MAMMOTH HOSPITAL

Elevate Your Health

2016

COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

Paper copies of this document may be obtained:
In person: Mammoth Hospital, 85 Sierra Park Road, Mammoth Lakes, CA 93546
By mail: Mammoth Hospital, Box 660, Mammoth Lakes, CA 93546
By phone: (760) 934-3311
This document is also available electronically via the hospital website: www.mammothhospital.org

MISSION, VISION, AND VALUES

Mammoth Hospital is committed to ensuring access to all citizens regardless of race, ethnicity or socioeconomic status and improving the health of the community. That commitment is demonstrated in the mission and vision statements;

MISSION

To promote the well-being and improve the health our residents and guests

VISION

Meticulous Care – Memorable People – Majestic Location

Core values, which support the organizational mission and vision, include;

Excellence – We will provide an experience that surpasses all expectations.

Leadership – believe that effective leadership begins with a commitment to serve others.

Empathy – We will look through the lens of others without judgement.

Value – We will provide worth that pleases and surprises.

Accountability – We will honor and fulfill our agreements and promises.

Trust – We will cherish and respect the privilege and responsibility of our calling to serve others.

Encouragement – We will inspire courage and confidence to overcome adversity and enable healing.

IMPLEMENTATION STRATEGY PROCESS

Mammoth Hospital contracted with HealthTechS3 to assist in conducting the 2016 Community Health Needs Assessment and develop implementation strategies. HealthTechS3 is a healthcare consulting and hospital management company based in Brentwood, Tennessee and a sub-contractor for the California Critical Access Hospital Network.

Cheri Benander, MSN, RN, NHA, CHC, NHCE-C was the principal consultant that assisted Mammoth Hospital representatives develop and document an implementation strategy.

Using the four priorities identified in the CHNA, a two-day planning session was held to develop goals and identify implementation strategies. To begin the process, four teams were selected, one for each priority. The teams participated in initial planning meetings that included a root-cause analysis of each priority.

Using the knowledge gained from the root cause analysis, each team developed a plan that includes goals and interventions that they feel will have an impact on the underlying cause of the health concern. The governing board subsequently approved the plan on October 28, 2016. The initial planning teams will serve as steering committees to oversee the development and implementation of the plan.

PRIORITIZED LIST OF SIGNIFICANT HEALTH NEEDS

In preparing the CHNA, individuals who represented the interests of the community and/or had specific expertise regarding the health needs of vulnerable and underserved populations were asked to join the CHNA Steering Committee to identify priority community health needs.

PRIORITIZATION CRITERIA
Magnitude / scale of the problem The health need affects a large number of people within the community.
Severity of the problem The health need has serious consequences; i.e. morbidity, mortality, and/or economic burden for those affected.
Health disparities The health need disproportionately impacts the health status of one or more vulnerable population groups.
Community assets The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.
Ability to leverage Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, etc.

SIGNIFICANT HEALTH NEEDS TO BE ADDRESSED

The prioritization group determined that all four identified needs would be addressed. To do that, four teams were selected, one team for each identified need. The teams were tasked with developing goals, identifying strategies, and overseeing the subsequent implementation of those strategies. Below is a list of each need, followed by the goal, anticipated impact, strategies, and suggested resources for each prioritized need.

ACCESS TO CARE	
GOAL:	Remove barriers to enable the use of healthcare services
Anticipated Impact:	There will be increased access to healthcare services
Strategy 1:	Mammoth Hospital will work with community service organizations to develop a collaborative framework designed to improve access to services through education
Resources Needed:	Mono County Public Health Mammoth Unified School District Mono County Mental Health (MCMH) First 5 Mono County
Strategy 2:	Mammoth Hospital will provide community education regarding the availability of financial assistance.
Resources Needed:	Mono County Public Health Care Coordinator/Navigator
Strategy 3:	Develop a media campaign describing the health care services available within the service area.
Resources Needed:	Methods of communication; radio, newspaper, website, social media Development of brochures
Strategy 4:	Evaluate the effectiveness of the above strategies and their effect on access to care
Resources Needed:	Data Collection Data Analysis

BEHAVIORAL HEALTH	
GOAL:	Increase the awareness of behavioral health resources through education
ANTICIPATED IMPACT:	There will be an increased number of community members accessing Behavioral Health services
STRATEGY 1:	Collaborate with Mono County Behavioral Health to provide community education
RESOURCES NEEDED:	Identify current community resources Identification of education methods Consider educational sites Library, Wellness Center, Senior Centers Raise awareness through educational offerings in Mammoth Lakes and outlying areas through website and social media
STRATEGY 2:	Develop an educational handout for patients and families to be given to patients in the Emergency Department, Clinics, and in the Medical-Surgical Unit
RESOURCES NEEDED:	Budget to develop brochures for distribution in outpatient clinics and other treatment sites Content development

GOAL:	Develop additional behavioral health resources to serve the community
ANTICIPATED IMPACT:	There will be an increase in the number of individuals accessing Behavioral Health services.
STRATEGY 1:	Integration of Behavioral Health and Primary Care using the University of Washington Collaborative Care Model (Public Hospital Redesign and Incentives in Medi-Cal (PRIME) project)
RESOURCES NEEDED:	Provider collaboration Funding - Available through PRIME Provider/Clinical Staff Education Standardized Assessment Tools Depression Screening, Anxiety/Stress Screening, Substance Abuse Screening, and Tobacco Screening
STRATEGY 2:	Investigate the possibility of recruiting additional Behavioral Health professionals to the community
RESOURCES NEEDED:	Pro Forma Identification of Behavioral Health providers and develop a recruitment plan

SIGNIFICANT HEALTH NEEDS NOT ADDRESSED

Several areas of opportunity were identified in the development of the CHNA. The following chart summarizes those opportunities:

	Secondary Data	Community Survey	Professional Survey	Key Stakeholders
Access to Care				
Access to primary care	X			X
Access to dentists	X		X	X
Unsure how to access services			X	X
Lack of insurance coverage	X			X
Access to internists / specialists			X	
Financial constraints			X	X
Preventative Care				
Pregnancy Care		X		
Education				X
Chronic Disease and Disability				
Cancer - Prostate	X	X		X
Diabetes	X	X		X
Heart Disease		X		X
Behavioral Health				
Access to Mental Health Providers	X		X	
Behavioral Health	X	X	X	X
Nutrition and Exercise				
Adult Obesity	X	X		X
Childhood Obesity	X	X		X
Physical Inactivity		X		X
Low Income – Low Food Access	X			
Racial Disparity Food Index	X			
Drug and Alcohol				
Illegal Drug Use		X	X	X
Excessive Drinking	X	X	X	X
Tobacco Use	X			

APPENDIX: CHNA REPORT

The Southern Mono Healthcare District Community Health Needs Assessment Implementation Plan was adopted by the Southern Mono Healthcare District Board of Directors on November 3, 2016.

11-3-16

Gary Myers, CEO Date

11/03/2016

Stephen Swisher, M.D., Board Treasurer Date