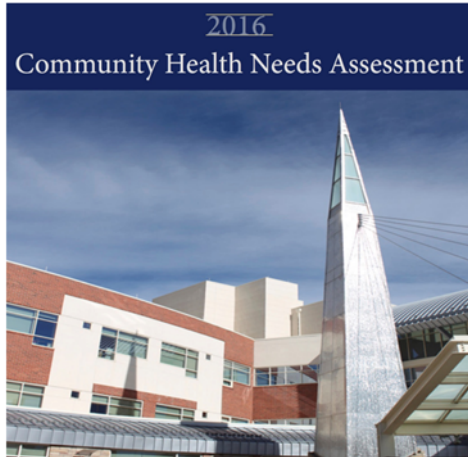

2016 Community Health Improvement Plan



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Executive Summary



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 Platte Valley Medical Center (PVMC). The full report is available on our website at

<https://www.pvmc.org/about-us/community-benefits/>.

Following the CHNA, hospitals must select health priorities to impact either through direct and/or collaborative efforts. The Community Health

Improvement Plan (CHIP) is the strategic document (Implementation Strategy) that outlines the hospital's plans, actions and anticipated impact on the identified health needs.

Summary

- The CHNA was conducted in 2016. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA.
- The identified health needs included:
 - Access to health care services
 - Diabetes
 - Chronic Lower Respiratory Disease
 - Heart disease and stroke
 - Mental health
 - Nutrition, physical activity and weight
 - Substance abuse
- The Senior Leadership Team of PVMC and selected community partners identified the health priorities the hospital will address based on three factors: 1) organizational capacity, 2) ongoing investment, and 3) acknowledged competencies and expertise.
- As a result, PVMC will address the following health needs through a commitment of

community benefit resources:

- Access to health care
- Mental health/substance abuse
- Heart disease and stroke

CEO Letter to the Community

For 57 years, PVMC has been committed to the health and wellness of the communities we serve. Our mission is to foster optimal health for all. We take pride in providing you, our neighbors, with the healthcare services you need to live your healthiest life. To that end, we collaborate with community leaders, public health officials, and other community members to conduct a CHNA every three years. This assessment uncovers the health issues that specifically impact our local population; helping us to create the healthcare services our community wants and needs today and in the future. After the assessment is completed, we use this information to implement our Community Health Improvement Plans.



As we all know, healthcare is a rapidly changing industry – affected by everything from new technology to federal and state policy. We do our best to stay ahead of these changes so that your access to care is never interrupted.

We know that good health includes regular check-ups with a primary care physician, that's why we continue to expand access to primary care across our service area. Additionally, we are working to provide you with affordable options for immediate, non-emergent care, including Doctor on Demand – a video access tool accessible on your smart phone or mobile device – and our walk-in clinic in Fort Lupton, Walk-Right-In.

Access to mental health and substance abuse support is also a rapidly growing need across the State of Colorado and our country. PVMC is exploring new ways to help our community get the resources they need to improve their mental health and recover from substance abuse.

Finally, in order to improve access to emergency care, PVMC is a Level III Trauma Center, Primary Stroke Center, and Chest Pain Center. We will continue educating the public about early heart attack care and stroke warning signs, hosting monthly support groups for both stroke survivors and their caregivers, as well as keeping our Emergency Medical Service professionals up to date on the latest in stroke and heart attack medicine.

We are pleased to present this Community Health Improvement Plan to you.

With gratitude and blessings,



John Hicks
Chief Executive Officer

About Us

PVMC became the first private general medical-surgical hospital in Adams and Southern Weld Counties in 1960. For 47 years, PVMC was located on



seven acres at 18th and Bridge Street in Brighton. In 2007, PVMC moved to a 50-acre campus at I-76 and 144th Avenue. Today, PVMC includes a 98-bed community hospital with outpatient

medical office plazas on its Brighton campus, in Fort Lupton, and in the Reunion area of Commerce City. PVMC has been designated one of the world’s most patient-centered hospitals by Planetree, Inc. PVMC’s 10 Pillars of Healing are incorporated into every patient experience. They include integrative therapies, human interactions, support networks, healing design, education and information, healthy and delicious meals, healing art therapy, spirituality, healing touch, and healthy communities to help patients recover.

PVMC is a member of the Sisters of Charity of Leavenworth (SCL) Health System, headquartered in Broomfield, Colorado. SCL Health is a faith-based, nonprofit healthcare organization dedicated to improving the health of the people and communities served, especially the poor and vulnerable. The \$2.5 billion health network aspires to provide comprehensive, coordinated care through 11 hospitals, 210 physician clinics, home health care, hospice, mental health care and safety-net services in three states – Colorado, Kansas and Montana. SCL Health provides more than \$222 million a year in community benefit.

PVMC offers high-level services found in many larger metropolitan hospitals, including a Primary Stroke Center, a Level III Trauma Center, an Accredited Chest Pain Center and advanced cardiovascular program, a Level II Special Care Nursery, and innovative surgical, orthopedic and women’s services.

Our Mission

Our mission is to foster optimal health for all.

Our Vision

- We will be distinguished as the trusted person-centered partner to those who engage with us in their physical, mental and spiritual health decisions.



- We will share accountability with our clinicians, associates and affiliated stakeholders to deliver exceptional care that is well-coordinated, accessible, affordable, safe and results in optimal outcomes for individuals and populations.
- We will grow as community-based health networks in partnership with others who share our vision and values and align with us to be an essential provider to those we serve.

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.

Our Pillars of Healing

Human Interactions

We believe that every interaction is an opportunity for a positive experience.

We are all caregivers and have the ability to positively influence the patient and

family experience. Our focus is on human beings caring for other human beings.



Family, Friends and Social Support

Social support is vital to good health. We encourage the involvement of family and friends whenever possible and as desired by our patients.

Architectural Healing Design

Physical environment is vital to healing. Our home-like atmosphere promotes healing, wellness, and encourages patient and family involvement.

Education and Information

People can make better decisions when they are educated and informed. We view illness as an educational and potentially transformational opportunity. We encourage patients to review their medical records. We provide a variety of educational resources, information, and skills to encourage active participation in their care.

Nutrition

Nutrition is important to health and healing. It is essential, not only for good health, but as a source of pleasure, comfort, and familiarity.

Healing Arts

We incorporate healing arts into our patient-care experience. Music, custom artwork, and interactive art projects, add to the facility ambiance, create a healing environment, and expand our health care boundaries.

Spirituality

We recognize the vital role of spirituality in healing the whole person. Supporting patients, families, and staff in connecting with their own inner resources enhances the healing environment. Our healing garden, labyrinth, and meditation room provide opportunities for reflection and prayer and our chaplain is a vital member of our health care team.

Healing Touch

Touch is an essential way to communicate caring, support, and comfort others. Massage is available for patients, families, and staff as a way to manage stress.

Integrative Therapies

We expand our patient's choices with complementary therapies. Aromatherapy, massage, and the C.A.R.E. Channel offer calming effects, and pet therapy can elevate mood, lower blood pressure, and enhance social interaction.

Healthy Communities

Improving the health of our community is central to our mission. We work with schools, senior centers, churches, and other community partners to enhance the health and wellness of our overall community.

Community Health Needs Assessment

For the CHNA, secondary data are existing sources of data that were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, birth indicators, leading causes of death, access to health care, chronic and communicable diseases, and health behaviors. The CHNA provided benchmark comparison data that measures PVMC community data findings with Healthy People 2020 objectives. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Focus groups were used to gather information and opinions from persons who represent the broad interests of the community served by PVMC. Three focus groups engaging 15 community members were completed during October, 2016. For the focus groups, community stakeholders identified by PVMC were contacted and asked to participate in the needs assessment. An electronic survey engaged 64 community stakeholders to provide input on significant health needs. The focus groups and survey engaged individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease

populations that have “current data or other information relevant to the health needs of the community served by the hospital facility.”

Community Snapshot

Demographics: The population of the PVMC service area is 153,835. Children and youth, ages 0-17, make up 30.4% of the population in the service area; 61.4% are adults, ages 18-64; and 8.2% of the population are seniors, ages 65 and over. In the PVMC service area, 56.1% of the population is White; 37.4% of the population is



Hispanic/Latino; 2.2% are Asian; 1.9% is African American; and 2.3% are American Indian/Alaskan Native or other race/ethnicity. English is spoken in the home among 72.8% of the service area population. Spanish is spoken at home among 23.9% of the population; 1.2% of the population speaks an Indo-European language; and 1.8% of the population speak an Asian language at home.

Poverty: Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2014, the federal poverty level (FPL) for one person was \$11,670 and for a family of four \$23,850. Among the residents in the Platte Valley Medical Center service area, 10.8% are at or below 100% of the federal poverty level (FPL) and 29.6% are at 200% of FPL or below. These rates of poverty are lower than found in the state where 13.1% of residents are at poverty level and 30.2% are at 200% of FPL or below.

High School Education: Among adults, ages 25 and older, in the PVMC service area, 17.5% have no high school diploma, compared to 9.6% of the population in the state with no high school diploma. High school graduation rates are determined by the percent of ninth grade students in public schools who graduate in four years. The graduation rate in Adams County was 70%, and in Weld County the graduation rate was 81%. The Healthy People 2020 objective is for communities to achieve an 82.4% graduation rate.

Health Insurance Coverage: Health insurance coverage is considered a key component to accessing health care. Among the adult population in Adams County, 74.3% have health insurance, a lower rate than the state (81.6%). In Weld County, 81.2% of the population has health insurance. 17% of adults in Adams and 16% of adults in Weld Counties had an unmet medical need because they were not able to afford care. These rates are higher than found in the state (14%).

Significant Health Needs

The health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The health needs were based on the size of the problem (relative portion of population afflicted by the problem) and/or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically Colorado state rates, County data or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem.

The identified health needs include:

- Access to health care services
- Diabetes
- Chronic Lower Respiratory Disease
- Heart disease and stroke
- Mental health
- Nutrition, physical activity and weight
- Substance abuse



Prioritization Process

Priority setting is a required step in the community benefit planning process. An Online Key Informant Prioritization Survey (OKIS) was implemented to rank the health needs identified in the CHNA for Adams and Weld counties, Colorado. This method allowed PVMC to share key findings from the assessment and solicit stakeholder input regarding prioritization of the top identified health issues. This OKIS was conducted on behalf of PVMC by Professional Research Consultants, Inc. (PRC) during August and September, 2016. The process engaged the community to identify populations disproportionately impacted by the health issues, actions needed to address the health needs, and potential resources available to address these needs.

In October 2016, PVMC conducted three focus groups to get feedback from community members regarding the perceived health needs and their identification of resources available to address those needs. Fifteen persons participated in the focus groups and were tasked with prioritizing the top identified health needs.

Rank	Online Key Informant Survey Prioritization	Community Focus Group Prioritization
1	Mental Health	Mental Health
2	Substance Abuse	Substance Abuse
3	Nutrition, physical activity, weight	Heart Disease and Stroke
4	Heart Disease and Stroke	Access to Health Care Services
5	Diabetes	Diabetes
6	Chronic Lower Respiratory Disease	Nutrition, physical activity, weight
7	Access to Health Care Services	Chronic Lower Respiratory Disease

On December 6, 2016, PVMC convened a group which was tasked with choosing priority needs which the group saw as the top priorities. The group consisted of:

Community Partners:

Sandra Douglass, EdD, Good Samaritan Vice President, Mission and Community Relations

Gaye Woods, MBA, System Director of Community Benefit

Patty Boyd, RD, MPH, Strategic Partnerships Manager, Tri-County Health Department

Platte Valley Medical Center:

John Hicks, Chief Executive Officer and President

Harold Dupper, Vice President of Finance

Kurt Gensert, RN, FACHE, Vice President of Operations

Kirk Quackenbush, MD Chief Medical Officer

Peggy Jarrett, RN, BSN, MPH, Director of Community Outreach

Christine Salvi, Director of Patient Experience

Charmaine Weis, Director of Marketing & Communications

When deciding which issues that PVMC prioritize as the top issues, they took into account the following information:

- Data from the completed 2016 CHNA, including the scope and severity of the problem as rated by the survey and focus group respondents
- Feedback from community stakeholders contained in the 2016 CHNA
- Organizations currently dedicated to addressing the priority issues
- Current hospital focus
- System (SCL Health) areas of focus
- Expertise of PVMC associates and staff physicians
- Organization capacity and existing infrastructure to address the health need

As a result of the priority setting process, PVMC chose to work on the three following issues:

- Substance Abuse/ Mental Health
- Cardiovascular Health/Stroke
- Access to Care

Following the identification of the top priorities, leaders within PVMC were identified who had expertise related to the selected priorities and who would be best suited to develop action plans. The action plans on pages 16-21 were developed in coordination with those experts.

Community Health Improvement Plan

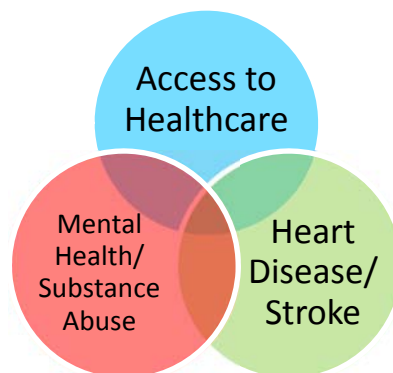
There are five Community Health Improvement core strategies that support program development:

- A. Leverage community benefit investments toward the greatest area of impact to achieve our mission and align with the CHNA and vulnerable populations.
- B. Utilize intervention strategies that are evidence-based and work to answer the question of sustainability during program development.
- 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.



Community Health Improvement Plan

As a result of the CHNA and prioritization process, Platte Valley Medical Center will address the following health needs as part of its Implementation Strategy or CHIP:



- **Access to Healthcare**

Insured Adults: Among the adult population in Adams County, 74.3% have health insurance, a lower rate than the state (81.6%). In Weld County, 81.2% of the population has health insurance. This is lower than the Healthy People 2020 objective of 100% health insurance coverage.

Persons with unmet medical need: 17% of adults in Adams and 16% of adults in Weld Counties had an unmet medical need because they were not able to afford care. These rates are higher than found in the state (14%).

- **Mental Health/Substance Abuse**

Poor Mental Health: The percentage of the adult population reporting more than 14 days of poor mental health per month was 10% in Adams County, 9% in Weld County and 9% for the state.

Suicide Death Rate: The Age-adjusted rate of death by suicide in Adams County is 19.1, Weld County is 20 and Colorado is 19.5 per 100,000 persons. These rates exceed the Healthy People objective of 10.2 deaths per 100,000 persons from suicide.

Binge Drinking: Binge drinking is defined as consuming five or more drinks on one occasion for men and four or more for women. 18.4% of adults in Adams County, 16.8% in Weld County and 18.1% in the state engaged in binge drinking in the past month.

Drug Induced Deaths: The age-adjusted rate of drug-induced deaths in Adams County (18.4), Weld County (13.9) and Colorado (14.2) exceed the Healthy People 2020 objective of 11.3 deaths per 100,000 persons.

- **Heart Disease and Stroke**

Heart disease death rate: Adams County has an age-adjusted rate of death due to heart disease of 131.7 per 100,000 persons. In Weld County the heart disease age-adjusted death rate is 131.2. The heart disease age-adjusted death rate for the state is 126.9.

These rates exceed the Healthy People 2020 objective of 103.4 deaths per 100,000 persons.

Stroke Death Rate: The rate of death by stroke per 100,000 persons in Adams County (36.6) and Weld County (34.6) exceeds the state rate (34.5) and the Healthy People 2020 objective (34.8).

People with High Blood Pressure: 22.4% of adults in Adams County and 28.1% in Weld County have been diagnosed with high blood pressure. Weld County exceeds the state rate of 25.9%.




Smoking: Smoking is a known cause of cardiovascular disease. The percentage of adults, 18 and over, in Adams County who smoke cigarettes is 20.3%, and in Weld County it is 16.9%. These rates are higher than the state (16.8%), and all exceed the Healthy People 2020 objective of 12%.

1. Priority: Improved Access to Care

Vision: The community will have access to reliable, timely, cost effective and quality healthcare that optimizes their overall well-being.

Goal 1.1: Increase access to knowledge and resources for insurance or financial assistance to improve access to healthcare in the community.

Goal 1.2: Increase access to timely, quality, healthcare for the community.

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>
Proportion of adults (18-64) who are uninsured <ul style="list-style-type: none"> Adams County: 25.7% Weld County: 18.8% Colorado: 18.4%  Healthy People 2020 Goal: 0%	1. Continue to provide financial assistance to PVMC patients who do not qualify for the State Safety-net Healthcare Programs, Colorado Indigent Care Program (CICP) or Medicaid and who do not have the resources to pay for their care.	Salud Family Health Centers	
Proportion of children (1-17) who are uninsured <ul style="list-style-type: none"> Adams County: 11.5% Weld County: 9.2% Colorado: 8.4%  Healthy People 2020 Goal: 0%	2. Screen patients for Medicaid qualification and assist with application.		
Adults with unmet Medical Need due to cost <ul style="list-style-type: none"> Adams County: 17% Weld County: 16% Colorado: 14%  Healthy People 2020 Goal: 0%	3. Provide Certified Application Counselors to assist individuals and families in the enrollment process for the Health Exchange in the hospital and in the community at scheduled events.	Enroll America	
Population to Primary Care Physician Ratio <ul style="list-style-type: none"> Adams County: 2158:1 Weld County: 2093:1 Colorado: 1262:1 	4. Continue to expand access to primary care physicians through recruitment and infrastructure improvement.	Platte Valley Medical Plazas in Reunion, Ft. Lupton and Brighton	
Chief Access Concerns: <ul style="list-style-type: none"> - Cost - Education on available services - Limited # of Primary Care Physicians - Transportation 	5. Continue to provide printed materials and education to promote the use of “Doctor on Demand”, which provides video access to a physician for urgent but not emergency medical conditions.	Doctor on Demand	

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>6. Participate in community based activities that increase awareness of access of healthcare services and/or provides free or low-cost screenings or services (e.g. 9Health Fair, Girl’s Night Out and Educational seminars).</p>	<p>9Health Fair Community Reach Center Pennock Center for Counseling Columbine Hearing Front Range Community College Spectrum Imaging Local Physicians</p>	
	<p>7. Maintain participation in Medicaid and CACP programs to facilitate and provide access for subscribers. PVMC’s participation serves so many people that we meet the threshold for Medicaid Disproportionate Share Hospital (DSH) standing.</p>		


2. Priority: Mental Health/Substance Abuse in the Community


Vision: Decrease the burden and stigma surrounding mental health and substance abuse in order to optimize overall health of the individual and decrease safety concerns.

Goal 2.1: Improve the skills and tools of PVMC staff to manage mental health and substance abuse issues in order to impact the community’s safety, and well-being.

Goal 2.2: Improve the access to affordable, timely and quality behavioral health services by collaborating with community partners.

Goal 2.3: Increase provider and associate understanding of behavioral health issues as a significant co-morbidity with the potential to substantively impact patients’ overall health.

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>
Change in Heroin, Opiates and Narcotics hospitalization rates per 100,000 <ul style="list-style-type: none"> Adams County: 1.6 to 6.7 Weld County: 1.4 to 13.4 Colorado: 5.5 to 7.7 	1. Evaluate and implement a program, in concert with qualified partners that enhances PVMC’s ability to assess, treat and appropriately refer acute behavioral health patients presenting in the Emergency Department and on Inpatient Units.	Denver Health Medical Center Community Reach Center	
Age Adjusted death rate for Suicides per 100,000 <ul style="list-style-type: none"> Adams: 19.1 Weld County: 20 Colorado: 19.5  Healthy People 2020 Goal: 10.2	2. Provide a free evidence-based training program to community and PVMC associates (Mental Health First Aid). This program supports individual skill development in the recognition of depression, stress, anxiety and potential thought disorders and identifies lower level interventions for those individuals presenting with the above listed conditions.	Community Reach Center	
Ratio of Population to Mental Health Providers <ul style="list-style-type: none"> Adams County: 422:1 Weld County: 616:1 Colorado: 392:1 	3. Explore the possibility of using current Social Work staff in assessing for sub-pathological behavioral health needs, and when appropriate, intervening in real time with established best practice modalities and making outpatient behavioral health referrals.	Colorado State University Tri-County Health Department	
Percentage of people reporting binge drinking <ul style="list-style-type: none"> Adams County: 18.4% Weld County: 16.8% Colorado: 18.1% 			

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>Percentage of adults with >14 days of poor mental health per month</p> <ul style="list-style-type: none"> Adams County: 10% Weld County: 9% Colorado: 9% <p>Age-adjusted rate of drug induced deaths per 100,000</p> <ul style="list-style-type: none"> Adams County: 18.4 Weld County: 13.9 Colorado: 14.2  <p>Healthy People 2020 Goal: 11.3</p> <p>Chief concerns:</p> <ul style="list-style-type: none"> -Stigma -Cost -Access- limited number of treatment facilities and providers. <p>Priority aligns with</p> <ul style="list-style-type: none"> Education Economic Stability Social and Community Context Health and Health Care Neighborhood and Built Environment 	<p>4. Provide educational opportunities to the community to learn about issues around mental health and substance abuse.</p> <p>5. Communicate available mental health crisis resources via the PVMC/SCL website. 1/844-493-8255.</p>	<p>Community Reach Center Pennock Center for Counseling</p> <p>Colorado Crisis Services Community Reach Center 84th Avenue Neighborhood Health Center</p>	



3. Priority: Heart Disease/Stroke (Cardiovascular)

Vision: Reduce disease burden and improve the quality of life associated with cardiovascular issues in our community by providing education and comprehensive clinical care.

Goal 3.1: Provide educational and emotional support to cardiovascular event survivors, their families/friends and the community to improve outcomes, decrease likelihood of additional cardiovascular events and increase knowledge around cardiovascular health.

Goal 3.2: Provide access to screenings to the community with the goal to prevent cardiovascular events.

Goal 3.3: Provide access to quality, timely, comprehensive and evidence-based care that allows community members to receive the latest in state of the art treatment and intervention for cardiovascular related illnesses.

Current State	Actions/Tactics	Partners	Last 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>Healthy People</i>
Heart Disease ranks as the second highest age-adjusted cause of death per 100,000 for the state of Colorado, Weld County and Adams County <ul style="list-style-type: none"> Adams County- 131.7 Weld County- 131.2 Colorado- 126.9  Healthy People 2020 Goal- 103.4	1. Provide monthly support Groups for 15 stroke survivors or caregivers.	Brain Injury Alliance of Colorado Rocky Mountain Stroke Center Lowry Neurology	
Stroke ranks as the 5 th or 6 th age-adjusted cause of death for the state of Colorado, Weld County and Adams County <ul style="list-style-type: none"> Adams County (5th) 34.0 Weld County (6th) 31.2 Colorado (5th) 32.5  Healthy People 2020 Goal- 34.8	2. Implement a peer visiting program in 2018 for new stroke patients and their families and provide 12-24 visits per year.	Brain Injury Alliance of Colorado Rocky Mountain Stroke Center Lowry Neurology Brighton Internal Medicine Sound Physicians	
	3. Provide at least 4 scheduled events where the public is informed about Early Heart Attack Care (EHAC) <ul style="list-style-type: none"> Seminars “Girl’s Night Out” 9Health Fair 	9Health Fair Local Businesses Brighton School District 27J Brighton Fire District	

	<ul style="list-style-type: none"> Class or seminar targeted towards high school students 		
Current State	Actions/Tactics	Partners	Last 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>Healthy People</i>
<p>Percentage of adults who have been diagnosed with High Blood Pressure</p> <ul style="list-style-type: none"> Adams County- 22.4% Weld County- 28.1 Colorado- 25.9% <p>Percentage of adults (18 and older) who smoke cigarettes</p> <ul style="list-style-type: none"> Adams County- 20.3% Weld County- 16.9% Colorado- 16.8% <p>Chief Cardiovascular concerns:</p> <ul style="list-style-type: none"> Obesity Aging populations High Blood Pressure High Cholesterol Diabetes Sedentary Lifestyles Smoking <p>Priority aligns with</p> <p>Education</p> <p>Economic Stability</p> <p>Social and Community Context</p> <p>Health and Health Care</p> <p>Neighborhood and Built Environment</p>	<p>4. Provide Annual educational events related to Stroke and Heart disease to local EMS professionals.</p> <ol style="list-style-type: none"> Stroke Care Heart Attack Care Clinical Practice Guidelines <p>5. Implement an ultra-low risk chest pain pathway to prevent unnecessary hospital admissions and reduce associated costs to the community in 2017.</p> <p>6. Maintain accreditation in 2017 through the American College of Cardiologists for PVMC as a Chest Pain Center.</p> <p>7. Maintain certification in 2017 through the Joint Commission for PVMC as a Primary Stroke Center.</p> <p>8. Develop and Implement a 24/7 cardiovascular STEMI access intervention program.</p> <p>9. Continue to develop the limb preservation center and become a Limb Preservation Center of Excellence.</p>	<p>Brighton Fire District</p> <p>Ft. Lupton Fire Department</p> <p>SE Weld County Fire and Ambulance</p> <p>Genentech</p> <p>Medtronic</p> <p>High Plains Heart and Vascular</p> <p>Lowry Neurovascular</p> <p>Brighton Community Emergency Physicians</p> <p>APEX Surgical Partners</p> <p>Platte Valley Ambulance</p> <p>Insurance companies</p> <p>Government payers</p> <p>American College of Cardiology</p> <p>American Heart Association</p> <p>Joint Commission</p> <p>American Stroke Association</p> <p>High Plains Heart and Vascular Center</p> <p>Advanced Wound Care Center</p> <p>Mountain View Orthopedics</p> <p>High Plains Heart and Vascular Center</p>	

Health Needs Not Addressed in These Action Plans

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

Knowing that there are not sufficient resources to address all the community health needs, PVMC will not address: diabetes, Chronic Lower Respiratory Disease, and nutrition, physical activity and weight.

Community Organizations addressing these issues can be found in Appendix A.

Continuing the Work

The CHIP is a living document that provides community health improvement direction for Platte Valley Medical Center (PVMC), its partners, community organizations and residents of Weld and Adams Counties. As such, the PVMC 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.

Please join our efforts by providing your comments on the CHNA and CHIP/Implementation Strategy at <https://www.pvmc.org/about-us/community-benefits/>

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Melissa Biel, DPA, RN, Biel Consulting, Inc.

Community Partners:

Sandra Douglass, Ed.D., Good Samaritan Vice President, Mission and Community Relations
Deacon Jennifer Lavie, MTS, MBA, BCC, Regional Director of Spiritual Care and Community
Health Improvement, SCL Health

Gaye Woods, MBA, System Director of Community Benefit, SCL Health

Patty Boyd, RD, MPH, Strategic Partnerships Manager, Tri-County Health Department

Corrie Groesbeck, MPH, Tobacco Control Program Specialist, Weld County Department of
Public Health and Environment

Cindy Kronauge, MPH, PhD, Health Data Specialist, Weld County Department of Public
Health & Environment

Platte Valley Medical Center:

John Hicks, Chief Executive Officer and President

Harold Dupper, Vice President of Finance

Kurt Gensert, RN, FACHE, Vice President of Operations

Kirk Quackenbush, MD Chief Medical Officer

Jenny Buchloh, Executive Director, Platte Valley Medical Group

Wendy Colón, CHEP, MBA, BSN, RN, Director Emergency Department

Laurie Johnson, Director of Patient Finance Services

Evan Landvik, LCSW, CCM, Director of Care Coordination and Behavioral Health

Christine Salvi, Director of Patient Experience

Michele Siem, RN, MSN, MEd, CCRN, Director ICU, Cardiopulmonary, and Cath Lab

Charmaine Weis, Director of Marketing & Communications

Billy Nolan, MSN/Ed, RN, Stroke and Chest Pain Coordinator

Evelyn Wiant, Communications Coordinator, Marketing & Communications

Tom Gilboy, Marketing Specialist

Margaret Schneweis, Secretary II, Community Outreach

Amanda Tarr, MS, CCC-SLP, Operations Lead Therapist, Physical Medicine

Appendix A

Ranking	CHNA Identified Need	Community Organizations with programs addressing the need
4	Nutrition, physical activity and weight	9Health Fair Brighton Shares the Harvest City of Brighton Recreation Center Cooking Matters Farmer's Markets Fort Lupton Recreation Center Colorado Department of Public Health and Environment Tri-County Health Department Weld County Health Department Healthykids.gov KinetaFit Salud Family Health Center Brighton School District 27J Weld RE8 School District Chapel Hill Food Pantry St. Augustine Food Pantry Seventh Day Adventist Food Bank Weld Food Bank WIC Programs Weight Watchers Shopneck and Ft. Lupton Boys and Girls Club Meals on Wheels Brighton Charter Schools
5	Diabetes	Diabetes Prevention Program American Diabetes Association Eagle View Adult Center Local Physician offices Advanced Wound Center and Hyperbarics PVMC Diabetic Counseling Barbara Davis Center Local School systems 9Health Fair Weight Watchers
6	Chronic Lower Respiratory Disease	American Lung Association 9Health Fair Partnership with National Jewish Hospital COPD Foundation Step Up for Asthma Colorado Quitline County Tobacco Control Programs