	CEO	FY2013	Jan 2013	Billings Clinic	Adequate funding
<ul style="list-style-type: none"> <li>Budget for staff time, hardware, software and training resources</li> </ul>	CEO	FY2013	Jun 2013		Available grants
<ul style="list-style-type: none"> <li>Find appropriate funding through loans and grants to meet meaningful use criteria</li> </ul>	CEO	FY2013	Sep 2013	FMBHP	Available grants
<ul style="list-style-type: none"> <li>Establish a Steering Committee and hire a project manager to oversee the implementation</li> </ul>	CEO	FY2014	Aug 2013	FMBHP	Available grants
<ul style="list-style-type: none"> <li>Work with Billings Clinic IT to adapt the software to meet RMH needs</li> </ul>	BHIS	FY2014	Jan 2014	Billings Clinic	Limited Resources
<ul style="list-style-type: none"> <li>Train and support hospital staff during the transition from paper charting to the electronic health record</li> </ul>	BHIS	FY2014	Jun2014	Billings Clinic	Resistance to change

**Anticipated Impact(s) of these Activities:** Greater continuity of care

**Plan to Evaluate Anticipated Impact(s) of these Activities:** Review of transfers to and from tertiary care

**Measure of Success:** Patient satisfaction + reduced re-admissions; project completed on time and within budget

**Goals 3&4:** Improve patient access to RMH primary care services

**Strategy 1.2:** Remodel and expand RMH Clinic facilities  
Respond to the need for home health and outreach services

**Health Issue Addressed:** ‘Access to health care and other services’ was identified as the most important indicator for a healthy community. Rural communities in Montana regularly encounter issues regarding access. By maintaining and expanding the current level of services, the facility can ensure access to needed health care services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
• Obtain grant funding for improvements	CEO	FY2013			Grant \$\$\$ Available
• Find temporary secure storage for existing medical records	Clinic Manager	FY2014			Staff Resistance
• Stage the scheduling of construction to be least disruptive for patients and providers	Clinic Manager	Jan 2014			Provider Concerns
• Install hardware in each exam room to accommodate the electronic health record	BHIS	Mar 2013		Billings Clinic IT	None

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (61.8%) and ‘Healthy behaviors and lifestyles’ (34.2%). In 2013, significantly more survey respondents declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2008 (21.5%).

**Anticipated Impact(s) of these Activities:** More clinic visits + more efficient care provided

**Plan to Evaluate Anticipated Impact(s) of these Activities:** Review of HCAHP scores and another CHAS survey in the Fall of 2014

**Measure of Success:** Increased use of the RMH Clinic and improved patient satisfaction scores

### Plan Accomplishments in Fiscal Year 2014

During the fiscal year ending June 30, 2014 Roundup Memorial Healthcare has met almost all the objectives laid out in the Implementation Plan.

- After seven months of preparation the electronic health record (EHR) went “live” on June 10, 2014 as scheduled. Going forward this allow many improvements in both patient care quality and staff efficiency. This also keeps us on target to begin our meaningful use attestation on July 1, 2014.
- The renovation and expansion of the RMH Clinic exam rooms was completed in May 2014. Feedback from patients and staff has been very positive.
- Beginning in October 2013 the RMH visiting nurse program began signing up clients.
- RMH has also begun offering telehealth services with special focus on mental health consultations

### Needs Not Addressed and Justification

Identified health needs unable to address by Roundup Memorial Healthcare	Rationale
Survey respondents and focus group members expressed concern about tobacco use and poor water quality	<ul style="list-style-type: none"> <li>• These needs are outside the scope of RMH’s mission and goals and does not have the resources and expertise required.</li> </ul>
Survey respondents indicated a need for alcohol and substance abuse counseling and treatment (68.4%)	<ul style="list-style-type: none"> <li>• The facility is unable to address these community-wide general needs as the facility does not have the available resources to expand its scope of services to include these activities.</li> </ul>
35.5% of respondents indicate that they or a member of their household delayed getting health care services when they needed it because: ‘It costs too much’ (58.0%), ‘No Insurance’ (42.0%), or ‘Too long to wait for an appointment’ (26.0%)	<ul style="list-style-type: none"> <li>• The facility cannot reduce the cost of services and remain financially viable. We can direct patients to sources of insurance, but that is their decision. We are working on the length of time patients need to wait. See Strategy 3.2 above.</li> </ul>
40.8% of respondents expressed concern about overweight and obesity.	<ul style="list-style-type: none"> <li>• The facility does not have the resources to respond directly to this need, but is able to refer patients to specialist providers and tertiary care centers in Billings.</li> </ul>

### Dissemination of Needs Assessment

Roundup Memorial Healthcare disseminated the community health needs assessment (CHNA) and implementation plan by posting both documents conspicuously on the Roundup Memorial Healthcare website ([www.rmhmt.org](http://www.rmhmt.org)) as well as having copies available at the facility should community members request to view the community health needs assessment (CHNA) or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHNA process in order to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHNA process, as well as how Roundup Memorial Healthcare is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Musselshell County as the facility seeks to address the health care needs of their community.

Furthermore, the board members of Roundup Memorial Healthcare will be directed to the hospital's website to view the assessment results and the implementation plan. Roundup Memorial Healthcare board members approved and adopted the plan in the spring of 2013. Board members are encouraged to familiarize themselves with the CHNA report and implementation plan so they can publically promote the facility's plan to influence the community in a beneficial manner.

Roundup Memorial Healthcare will establish an ongoing feedback mechanism in order to take into account any written comments it may receive on the adopted implementation plan.