Healthcare Strategic Plan 2016-2017

Community and Demographics

Millinocket Regional Hospital is a twenty-five-bed Critical Access hospital that serves as the primary care facility for the communities of Millinocket, East Millinocket, Medway, and the surrounding territories. The hospital also provides an option for services to the communities of Brownville, Milo, Sherman, Stacyville, Patten, Island Falls, Woodville, Mattawamkeag, and their surrounding communities.

A Critical Access Hospital is defined by the Federal government as being greater than thirty-five miles from the next healthcare facility and is a “safety net provider”. Millinocket Regional Hospital provides vital access to healthcare services to all people of the Katahdin region, without regard to ability to pay, source of insurance or eligibility for financial assistance.

As the largest employer in Millinocket, Millinocket Regional Hospital is a significant contributor to the economic and social vitality of its community. The governance of the not-for-profit regional hospital is by a Board of Trustees, who volunteer their services on behalf of the community.

Mission

Access to excellence in healthcare.

Vision

Striving to be your first choice, always.

Values

To serve with quality, compassion, and dignity.
Millinocket Regional Hospital is committed to providing healthcare services that employees and the community are proud of!

We are a 25 bed facility providing Inpatient care that includes Medical Surgical care with availability of swing bed and special care services. MRH features a strong, cohesive medical staff of Family Practice, Internal Medicine, General Surgery, Gastroenterology, Orthopedics, Ears Nose & Throat (ENT), Urology, Podiatry, Tele Oncology, Tele-psyche, Emergency Services, and Oncology Clinic. Support Services includes Cardiopulmonary, Laboratory, Diagnostic Imaging and Rehabilitation & Wellness.

Sources used to assist MRH in identification of community needs include:

Community Healthcare Needs Assessment (CHNA): The leadership at MRH has considered information gleaned from our most recent CHNA, the Penobscot Shared Community Health Needs Assessment. The results and details of how this was performed can be found at http://www.mrhme.org/

Katahdin-area “Thriving in Place” TIP Collaborative: Through the TIP partnerships, health care providers, community-based organizations, and other partners implement innovative, collaborative, community-based strategies that meet the health care needs of adults with chronic health conditions and improve linkages and coordination with community supports that are closely related to achieving positive health outcomes (such as housing, transportation, home and community services, family and friend care giving supports, volunteer networks, and opportunities for community engagement).

Millinocket Regional Hospital Periodic Evaluation: Millinocket Regional Hospital has carried out its annual periodic evaluation of its total program. The evaluation includes review of the utilization of hospital services, including at least the number of patients served and the volume of services, a representative sample of both active and closed clinical records, and the hospital’s health care policies. The purpose of the evaluation is to determine whether the utilization of services are appropriate, the established policies were followed, and if any changes in the program are needed.

Community Care Partnership of Maine (CCPM): The Community Care Partnership of Maine (CCPM) is an accountable care organization (ACO) made up of mission-based health care organizations in Maine, focused on improving the health of the communities they serve. All members of the ACO have become members of the Medicare Shared Savings Program (MSSP). By working together, CCPM strives to transform the delivery of healthcare through meaningful sharing and accountability for their health of their patients. Members of the Partnership includes, Cary Medical Center, RFD Russell Medical Center, Fish River Rural Health, Greater Portland Health, Katahdin Valley Health Center, Millinocket Regional Hospital, Nasson Health Care, PCHC, Pines Health Services, Sebasticook Family Doctors, St. Joseph Healthcare

Millinocket Regional Hospital Community Surveys and Focus Groups: Millinocket Regional Hospital has administered written surveys to members of the community, and to focus groups, and held ‘town hall’ type meetings with area businesses. The information learned is used in our strategic planning.
<table>
<thead>
<tr>
<th>Priority</th>
<th>Identified Health Need</th>
<th>Source(s)</th>
<th>Strategy</th>
<th>Intended Impact</th>
<th>Commitment of Resources</th>
<th>Collaboration</th>
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<tbody>
<tr>
<td>1</td>
<td>Maintain a community based hospital</td>
<td>Internal Stakeholders, Community Surveys, Community Focus Groups, Community Health Needs Assessment (Penobscot County Shared)</td>
<td>Join an Accountable Care Organization (ACO) and Medicare Shared Savings Program.</td>
<td>Improved clinical outcomes Improve access to care Reduce Costs, and Improve patient’ experiences of care.</td>
<td>Employee hours are resourced to meet the commitment to the collaborative and to the patients in our communities.</td>
<td>CCPM, ACO and MSSP</td>
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<td>1</td>
<td>Obesity, as measured by:</td>
<td>Community Health Needs Assessment (Penobscot County Shared).</td>
<td>MRH Lifestyle Changes Class – For people identified as having pre diabetes or who are at risk for developing diabetes, open to public.</td>
<td>Increased activity and weight loss for participants.</td>
<td>Employee hours dedicated to this program, including 3 Life Style Change Coaches.</td>
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<td>Maintain Gym and therapeutic pool with open membership.</td>
<td>Provides community with the availability of indoor, equipped fitness option.</td>
<td>Expenditures in costs for infrastructure maintenance and employee hours for fitness aids and trainers.</td>
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<td>Increased awareness and improvement in Physical Activity and Nutrition, as measured by:</td>
<td>Community Health Needs Assessment (Penobscot County Shared).</td>
<td>Community Care Partnership of Maine’s BMI assessment, plan and monitoring; and Diabetes screening and treatment.</td>
<td>Improved outcomes including decreased BMI and A1C, early detection and treatment for nephropathy and promoting regular eye exams.</td>
<td>Employee time dedicated to this project through CCPM and the physician practices.</td>
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<td>Physical Activity in Adults, and in High School Students, Fruit and Vegetable Consumption.</td>
<td>MRH Lifestyle Changes Class, designed for people identified as having pre diabetes or who are at risk for developing diabetes, open to public.</td>
<td>Increased activity and weight loss for participants.</td>
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<td>Employee hours dedicated to this program, including 3 Life Style Change Coaches.</td>
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<td>America’s Health Rankings Low is better:</td>
<td>United Health Foundation.</td>
<td>Maintain Gym and therapeutic pool with open membership.</td>
<td>Provides community with the availability of indoor, equipped fitness option.</td>
<td>Expenditures in costs for infrastructure maintenance and employee hours for fitness aids and trainers.</td>
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<td>Maine is 15 out of 50 states.</td>
<td>Display LETS Go! 5-2-1-0 posters in waiting areas cafeterias and restrooms. Eliminated sugar</td>
<td>Improve “Population Health “ and Create and increase awareness among patients,</td>
<td>Employee time to participate in project.</td>
<td>Together with the Maine Hospital Association, participate in “Triple Aim” projects.</td>
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<td>2</td>
<td><strong>Improved Access to Behavioral Care /Mental Health Care, as measured by:</strong></td>
<td>Community Surveys, Katahdin Thriving in Place (TIP) Assessment, and Community Health Needs Assessment (Penobscot County Shared), and Maine Rural Health Innovations Network (MRHIN).</td>
<td>Implementation of Community Care Partnership of Maine’s screening protocol for depression.</td>
<td>Early detection and treatment of depression.</td>
<td>Employee time dedicated to the CCPM, MRHIN and the resources from the physician practices.</td>
<td>Community Care Partnership of Maine, ACO and Medicare Shared Savings Program, and the Maine Rural Health Innovations Network (MRHIN)</td>
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<td>Anxiety /Depression, Hopelessness and Sadness</td>
<td>Internal Stake Holders.</td>
<td>Development of a model for assessing and providing treatment options for Behavioral Health issues. (MRHIN)</td>
<td>Treatment plan option for patients and community.</td>
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<td>Receiving Medications for anxiety /depression Comorbidities</td>
<td>Renovate Emergency Department, creating a Psychiatric / behavioral holding room.</td>
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<td>Emergency visits for Mental Health</td>
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<td><strong>Increased access for Non-urgent &amp; Non-emergent care, and Family &amp; Pediatric care, as evidenced by:</strong></td>
<td>MRH Periodic Evaluation, Internal Stakeholders, Community Surveys, Community Focus Groups</td>
<td>Establish walk-in care for all ages in East Millinocket.</td>
<td>Increase presence in immediate service area; Increase access to care; decrease strain on Emergency Department Resources.</td>
<td>Additional Full Time Employees; Capital Expense to purchase and renovate.</td>
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<td>Increasing volume of non-urgent &amp; non-emergent visits in ED;</td>
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<td>Community requests for access to after-hours</td>
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<td><strong>Need for additional Specialties in the community as noted by:</strong> Medical Staff high referral out of community for consultations in Neurology, Pulmonary and Sleep Medicine, Endocrinology and Rheumatology, and anticipate Oncology, if not maintained.</td>
<td><strong>Internal Stakeholders</strong></td>
<td>Specialty clinics in Neurology, Pulmonology and Sleep to set up clinics in MRH building on campus.</td>
<td>Increase access to care, close to home.</td>
<td>Provide rental space for clinics on weekend days, for Neurology, Pulmonary, and Sleep Medicine.</td>
<td>MRH provides space to New England Telemedicine, PA.</td>
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<td>Increase Privacy at Registration</td>
<td><strong>Internal Stakeholders, Community Focus Groups</strong></td>
<td>Renovation of the Registration area.</td>
<td>Improved privacy</td>
<td>Capital expenditure</td>
<td>Contracted and credentialed providers to hold clinics in MRH outpatients and surgical practice.</td>
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<td>More resources are needed to support the healthcare needs of adults with chronic health conditions.</td>
<td>Katahdin Thriving In Place (TIP) Assessment, and MRHIN.</td>
<td>Increase options and awareness of available services among providers and the community, which include measures to reduce Isolation, transportation options, points of access for food, volunteer and homecare workforce, and support for caregivers and family</td>
<td>Increase the ability of adult community members with chronic health needs to “thrive in place”, that is to live in one’s own home and community safely, independently, comfortably and with dignity,</td>
<td>Employee hours for participating in the TIP and MRHIN activities.</td>
<td>Katahdin-area “Thriving In Place”, “TIP” Collaborative, and MRHIN</td>
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<td>Poverty &amp; Employment</td>
<td>Community Health Needs Assessment (Penobscot County Shared).</td>
<td>Promote sliding-fee scale to patients who qualify based on income. MRH has added a Health Insurance Navigator to assist patients who are under or uninsured to enroll in the insurance marketplace. Support internal employee professional development. Promote employee succession planning. Participate in Katahdin Revitalization Project</td>
<td>Supports the patient and the hospital in its goal to stay strong enough to provide care to patients who are unable to pay. Continue to provide community with employment opportunities as the largest employer in the Community; Our hospital remain one of the reasons businesses and families want to</td>
<td>Internal resourced employees and continued representation on the Chamber of Commerce.</td>
<td>Hospital membership on the Katahdin Chamber of Commerce</td>
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<td>Continuous Improvement in the patient experience of care, as measured by:</td>
<td>Healthcare Consumers Assessment Hospital &amp; Physicians Services (HCAHPS)</td>
<td>Development of a new internal focus group began in October - 2016.</td>
<td>Improved patient perception in their transitions in care. Overall Improved “Patient Experience”.</td>
<td>Employee time to participate in project.</td>
<td>Together with the Maine Hospital Association, participate in “Triple Aim” projects.</td>
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<td>Need to maintain an Optometry Practice in the Community as local Optometrist plans for retirement</td>
<td>Internal stakeholders</td>
<td>Purchase Optometry practice and recruit replacement for local Optometrist</td>
<td>Maintain local Optometry for community benefit</td>
<td>Capital to purchase practice and build infrastructure to support, and for recruitment of new Optometrist</td>
<td>Local Optometrist is partnering with MRH for period of time to allow time to recruit a replacement</td>
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<td>1</td>
<td>Need to Reduce Costs in Healthcare for our hospital and the community.</td>
<td>Healthcare Reform and Value based care.</td>
<td>Opening a walk-in clinic to reduce inappropriate visits to Emergency Department.</td>
<td>Decrease Insurance spending per hospital patient; Early detection = lower cost of care.</td>
<td>Addition of dedicated staff to assist in implementation of Preventive Task Force guidelines.</td>
<td>Together with the Maine Hospital Association, participate in “Triple Aim” projects.</td>
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- **HCAHPS survey results in 7 composite areas**
- **Development of a new internal focus group began in October - 2016.**
- **Improved patient perception in their transitions in care. Overall Improved “Patient Experience”.**
- **Employee time to participate in project.**
- **Together with the Maine Hospital Association, participate in “Triple Aim” projects.**