



Notice is hereby given that there will be a Special meeting of the Southern Mono Healthcare District Board of Directors on November 3, 2016, at 8:00 a.m.

NOTICE AND REVISED AGENDA OF SPECIAL MEETING OF THE BOARD OF DIRECTORS OF SOUTHERN MONO HEALTHCARE DISTRICT

In compliance with the Americans with Disabilities Act (ADA), if you need special assistance to participate in or to attend this meeting, please contact the District Board Administrative Assistant at Mammoth Hospital by telephoning (760) 934.3311. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to assist with accessibility to this meeting.

Date: November 3, 2016

Time: 8:00 a.m.

Place: Mammoth Hospital Administration Conference Room “A & B”
85 Sierra Park Road
Mammoth Lakes, CA 93546

- I. CALL TO ORDER**
- II. PLEDGE ALLEGIANCE TO THE FLAG AND READING OF THE SMHD VISION, MISSION AND VALUES**
- III. PUBLIC COMMENTS**
- IV. NEW BUSINESS**
 1. Review and Approval of the Community Health Needs Assessment Implementation Plan.
- V. ADJOURN TO CLOSED SESSION**

PERSONNEL MATTERS (Government Code §54957)

 1. CEO Evaluation
- VI. REPORT ON CLOSED SESSION**

ADJOURN



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

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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.

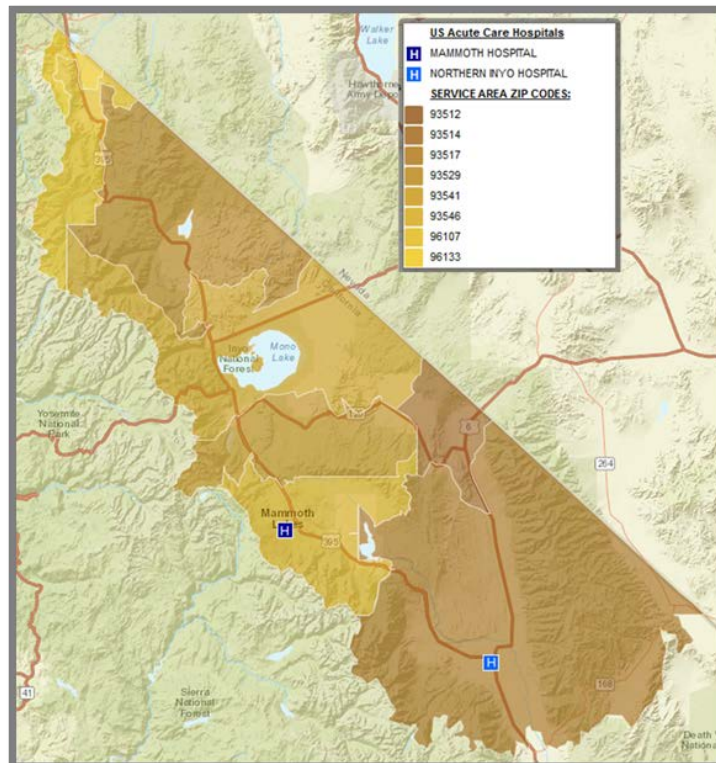
Encouragement – We will inspire courage and confidence to overcome adversity and enable healing.

COMMUNITY SERVED

From October 2014 through September 2015, 57.5% of inpatients and 62.4% of outpatients were from ZIP codes within Mono County and one community, located in Inyo County, Bishop. The area includes populations of medically underserved, low-income and minorities.

This area was the geographical focus area for the CHNA and will be the targeted areas for the implementation of strategies to improve the health of the community.

- 93512 (Benton)
- 93514 (Bishop)
- 93517 (Bridgeport)
- 93529 (June Lake)
- 93541 (Mono City / Lee Vining)
- 93546 (Crowley Lake / Mammoth Lakes / Toms Place)
- 96107 (Coleville / Walker)
- 96133 (Topaz)



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.

Below is a list of each team and those members who participated in the initial planning meetings;

Access to Care Implementation Team

Kathleen Alo, CNO, Mammoth Hospital
Mike Rudolf, Quality Director, Mammoth Hospital
Melanie Van Winkle, CFO, Mammoth Hospital
Fred Stump, Mono County Board of Supervisors
Lois Klein, Mammoth Unified School District
Lynda Salcido, Mono County Health Department

Substance Abuse Implementation Team

Kathleen Alo, CNO, Mammoth Hospital
Mike Rudolf, Quality Director, Mammoth Hospital
Craig Burrows, MD Chief Medical Officer, Mammoth Hospital
Karilyn Myers, Orthopedic Rehabilitation Manager, Mammoth Hospital
Nancie Hamilton, Obstetrics, Chemotherapy and Respiratory Manager, Mammoth Hospital
Jaymee Davis, Surgery Manager, Mammoth Hospital
Lori Baitx, Emergency Manager, Mammoth Hospital
Daniel Ranson, Behavioral Health, Mammoth Hospital

Behavior Health Implementation Team

Kathleen Alo, CNO, Mammoth Hospital
Mike Rudolf, Quality Director, Mammoth Hospital
Gary Myers, CEO, Mammoth Hospital
Annie Linaweaver, Mono County Behavioral Health
Robin Roberts, Mono County Behavioral Health

Chronic Disease Implementation Team

Kathleen Alo, CNO, Mammoth Hospital
Mike Rudolf, Quality Director, Mammoth Hospital
Brian Hilliard, Medical-Surgical Manager, Mammoth Hospital
Theresa Dessert, Staff Development and Quality, Mammoth Hospital
Teresa Toups, Clinic Manager, Mammoth Hospital
Casey Piercey, Dietitian, Mammoth Hospital
Melanie Van Winkle, CFO, Mammoth Hospital
Craig Burrows, MD Chief Medical Officer, Mammoth Hospital

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.

Participants were provided the primary and secondary data summary along with a table listing the health concerns that were identified. Using that information, along with the prioritization criteria listed above, participants were asked to individually rank the health needs by placing the health need that they felt was of the highest concern on a yellow piece of paper, the second highest on pink paper and the third highest on blue paper. These were arranged in a graph format to identify the priorities and illustrate their ranking.



Using this process, the following four significant health needs were identified as priorities.

1. Access to Care
2. Substance Abuse
3. Behavioral Health
4. Chronic Disease

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

SUBSTANCE ABUSE	
GOAL:	Provide education and raise awareness of the prevention and treatment of substance abuse
ANTICIPATED IMPACT:	There will be an increased awareness of regional services available for referral of substance abuse treatment.
STRATEGY 1:	Provide education to the providers and clinical staff on resources available
RESOURCES NEEDED:	Educators Facilitators
STRATEGY 2:	Provide community education through collaboration
RESOURCES NEEDED:	Athletic Trainers Coaches School Nurses Media Outlets: "Vital Signs" Newsletter, Facebook Mammoth Mountain Human Resources Law Enforcement - "Current Trends" In-service

GOAL:	Develop a pain management program to serve the community's chronic pain population
ANTICIPATED IMPACT:	The number of community members enrolled in a chronic pain treatment program will increase
STRATEGY 1:	Develop a Chronic Non-malignant Pain Management Program based on the ICSI Health Care Guideline: Assessment and Management of Chronic Pain (Project Designated under the Public Hospital Redesign and Incentives in Medi-Cal (Prime) program)
RESOURCES NEEDED:	Financial Budget - Available from PRIME funding Standard Assessment Tools (Functional Assessment Questionnaire, Depression Screening, and Substance Abuse) Develop Pain Care Agreements Develop a safe prescribing policy Consistent ICD - 10 diagnosis coding Multi-modal care plans Provider Resources - Care Coordinator, activity specialist, dietician, psychotherapist, interdisciplinary case review, substance abuse referrals, and pain specialist referrals
STRATEGY 2:	Plan for expansion of the Care Coordination Program
RESOURCES NEEDED:	Recruit and Retain Staffing for program Program Education to the community

COMMUNITY HEALTH NEEDS ASSESSMENT

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

CHRONIC DISEASE	
GOAL:	Improve community awareness of the long-term detrimental effects of obesity on health.
ANTICIPATED IMPACT:	There will be an increase in the number of patients seeking treatment for obesity management
STRATEGY 1:	Develop patient education programs.
RESOURCES NEEDED:	<ul style="list-style-type: none"> Identify audiences Identify Content Educators - providers, dietitians, clinical staff Culturally appropriate information Facilities to provide education Access information to the local healthy food providers Community partners- <ul style="list-style-type: none"> Mono County Office of Education Mono County Public Health (IMACA) Library-Space
STRATEGY 2:	Coordinate a multidisciplinary approach to the treatment of obesity
RESOURCES NEEDED:	<ul style="list-style-type: none"> Evaluate needs Staffing resources Evaluate budget implications

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			

The prioritization group felt that the majority of issues identified in two or more areas above could be addressed by focusing on four areas; access to care, behavior health, substance abuse, and chronic disease. Using the areas identified by the prioritization group, each implementation team took into account the root cause of each area and developed strategies that will have an overall impact.

At this time, access to Dentists will not be addressed due to a lack of financial resources and time constraints. Access to Dentists will be included in the community education regarding services available as well as the availability of financial assistance options.

APPENDIX: CHNA REPORT

10/28/2016 Date adopted by authorized body of the hospital