COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

Implementation Plan

May 27, 2020



Background - Compliance

The Community Health Needs Assessment (CHNA) and the Implementation Plan are required by federal agencies. Specifically, the Affordable Care Act of 2010 requires all U.S. not-for-profit hospitals to complete a CHNA and Implementation Plan every three years.

- In 2019, Ivinson Memorial Hospital leadership worked with community leaders, underserved populations receiving services in the community, and others to complete its CHNA and identify seven community health-related needs, or service gaps.
- Ivinson Memorial Hospital prioritized the list using qualitative and quantitative approaches.
- The following Implementation Plan indicates which of the prioritized needs the health system will address (and how) and which ones it will not address (and why not).



Requirements

The CHNA and the IP are separate but linked requirements.

- CHNA Requirements
 - Define the community served by Ivinson Memorial Hospital
 - Describe the quantitative and qualitative methodology used to identify and prioritize community needs
 - Include a comprehensive list of community health or health-related resources
 - List the activities conducted since the prior CHNA in order to address the identified needs
 - Prioritize the list of community health needs to be included in the Implementation Plan

The CHNA document (available on the website) clearly addresses each of these issues.

- Implementation Plan Requirements
 - Identify which community needs the hospital will address (and how)
 - Identify which community needs the hospital will not address (and why not)

This document summarizes the Implementation Plan results.



Implementation Plan Approach

- Implementation Plan activities [i.e., actions taken to identify which community health needs will be addressed (and how)], include the following:
 - Conducting in-depth discussions with the Ivinson Memorial Hospital Project Leadership team to review the needs list and identify ones are generally outside of Ivinson Memorial Hospital's purview
 - Developing a matrix that identified existing programs or activities that positively impact one or more of the seven identified, prioritized community needs
 - Reviewing the seven needs and expanding them, where helpful, to identify more granular subneeds or activities on which to focus.
 - Working with the Project Leadership team to define the (1) "degree of control that Ivinson Memorial Hospital has to enact change" and (2) "potential timeline on which positive change could reasonably be made to address the need" for each of the needs or sub-needs.
 - Creating this summary document that addresses the project requirements including clear recognition of activities within the hospital's purview to address and (if so), how the hospital can best address the need

The full, prioritized list of seven community needs (plus sub-needs) from the CHNA is included on the next slide.



The Total List of Prioritized Needs

Ivinson Memorial Hospital Matrix of Prioritized Needs and Existing Programs

Rank	Community Need			
	Behavioral Health and Substance Use Services			
	Direct care for inpatient services			
1	Direct care for outpatient services			
	Collaboration with community-based providers for outpatient services			
	Health-related information and education			
2	Awareness of Available Services – Especially in West Laramie			
	Expansion of, or Better Access to, Services in West Laramie			
3	Expansion of telehealth			
	 Increasing access to specialized medicine services 			

The Total List of Prioritized Needs

Ivinson Memorial Hospital Matrix of Prioritized Needs and Existing Programs

Community Need				
Care Coordination for Higher-Need Patients				
Market (i.e., increase awareness of) existing services				
 Expand Transitions of Care Nurse capacity for geriatric and chronic care patients 				
Affordable Housing				
Specialized Medical Care				
Increase awareness of existing care options				
Expand specialized care capacity				
Care Integration Between Ivinson and Community Providers				



Evaluation Criteria and Definitions

Ivinson Memorial Hospital has a long-standing commitment to the community on every level. As such, through existing or new programs, the hospital expects to be able to address – to some degree – the majority of identified needs. In some instances, Ivinson Memorial Hospital may help facilitate and partner with other organizations to address the need.

- The degree to which the hospital can address the needs is based on the following criteria:
 - The CHNA-based priority of the need
 - Resources within an existing program or initiative which can be deployed
 - Opportunities for collaboration with community partners
 - The degree to which the need is within the hospital's purview to address

NOTE: Definition of a "need:" A service gap – or, an **unmet** health issue – that could benefit from additional support from Ivinson Memorial Hospital or affiliated organizations. For example, many chronic disease states or specific mental health conditions such as heart disease, diabetes, depression, and others – while highly important, ongoing community health issues – may not be listed as **unmet** needs **IF** the hospital and others are already highly engaged in these critically important areas: The need for the service may always exist, but if hospitals and others are providing capacity and access to quality care, there may not be an **unmet** need.



Categorization of the 7 Community Needs Identified in the CHNA

- For each of the seven needs (plus sub-needs), Ivinson Memorial Hospital examined its current programs, outreach efforts, and collaborations, and considered new initiatives such that each of the seven needs were assigned to one of the following categories:
 - <u>Needs that Ivinson Memorial Hospital will not address</u>: The need is either not within the Ivinson Memorial Hospital purview or beyond its ability to readily impact.
 - <u>Needs for which Ivinson Memorial Hospital will enhance existing programs or establish new ones</u>: The hospital has current activities that may be able to be modified or expanded to address the community health need; or, newly created activities or initiatives may be required to do so.
 - <u>Needs Ivinson Memorial Hospital is addressing through existing programs and activities</u>: The hospital is already actively providing services to address the community health need and may focus efforts on building awareness of existing programs and services.
- The following pages show Implementation Plan <u>SUMMARY</u> results "needs that the hospital will address (and how) and which ones it will not address (and why not)" by category, (i.e., the three primary categories noted above).



Needs Ivinson Memorial Hospital Will Not Directly Address

While Ivinson Memorial Hospital has existing programs, activities and partnerships that address a majority (six, or 86%) of the seven needs identified in the Community Health Needs Assessment, the following need is not currently being addressed by programs and activities at Ivinson Memorial Hospital.

Although, Ivinson Memorial Hospital is open to supporting initiatives that address the need, the following represents the one prioritized community need that is not within the Ivinson Memorial Hospital purview and is beyond its ability to readily impact.

Affordable housing (CHNA Rank: 5)



- Ivinson Memorial Hospital Project Leadership team members reviewed each of the needs and sub-needs for which the hospital has, or may establish, programs to address on two scales:
 - The degree of local control (i.e., the amount of influence Ivinson Memorial Hospital may possess to affect needs).
 - Timeline (i.e., the expected amount of time it would take to impact the need)
- Based on the analysis, Ivinson Memorial Hospital identified a highly focused list of program focus areas that does the following:
 - (1) addresses the highest priority needs,
 - (2) exists within Ivinson Memorial Hospital's ability to control, and,
 - (3) provides positive impact in the "one-year," "two- to three-year," and "four years or longer" time frames.
- Results are shown on the following slides.



Total List of CHNA / Needs and Sub-Needs

Rank	Community Need	Locus of Control	Timeline
1	Behavioral Health and Substance Use Services - Direct care for inpatient services	3	2
1	Behavioral Health and Substance Use Services - Direct care for outpatient services	2	1
1	Behavioral Health and Substance Use Services - Collaboration with community-based providers for outpatient services	2	1
1	Behavioral Health and Substance Use Services - Health-related information and education	2	2
2	Awareness of Available Services – Especially in West Laramie	3	1
3	Expansion of, or Better Access to, Services in West Laramie - Expansion of telehealth	3	1
3	Expansion of, or Better Access to, Services in West Laramie - Increasing access to specialized medicine services	2	2
4	Care Coordination for Higher-Need Patients - Market (i.e., increase awareness of) existing services	3	1
4	Care Coordination for Higher-Need Patients - Expand Transitions of Care Nurse capacity for geriatric and chronic care patients	3	1
5	Affordable Housing	NA	NA
6	Specialized Medical Care - Increase awareness of existing care options	3	1
6	Specialized Medical Care - Expand specialized care capacity	3	1
7	Care Integration Between Ivinson and Community Providers	2	2

Legend

Locus of Control: 1 = No control; 2 = Shard or Partial Control; 3 = High Level of Control
Timeline: 1 = Impact within one year; 2 = Impact in one to three years; 3 = Impact in three or more years

Implementation Matrix Analysis Template

- IMH leaders worked collaboratively to review prioritized needs and place each of the needs and subneeds into the Timeline / Control matrix.
- A blank matrix is shown to the right
- The populated matrix is shown on the following two slides.

		Timeline for Positive Impact			
		Within One Year	One to Three Years	More Than Three Years	
Control	High / Much				
Degree of Local Control	Moderate / Some				
Degre	None / Low				



Implementation Matrix Analysis Needs and Activities that IMH Largely Controls

- Ivinson Memorial
 Hospital has the
 ability to address six
 high-priority
 community needs
 within the next year!
- For an additional [Priority Rank: #1] need, if actions start this year, positive impacts can be seen in the one to three years time frame.

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Timeline for Positive Impact					
	Within One Year	One to Three Years	Three Years		
	Priority Rank: 2	Priority Rank: 1			
	Awareness of Available Services – Especially in West Laramie	Behavioral Health and			
		Substance Use Services			
	Priority Rank: 3	- Direct care for			
	Expansion of, or Better Access to, Services in West Laramie - Expansion of telehealth	inpatient services			
	Priority Rank: 4				
	Care Coordination for Higher-Need Patients - Market (i.e.,				
III-la /	increase awareness of) existing services				
High / Much	Priority Rank: 4				
WIGCII	Care Coordination for Higher-Need Patients - Expand				
	Transitions of Care Nurse capacity for geriatric and chronic				
	care patients				
	Priority Rank: 6				
	Specialized Medical Care - Increase awareness of existing				
	care options				
	Priority Rank: 6				
	Specialized Medical Care - Expand specialized care capacity				



Implementation Matrix Analysis Needs and Activities that IMH Partially Controls

- IMH has the ability to address both remaining Priority Rank #1 issues within the next year in collaboration with community partners.
- Of all remaining higher-priority needs and sub-needs, all can be addressed within the next three years, if IMH develops and implements strategies to do so.

		Timeline for Positive Impact			
		Within One Year	One to Three Years	More Than Three Years	
		Priority Rank: 1 Behavioral Health and Substance Use Services - Direct care for outpatient services Priority Rank: 1 Behavioral Health and Substance Use Services - Collaboration with	Priority Rank: 1 Behavioral Health and Substance Use Services - Health-related information and education		
Degree of Local Control	Moderate / Some	community-based providers for outpatient services	Priority Rank: 3 Expansion of, or Better Access to, Services in West Laramie - Increasing access to specialized medicine services		
Deg			Priority Rank: 7 Care Integration Between Ivinson and Community Providers		
	None / Low	TVINSON MEMORIAL	-		

In the "Within One-Year" Timeframe, focus hospital attention on activities for which it has a high degree of internal control (i.e., things that can be accomplished using only IMH resources). For example, increase access to care (including care coordination) and begin to enhance behavioral health resources.

- "Within 1 Year" High priority need focus areas:
 - Awareness of Available Services Especially in West Laramie [Rank: 2]
 - Expansion of, or Better Access to, Services in West Laramie Expansion of telehealth [Rank: 2]
 - Care Coordination for Higher-Need Patients Expand Transitions of Care Nurse capacity for geriatric and chronic care patients [Rank: 4]
 - Care Coordination for Higher-Need Patients Market (i.e., increase awareness of) existing services [Rank: 4]
 - Specialized Medical Care Expand specialized care capacity [Rank: 6]
 - Specialized Medical Care Increase awareness of existing care options [Rank: 6]



In the "One to Three Year" Timeframe, IMH will address longer-term behavioral health issues [CHNA Rank: 1]. Efforts initiated in 2020 are expected to make a positive impact on community health in 2021 and 2022. However, many are expected to require significant collaboration with community partners.

- The ability to enhance behavioral health outpatient services and provide more health-related information will require partnership with community partners. IMH will pursue these activities (which are expected to take one to three years to be fully implemented and show impact) to address the following CHNA Rank 1 priority needs:
 - Behavioral Health and Substance Use Services Direct care for outpatient services
 - Behavioral Health and Substance Use Services Collaboration with community-based providers for outpatient services
 - Behavioral Health and Substance Use Services Health-related information and education
- In 2020, IMH will create a detailed workplan to accomplish the partnership activities above.

IMH will also address behavioral health needs by reviewing (and enhancing, where needed) inpatient services.

- IMH has a high degree of control over the ability to affect positive change in an inpatient environment (i.e., without additional collaboration with community partners); the hospital can enhance services and see improved community behavioral health (inpatient) within a year. In doing so, they will address the following high-priority need:
 - Behavioral Health and Substance Use Services Direct care for inpatient services



Other IMH activities that will positively impact the community in the "One- to Three-Year" timeline, focus on collaborative work to expand Access to Care

- "One to three-year timeline for positive impact" High priority need focus areas:
 - Expansion of, or better access to, services in West Laramie increasing access to specialized medicine services [Rank: 3]
 - Enhance the efficiency of continuity of care between Ivinson and community providers [Rank: 7]



Summary: Focus Areas and Needs by Time Frame

"Within One-Year" Focus Areas

- In the "Within One-Year" Timeframe, focus hospital attention on activities for which it has a high degree of internal control (i.e., things that can be accomplished using only IMH resources). For example, increase access to care (including care coordination) and begin to enhance behavioral health resources.
- Comment: The greatest needs relatively straightforward to address and consistent with existing initiatives are to ramp up public awareness of current services and access points, expand care coordination activities, and begin the longer-term process of expanding behavioral health services.

"Two to Three-Year" Focus Areas

• In the one- to three-year timeline, focus activities to address longer-term behavioral health issues [CHNA Rank: 1], increase access to specialized medical care services (possibly including expanded telehealth options), and further engage community partners to enhance continuity of care activities.

Note that Ivinson Memorial Hospital will continue to address a broad range of other prioritized community needs, as well as respond to urgent or emerging needs, if they arise.

Summary: Existing Programs and Activities Addressing Community Needs

- Of the seven community needs identified from the Community Health Needs Assessment, existing programs and activities already address 86% (6 of 7) to some extent.
 - For some of the seven needs already being addressed, Ivinson Memorial Hospital is a facilitator or partner with a community service organization while for others, it takes more of a leadership role.
 - For most of these needs, Ivinson Memorial Hospital programs and activities will remain largely unchanged. However, Ivinson Memorial Hospital may modify existing programs, as needed or as additional opportunities present themselves.
- The following pages list the ranked needs and the number of existing Ivinson Memorial Hospital programs and activities impacting them.
- The appendices include <u>a more detailed list</u> of programs and activities addressing the needs.



Needs List and Number of Ivinson Memorial Hospital Programs (See Appendix for details)

Ivinson Memorial Hospital Matrix of Prioritized Needs and Existing Programs			
Rank	Community Need	Number of Hospital Programs or Partnerships	
1	Behavioral Health and Substance Use Services	2	
2	Awareness of Available Services – Especially in West Laramie	24	
3	Expansion of, or Better Access to, Services in West Laramie	5	
4	Care Coordination for Higher-Need Patients	2	
5	Affordable Housing	0	
6	Specialized Medical Care	6	
7	Care Integration Between Ivinson and Community Providers	2	

Further Contact and Questions

Contact for additional information:

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Appendix: Control and Timeline Matrix

Ivinson Memorial Hospital Matrix of Prioritized Needs and Existing Programs

		Degree of Local	Timeline to Positively
Rank	Community Need	Control	Impact the Need
1	Behavioral Health and Substance Use Services		
2	Awareness of Available Services – Especially in West Laramie		
3	Expansion of, or Better Access to, Services – Especially in West		
	Laramie		
4	Care Coordination for higher-need patients		
5	Affordable housing		
6	Specialized Medical Care		
7	Care Integration Between Ivinson and Community Providers		



Appendix: Current IMH Activities Mapped to the 2019 High-Priority Needs

See the following pages





Implementation Plan: List of Ivinson Memorial Hospital (IMH) Programs Affecting Prioritized Needs

The following bulleted lists reflect the seven higher-priority needs as identified in the 2019 Community Health Needs Assessment (i.e., headings shown in boldface type) and sub-bullets that enumerate existing Ivinson Memorial Hospital activities which address the needs.

This draft-version list/outline is a component of the IMH Implementation Plan and will be used to help illuminate service gaps where additional IMH initiatives may be most impactful.

Behavioral Health and Substance Use Services

- . IMH operates a 10-bed behavioral health units.
- . IMH provides inpatient services to involuntarily admitted patients referred by the City of Laramie Public Safety or other departments.

Awareness of Available Services - Especially in West Laramie

- · Services and information are disseminated by various modalities.
 - o IMH Website.
 - o Radio advertising.
 - o Social media (e.g., Facebook, Instagram, Google AdWords, and others).
 - o Monthly newsletter disseminated via email (and available in hardcopy).
- · Community engagement projects are conducted throughout the year.
 - o Walk-With-a-Doc program.
 - o CPR classes.
 - o Health and wellness Fair (annually).
- Community outreach and education regarding COVID-19 risks, precautions, and health services are provided (beginning March 2020).
- · University of Wyoming outreach is offered in a variety of venues.
 - o Flu shots at football games.
 - o Career Fairs.





- Event sponsorship.
- o A health "walk" at a women's basketball game each season.
- · Several different community-based organizations use IMH facilities.
 - o Downtown Clinic meetings.
 - o Fraternal organization meetings.
 - o Laramie Fire Department (and other public safety) training.
 - o Civic organization use of conference rooms and other IMH facilities.
- IMH continually works to enhance its community image.
 - o Ongoing community engagement.
 - o Enhanced staff support daily "huddles" in the lobby.
 - o Open cafeteria.
 - o Promotion of a "friendly, accessible" image.
 - Staff support and publicly announced honors.
 - Family-friendly feel.
 - o Attractive, high quality facilities; facilities perceived as being better than most found in similarly-sized communities.
 - Wellness / health fairs.

Expansion of, or Better Access to, Services - especially in West Laramie

- . IMH provides financial and in-kind support throughout the community.
 - No income, no assets no charge; Sliding scale fees for lower-income people.
 - o IMH donates \$25,000 to \$300,000 annually for free care to patients at the Downtown Clinic.
 - o Support for the Eppson Center for Seniors transportation service (\$10,000 per year).
 - o Physician support agreements with University of Wyoming.
 - o Tele-medicine. Activated within the Epic EHR system in March 2020.
 - Providers are centrally located and provide services to remotely-located patients.





Centrally located patients located in Saratoga access IMH providers.

Care Coordination for higher-need patients

- IMH's care coordination program was originally started as a Medicare Demonstration program for high-risk patients. On a continuing basis, the
 expanded Transitional Care Nurse program provides care navigation services to a broad-based spectrum of high-need patients when discharged from
 the hospital.
- Support groups for patients, families, and at-risk individuals are provided weekly (e.g., diabetes, cancer, other chronic conditions).

Affordable Housing

Specialized Medical Care

- . IMH provides a broad group of specialized care support and outreach programs.
 - o Cancer care: Meredith and Jeannie Ray Cancer Center.
 - o Stroke care via a telehealth portal located in the IMH Emergency Department and connected to a larger UC service site.
 - o Visiting geriatrician services to Saratoga.
 - o Heart disease / cardiac care: Cardiopulmonary department services; cardiac rehabilitation services.
 - o Kidney disease: Ivinson Dialysis Department.
 - o Breast Imaging Center.

Care Integration Between Ivinson and Community Providers

- . IMH actively engages downstream continuum of care service providers.
 - o Support for Downtown Clinic.
 - o Care coordination / Transition of Care Nurses help high-need, qualified patients get services at the Downtown Clinic.

