



VII. IMPLEMENTATION PLAN

Introduction

The CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues.

The Implementation Plan is a list of specific actions that demonstrate how PeaceHealth PIMC plans to meet the CHNA-identified health needs of the residents in the service area. This Implementation Strategy was approved by the local PeaceHealth Community Health Board.

IRS Implementation Strategy Requirements

The Implementation Strategy which is developed and adopted by each hospital must address the needs identified in the CHNA by either describing how the hospital plans to meet the need or identifying it as a need not to be addressed by the hospital and why. Each need addressed must be tailored to that hospital's programs, resources, priorities, plans and/or collaboration with governmental, non-profit or other health care organizations. If collaborating with other organizations to develop the implementation strategy, the organizations must be identified.

PeaceHealth Process for Establishing Implementation Plan

In 2016, PeaceHealth reconfigured its ten local governing boards into "Community Health Boards" with the dual responsibility of overseeing the quality of hospital care and furthering community health. Accordingly, each board established two standing committees, one dedicated to monitoring and improving quality and the other focused on local CHNA implementation.

When the CHNA was published in late June 2016, the document included a set of relatively high level strategies for consideration by the CHNA committees. These committees were asked to consider the identified CHNA strategies in relation to hospital competencies, community partnerships that would be required and available resources, and to settle on a final set of strategies that would inform the development of the CHNA implementation plan. This document outlines those final strategies¹.

Health Priorities and Implementation Plan Structure

The Implementation plan outlined below is for a three-year period and will guide the development of an annual plan that operationalizes each initiative. The needs that are being addressed correspond to the prioritized needs identified in the CHNA. For each need, a set of initiatives are noted, along with the outcome measures, necessary community partners, and the degree of PeaceHealth engagement.

¹ This section was amended on November 14, 2016 to replace the interim implementation strategies published with the CHNA adopted in June 2016 with the final implementation strategies approved by the PIMC Board in November 2016.



It should be noted that the listing of community partners is *not* intended to imply firm organizational commitment on behalf of those listed nor limit involvement by organizations not listed. The degree of PeaceHealth engagement is framed in terms of “lead,” “co-lead” or “support.”

Table 11. 2016 PeaceHealth PIMC CHNA Implementation Plan Overview

Focus Area	Needs	Initiatives	Indicators/Measures
Behavioral Health	<p>Fragmented care delivery system for people with behavioral health problems</p> <p>Lack of crisis intervention and post-acute behavioral health services</p>	<ul style="list-style-type: none"> ▪ <i>County Crisis Oversight Committee</i> in collaboration with the Community Health Improvement Consortium to develop and then implement an Improvement Plan that aims to increase coordination between Compass Health, PIMC, EMS and criminal justice ▪ Establish ED tele-psych service 	<ul style="list-style-type: none"> ▪ Rate of Emergency Department (ED) visits that are behavioral health (psych and/ or chemical dependency) related
Care Coordination for Complex Patients	<p>Lack of facilities and support for marginal and frail elderly</p> <p>Complicated social service and health delivery systems; need for more connectivity between Islands</p>	<ul style="list-style-type: none"> ▪ Support the development of a <i>community paramedicine service</i> ▪ Support the development of a <i>home outreach service</i> for people with serious illness or needing post-acute home visiting ▪ Develop an on-line Resource Guide that can be used by health and social service providers and the public 	<ul style="list-style-type: none"> ▪ Rate of avoidable ED visits ▪ Rate of avoidable hospitalizations ▪ 30-day readmission rates ▪ Number frequent ED users (> 5 in last 12 months)
Maternal Child Health & Childhood Development	<p>Low immunization rates in San Juan County</p> <p>Address prevalence of Adverse Childhood Events (ACEs)</p>	<ul style="list-style-type: none"> ▪ Increase the rate of childhood immunizations ▪ Incorporate ACEs screening and resiliency work into integrated primary care behavioral health programming ▪ Expand home visitor and parenting skills programing 	<ul style="list-style-type: none"> ▪ Childhood (toddler and teen) immunization rates ▪ % of children who demonstrate readiness skills for kindergarten in all areas



Table 12. 2016 PeaceHealth PIMC Initiatives

Initiatives	Target Population	Potential Partners	PeaceHealth Engagement
Behavioral Health <ul style="list-style-type: none"> Develop and implement an Improvement Plan that aims to increase coordination between Compass Health, PIMC, EMS and criminal justice Establish ED tele-psych service 	Behavioral health patients, i.e. people with psychiatric or substance abuse issues	County Crisis Oversight Committee; SJC Public Health Dept.; SJC Prevention Coalition/Safe San Juan; Compass Health; EMS; Sheriff Department PH Network Crisis Services in Oregon; PHMG ED	Co-lead
Care Coordination for Complex Patients <ul style="list-style-type: none"> Community paramedicine initiative Home outreach service for people with serious illness or needing post-acute home visiting Develop an on-line Resource Guide that can be used by health and social service providers and the public 	Frail elderly at home Medical and social service providers and clients	SJI-EMS/SJCPHD#1; PIMC/PHMG; Private Practice Providers; SJC Health Dept.; Life Care of America; SJC Volunteer Hospice; The Village at the Harbor PeaceHealth; SJC Network; SJC Family Resource Centers; SJIC Foundation	Co-lead Co-lead
Maternal Child Health & Childhood Development <ul style="list-style-type: none"> Increase the rate of childhood immunizations Incorporate ACEs screening and resiliency work into integrated primary care BH programming Expand home visitor and parenting skills programing 	Young children Families and at risk individuals	PHMG PIMC and San Juan County Healthcare providers PIMC PHMG; SJC Health Dept.; SJC Family Resource Centers	Support Co-lead Support

Needs Not Addressed

In this CHNA, PeaceHealth PIMC addressed a significant number of health needs that were prioritized with input from the community and where we were able to leverage our resources and expertise to address these issues. However, in prioritizing some issues, others are not *directly* addressed. The issues not addressed included cost-burdened housing, the cost of medications, and the need for dental services. Though we recognize their importance and impact on the overall health of the community, in most of these cases PeaceHealth PIMC lacks the expertise to address these issues and we do not feel we are in a position to deploy specific strategies around these broader socio-environmental issues. We also feel these needs are being addressed by other facilities or organizations in the community.