



Community Health Improvement Plan 2015-2018



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Executive Summary and Letter to the Community from the CEO

The Community Health Needs Assessment (CHNA) is a systematic approach to determining the health status, behaviors and needs of residents living in the service area of Holy Rosary Healthcare (HRH). *Full report is available on our website: <https://www.sclhealth.org/locations/holy-rosary-healthcare/about/community-benefit/>*

Following the needs assessment, hospitals must select health priorities to impact either through direct and/or collaborative efforts. The Community Health Improvement Plan (CHIP) is the strategic document that outlines the hospitals' plans, actions and anticipated impact on the identified health needs.

Summary:

- The CHNA was conducted by Professional Research Consultants, Inc. in November and December of 2014.
- A ten County area was covered with 150 surveys going to key stakeholders in those areas.
- Results were received in January 2015
- HRH Senior Leadership Team choose these areas based on 1) the scope and severity of each of the significant health issues and 2) the ability of Holy Rosary Healthcare to have a significant impact on each.

Letter from our CEO

Holy Rosary Healthcare has a century-long commitment to the people of Eastern Montana. Our legacy began August 15, 1910, when the Presentation Sisters assumed management and later purchased the County Hospital in Miles City, renaming it Holy Rosary Hospital. Through the years, the hospital continued to grow and evolve.

Throughout this growth and evolution, one thing has remained constant. Holy Rosary Healthcare continues to identify and meet the needs of the community. We are working to improve access to healthcare services, increase behavioral and mental health resources, and decrease rates of tobacco use for our neighbors in Eastern Montana.

As a care site of SCL Health, Holy Rosary has direct access to best practices in healthcare delivery, resources, technology, talent and strategic capital. Together, the physicians, providers, associates and volunteers of Holy Rosary Healthcare extend God's healing love in the tradition of the Presentation Sisters and the Sisters of Charity and our own rich history of providing care in eastern Montana.

With gratitude and blessings,

Paul Lewis

Chief Executive Officer

About Us

Founded in 1910, Holy Rosary Healthcare is eastern Montana's healthcare destination. Holy Rosary operates a 25-bed comprehensive acute-care critical access hospital, physician-based clinics, residential living, and hospice and palliative care services – providing a complete continuum of care to a 10-county region of eastern Montana.

As part of SCL Health, Holy Rosary has direct access to best practices, resources, technology, talent and strategic capital. Service expertise includes Family Health and Wellness, Women's Health, Imaging, Cancer Care and Rehab services. Holy Rosary is the region's largest private employer. Together, the physicians, providers, associates and volunteers of Holy Rosary Healthcare extend God's healing love in the tradition of the Presentation Sisters and the Sisters of Charity, and our own rich history of providing care in eastern Montana.

Our Mission

We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Our Values

Caring Spirit – We honor the sacred dignity of each person.

Excellence – We set and surpass high standards

Good Humor – We create joyful and welcoming environments.

Integrity – We do the right thing with openness and pride.

Safety – We deliver care that seeks to eliminate all harm for patients and associates.

Stewardship – We are accountable for the resources entrusted to us.

Community Health Needs Assessment

CHNA Methodology and Process

Holy Rosary Healthcare is a 25-bed Critical Access Hospital based in Miles City, Montana. Holy Rosary Healthcare serves several eastern Montana counties, which cover over 20,000 square miles or approximately 13% of Montana. Holy Rosary Healthcare contracted with Professional Research Consultants, Inc. (PRC) to complete a Community Health Needs Assessment (CHNA). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States.

The study area for this effort (referred to as the “Holy Rosary Healthcare Service Area” or “HRH Service Area” in this report) includes ten counties: Carter, Custer, Dawson, Fallon, Garfield, McCone, Powder River, Prairie, Rosebud, and Treasure. This community definition was determined based on the areas of residence of most recent patients of the Holy Rosary Healthcare System.

The assessment incorporated data from both quantitative and qualitative sources. Quantitative data input includes secondary research (vital statistics and other existing health related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through the PRC Online Key Informant Survey. A list of recommended participants was provided by Holy Rosary Healthcare; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders.

Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 56 community stakeholders took part in the Online Key Informant Survey.

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment.

Key Survey Results

Twelve “areas of opportunity” were identified, representing the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020 (in alphabetical order):

- Access to healthcare services
- Cancer
- Dementia, including Alzheimer’s disease
- Diabetes
- Heart disease and stroke
- Infant health and family planning
- Injury and violence
- Mental health
- Nutrition, physical activity and weight
- Respiratory diseases
- Substance use
- Tobacco Use

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health.

Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.

The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be. (Healthy People 2020, www.healthypeople.gov)

Poverty

The latest census estimate shows 14.9% of the HRH Service Area population living below the federal poverty level. In all, 35.4% of service area residents (an estimated 14,000 individuals) live below 200% of the federal poverty level. Similar in proportion to state wide and national level.

Children in Low-Income Households

Additionally, 21.2% of HRH Service Area children age 0-17 (representing an estimated 1,954 children) live below the poverty threshold.

Education

Among the HRH Service Area population age 25 and older, an estimated 9.8% (over 2,746 individuals) do not have a high school diploma. Slightly less favorable than statewide, but considerable more favorable than found nationally.

Employment

According to data derived from the US Department of Labor, the unemployment rate in the HRH Service Area in September 2014 was 3.1%. More favorable than statewide and national unemployment, but trending downward over 2013 similar to state and national trends.

Holy Rosary Healthcare's Community Health Needs Assessment was approved and adopted by Holy Rosary's Board on August 28, 2015.

Prioritization:

Holy Rosary Healthcare's senior leadership was charged with addressing the top needs discovered in the CHNA, which was then approved by the Community Benefit Committee (CBC) of the Holy Rosary Healthcare Board of Directors. It was determined the top community needs and priorities were:

- Access to Healthcare Services
- Mental Health
- Tobacco Use



Community Health Improvement Plan

There are 5 Community health improvement core strategies that support program development. We want to:

- A. Leverage community benefit investments toward the greatest area of impact to achieve our mission (*alignment with CHNA and vulnerable populations*)
- B. Utilize intervention strategies that are evidence-based and work to answer the sustainability question during program build
- C. Encourage innovation pilots that can address “dual” or disparate health needs
- D. Expand collective impact opportunities by engaging multi-sector partnerships

- E. Improve community engagement and intimacy by highlighting community impact stories, increasing digital-based communication and attention to diversity and inclusion initiatives

In addition, whenever possible we want to align measurement objectives with other community improvement efforts locally, regionally, and nationally.

Holy Rosary Healthcare's Health Improvement Plan was approved by Holy Rosary's Board on August 28, 2015.




Priority: Improved Access to Care

Vision: To increase equitable access to healthcare services in a manner that ensures citizens receive appropriate, affordable, high-quality and compassionate care.

Goal 1: Increase access knowledge, tools and resources that expand the community's awareness to identify the right service, for the right person, at the right time.

Goal 2: Improve transportation resources to the medically underserved so they are able to access healthcare resources without undue costs or time delays due to transportation barriers.

Current State	Action/Tactics	Partners	Progress Update
<i>Demonstrate the prevalence and/or significance of this need</i>	<i>What steps will we take to impact this need</i>	<i>Community stakeholders who are essential to improvement efforts</i>	<i>Success measures and milestones</i>
<p><i>Reflects HRH area versus U.S. benchmark</i></p> <ul style="list-style-type: none"> Lack of Health Insurance (24% vs. 20% U.S.) Primary Care Physician Ratio (56% vs. 85.8% U.S.) Health Professional Shortage in Area (61% vs. 85.8% U.S.) <p>Chief Access Concern: -Quality</p> <p>Transportation</p>	<ol style="list-style-type: none"> Develop a centralized Resource Tool to access information on reliable health care and social services Partner with Frontier Cancer Center to offer Patient Navigators and 2 support groups annually for those diagnosed with cancer Continue to support assistance with transportation for the poor and vulnerable. 	<p>Billing Clinic Miles City One Health DPHHS</p> <p>Frontier Cancer Center St Vincent HealthCare American Cancer Society</p> <p>Taxi Vouchers Council on Aging (COA) Custer County Transit Authority (CCTA)</p>	<p>HRH resources available on Web site and Social Media. Collaboration with other entities was not obtained.</p> <p>Offered "Celebrate Life", series to support patients during cancer treatment, two times in 2016 and 2017 via teleconference with Frontier Cancer Center. Patient Navigators at FCC work with HRH Chemo Dept. Staff to support patients.</p> <p>Oncology Scheduler was added in 2017</p> <p>2014(720 Taxi Vouchers) 2015(473 Taxi Vouchers) 2016(457 Taxi Vouchers) 2017(289 Taxi Vouchers)</p> <p>2014(306 assisted w/ COA) 2015(100 assisted w/ COA) 2016(348 assisted w/COA)</p>


			<p>2017 continued Taxi Voucher assistance</p> <p>2017 Joined COA and other community partners in getting CCTA approved with County for local transportation. \$2000 given towards the matching grant to implement the transit program.</p> <p>Pledge from HRH Board of Directors to contribute \$5000. Annually for next 4 years</p>
<p>Priority aligns with Healthy People 2020 – improvement guidelines</p> 	<p>4. Continue financial support of Holy Rosary Clinic</p>		<p>2014 - \$2,684,926</p> <p>2015 - \$2,440,284</p> <p>2016 - \$2,913,140</p> <p>2017 -</p> <p>2016 - Recruited two Internal Medicine Specialist, Previously we had zero</p> <p>2017 Added Pediatric/internal medicine Physician.</p>
<p>Priority aligns with Social Determinants of Health (Health and Health Care) – <i>Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks. ~CDC</i></p>	<p>5. Provide information on Health Insurance marketplace through website and print materials</p> <p>6. Provide Certified Application Counselors to assist individuals and families in the enrollment process.</p> <p>7. Participate in community based activities that increase awareness of access and affordability of healthcare services (e.g. health fair, free screenings, ...</p>	<p>Montana Health Network</p>	<p>Educate the Community via Website, Local Newspaper, Social Media and Printed materials.</p> <p>On site Certified Application Counselor on site all 3 years. Trained through grants from Montana Health Network These counselor work with our financial assistance counselors to give information and answer questions at various community outreach events. Traditional: Health Fairs etc Non-traditional: Safe Trick or Treating and Cookies with Santa. – 2015-16</p> <p>2017 Certified Market Place Counselor is now integral part of our in house Financial Assistance job description.</p>



Priority: Behavioral/Mental Health in the Community

Vision: Create an environment and culture that will provide Custer County residents the tools and resources to promote healthy choices for all ages and abilities

Goal 1: Improve systems of delivery of care and collectively impact the community's health, safety and well-being by collaborating with other sectors of the community

Current State	Actions/Tactics	Partners	Progress Update
<i>Demonstrate the prevalence and/or significance of this need</i>	<i>What steps will we take to impact this need</i>	<i>Community stakeholders who are essential to improvement efforts</i>	<i>Success measures and milestones</i>
<p><i>Reflects HRH area versus U.S. benchmark</i></p> <ul style="list-style-type: none"> • Suicide Deaths • 37% vs. 11% U.S. <p>Chief Behavioral concerns: -Lack of access to services -Stigma -Lack of education</p>	<p>1. Partner with Eastern Montana Community Mental Health Center to offer integrated behavioral health access to primary care patients</p> <p>2. In collaboration with EMCMHC, develop a process to manage patients presenting in ER with mental health crisis</p>	<p>National Association of Mental Illness – Montana</p> <p>Eastern Montana Community Mental Health Center</p>	<p>2015-16 Physicians trained in 3 point screening process.</p> <p>2016 Behavioral Health person trained for position within HRH Clinic for immediate treatment. 2017 This person relocated. New Plan is bringing InSight to our HRH. This agency will provide Mental Health Services 24/7 for emergency and inpatient needs. They will provide emergent, urgent and follow up services. (early 2018)</p> <p>2016 Process of EMCMHC counselors screen patients in ICU area. 2017 Process working well. It is an established policy and procedure for HRH.</p>
<p>Priority aligns with Healthy People 2020 – improvement guidelines</p> 	<p>3. Participate in activities and events that increase stigma awareness and healthy lifestyle choices</p>	<p>Behavioral Health Local Advisory Committee(BHLAC)</p>	<p>Bringing awareness of activities promoting Mental Health to HRH and offering assistance.</p>
<p>Priority aligns with Social Determinants of Health (Health and Health Care) – <i>Social determinants of health are conditions in the</i></p>	<p>4. Train 100 individuals in MHFA</p> <p>5. Identify and train one</p>	<p>Montana Health Network</p> <p>Xavier Roth Grant SCL Health System</p>	<p>Assisted with 5 MHFA classes trained 59 people.</p> <p>One MHFA instructor trained.</p>


<p><i>environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks. ~CDC</i></p>	<p>individual to be MHFA instructor.</p>	<p>BHLAC Montana Mental Health Program Officers</p> <p>State of Montana Grant (Money Follows the Person Grant)</p>	
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Priority: Tobacco Cessation

Vision: Enhance interventions to reduce disease burden and lower quality of life associated with tobacco use and secondhand smoke exposure within the eastern Montana region

Goal 1: Decrease the Montana high school youth smoking prevalence rate

Current State	Actions/Tactics	Partners	Last Update
<p><i>Demonstrate the prevalence and/or significance of this need</i></p>	<p><i>What steps will we take to impact this need</i></p>	<p><i>Community stakeholders who are essential to improvement efforts</i></p>	<p><i>Success measures and milestones</i></p>
<p><i>Reflects HRH area versus U.S. benchmark</i></p> <ul style="list-style-type: none"> • Montana has the 4th highest level of smokeless tobacco use among the 50 US states • 16% vs. 17% U.S. <p>Chief tobacco concerns:</p> <ul style="list-style-type: none"> -Cultural Norms -Persistent Use -Prevalence Among Teens 	<ol style="list-style-type: none"> 1. Provide tobacco cessation educational materials to 98% of inpatients. 2. Develop standardized reporting and documentation of inpatient tobacco users 100% of the time. 3. Standardize outreach to expectant parents, as well as those with children on the effects of tobacco use. 	<p>American Cancer Society Montana Quit Line Holy Rosary Clinic</p>	<p>Established policy for Clinic patients and inpatients to be screened and offered counseling/medication.</p> <p>2016 - Implemented inpatient tobacco screening (87%), initial counseling (77%) and initial medication acceptance (44%).</p> <p>2017 – Policy and procedure in place for counseling and educate both outpatient and inpatient tobacco users.</p>
<p>Priority aligns with Healthy People 2020 – improvement guidelines</p> 	<ol style="list-style-type: none"> 4. Collaborate with outpatient clinics and community partners to offer smoking cessation education. 	<p>State of Montana, Quit Line Educational materials</p>	
<p>Priority aligns with Social Determinants of Health (Environmental Conditions and Health) – <i>Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks.</i> ~CDC</p>	<ol style="list-style-type: none"> 5. Standardize all tobacco-cessation materials to include inpatient, outpatient, associate, Healthy Lifestyles, and Cardiac Rehab. 6. Decrease HRH Associate smokers by 10%. 		

Other Significant Needs Not Addressed

Each of the health needs identified in the HRH CHNA are important and numerous partners throughout the community are addressing these needs through various innovative programs and initiatives. Some examples of these are provided below. The HRH CHIP will only address the priority areas listed above in order to maximize resources, expertise and time to achieve successful impact.

Examples include:

Cancer: Addressed by Frontier Cancer Center in partnership with our oncology outpatient department – fundraising began in 2017 to update HRH’s oncology department

Dementia: Friendship Villa Care Center-we continue to provide additional training to our associates, especially in our Skilled Nursing Facility

Diabetes: Billings Clinic-Miles city -several providers in our clinic received training in 2017 to re-establish access to diabetes education

Infant health and family planning health: One Health (combined public health and community health center) - we partner with them in asthma program and Sprouts program

Substance abuse: Eastern Montana Community Health Center (EMCHC) & Eastern Montana drug task force - Holy Rosary Healthcare is initiating educational webinars for our staff as we respond to this national concern

Continuing the work

The CHIP is a living document that provides community health improvement direction for Holy Rosary Healthcare (HRH), its partners, community organizations and residents of Miles City, MT. As such, the HRH CHIP is a work in progress and will be updated and amended on an annual basis as new programs, partnerships, and collaborations develop. The progress of our work will be evaluated on an on-going basis, not simply at the three-year mark. Strategies and actions that do not yield the intended outcomes will be revised and re-implemented.

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