



MILLINOCKET
REGIONAL HOSPITAL

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, Sebec 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.

Priority	Identified Health Need	Source (s)	Strategy	Intended Impact	Commitment of Resources	Collaboration
1	Maintain a community based hospital	Internal Stakeholders, Community Surveys, Community Focus Groups, Community Health Needs Assessment (Penobscot County Shared)	Join an Accountable Care Organization (ACO) and Medicare Shared Savings Program. Invest in Information Technology and Electronic Medical Record	Improved clinical outcomes Improve access to care Reduce Costs, and Improve patient' experiences of care. More efficiently keep track of quality metrics, deliver optimum care for patients, and capture charges and bill for services.	Employee hours are resourced to meet the commitment to the collaborative and to the patients in our communities.	CCPM, ACO and MSSP
1	Obesity, as measured by:	Community Health Needs Assessment (Penobscot County Shared).	MRH Lifestyle Changes Class – For people identified as having pre diabetes or who are at risk for developing diabetes, open to public. Maintain Gym and therapeutic pool with open membership.	Increased activity and weight loss for participants. Provides community with the availability of indoor, equipped fitness option.	Employee hours dedicated to this program, including 3 Life Style Change Coaches. Expenditures in costs for infrastructure maintenance and employee hours for fitness aids and trainers.	

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			Community Care Partnership of Maine’s BMI assessment, plan and monitoring; and Diabetes screening and treatment.	Improved outcomes including decreased BMI and A1C, early detection and treatment for nephropathy and promoting regular eye exams.	Employee time dedicated to this project through CCPM and the physician practices.	
1	Increased awareness and improvement in Physical Activity and Nutrition, as measured by: Physical Activity in Adults, and in High School Students, Fruit and Vegetable Consumption.	Community Health Needs Assessment (Penobscot County Shared).	MRH Lifestyle Changes Class, designed for people identified as having pre diabetes or who are at risk for developing diabetes, open to public. Maintain Gym and therapeutic pool with open membership.	Increased activity and weight loss for participants. Provides community with the availability of indoor, equipped fitness option.	Employee hours dedicated to this program, including 3 Life Style Change Coaches. Expenditures in costs for infrastructure maintenance and employee hours for fitness aids and trainers.	
	America’s Health Rankings Low is better: Maine is 15 out of 50 states.	United Health Foundation.	Display LETS Go! 5-2-1-0 posters in waiting areas cafeterias and restrooms. Eliminated sugar	Improve “Population Health “ and Create and increase awareness among patients,	Employee time to participate in project.	Together with the Maine Hospital Association, participate in “Triple Aim” projects.

Priority	Identified Health Need	Source (s)	Strategy	Intended Impact	Commitment of Resources	Collaboration
2	<p>Improved Access to Behavioral Care /Mental Health Care, as measured by:</p> <p><i>Anxiety /Depression, Hopelessness and Sadness</i></p> <p><i>Receiving Medications for anxiety /depression Comorbidities</i></p> <p><i>Emergency visits for Mental Health</i></p>	<p>Community Surveys, Katahdin Thriving in Place (TIP) Assessment, and Community Health Needs Assessment (Penobscot County Shared), and Maine Rural Health Innovations Network (MRHIN).</p> <p>Internal Stake Holders.</p>	<p>drinks</p> <p>Implementation of Community Care Partnership of Maine’s screening protocol for depression.</p> <p>Development of a model for assessing and providing treatment options for Behavioral Health issues. (MRHIN)</p> <p>Renovate Emergency Department, creating a Psychiatric / behavioral holding room.</p>	<p>staff and visitors.</p> <p>Early detection and treatment of depression.</p> <p>Treatment plan option for patients and community.</p> <p>Increased safety for patients and employees</p>	<p>Employee time dedicated to the CCPM, MRHIN and the resources from the physician practices.</p> <p>Capital expenditure for renovation</p>	<p>Community Care Partnership of Maine, ACO and Medicare Shared Savings Program, and the Maine Rural Health Innovations Network (MRHIN)</p>
1	<p>Increased access for Non-urgent & Non- emergent care, and Family & Pediatric care, as evidenced by:</p> <p><i>Increasing volume of non- urgent & non-emergent visits in ED;</i></p> <p><i>Community requests for access to after-hours</i></p>	<p>MRH Periodic Evaluation, Internal Stakeholders, Community Surveys, Community Focus Groups</p>	<p>Establish walk-in care for all ages in East Millinocket.</p>	<p>Increase presence in immediate service area; Increase access to care; decrease strain on Emergency Department Resources.</p>	<p>Additional Full Time Employees; Capital Expense to purchase and renovate.</p>	

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2	care, evenings and weekends and Family /Pediatric Care Need for additional Specialties in the community as noted by: Medical Staff high referral out of community for consultations in Neurology, Pulmonary and Sleep Medicine, Endocrinology and Rheumatology, and anticipate Oncology, if not maintained.	Internal Stakeholders	Specialty clinics in Neurology, Pulmonology and Sleep to set up clinics in MRH building on campus. MRH has hired an interventional gastroenterologist, providing consultation and Endoscopy.	Increase access to care, close to home.	Provide rental space for clinics on weekend days, for Neurology, Pulmonary, and Sleep Medicine. Office infrastructure to support Endocrinology, Rheumatology, Gastroenterology, and ongoing Oncology	MRH provides space to New England Telemedicine, PA. Contracted and credentialed providers to hold clinics in MRH outpatients and surgical practice.
2	Increase Privacy at Registration	Internal Stakeholders, Community Focus Groups	Renovation of the Registration area.	Improved privacy	Capital expenditure	
1	More resources are needed to support the healthcare needs of adults with chronic health conditions.	Katahdin Thriving In Place (TIP) Assessment, and MRHIN.	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	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,	Employee hours for participating in the TIP and MRHIN activities.	Katahdin-area “Thriving In Place”, “TIP” Collaborative, and MRHIN

Priority	Identified Health Need	Source (s)	Strategy	Intended Impact	Commitment of Resources	Collaboration
1	<p>Continuous Improvement in the patient experience of care, as measured by:</p> <p>HCAHPS survey results in 7 composite areas</p>	Healthcare Consumers Assessment Hospital & Physicians Services (HCAHPS)	Development of a new internal focus group began in October - 2016.	<p>come to our community</p> <p>Improved patient perception in their transitions in care.</p> <p>Overall Improved "Patient Experience".</p>	Employee time to participate in project.	Together with the Maine Hospital Association, participate in "Triple Aim" projects.
1	Need to maintain an Optometry Practice in the Community as local Optometrist plans for retirement	Internal stakeholders	Purchase Optometry practice and recruit replacement for local Optometrist	Maintain local Optometry for community benefit	Capital to purchase practice and build infrastructure to support, and for recruitment of new Optometrist	Local Optometrist is partnering with MRH for period of time to allow time to recruit a replacement
1	Need to Reduce Costs in Healthcare for our hospital and the community.	Healthcare Reform and Value based care.	<p>Opening a walk-in clinic to reduce inappropriate visits to Emergency Department.</p> <p>Promote US Preventive Service Task Force Recommendations for preventative screening;</p> <p>Added early diagnostic procedure "Low Dose CT scan" to detect early lung cancer in those at risk.</p>	<p>Decrease Insurance spending per hospital patient;</p> <p>Early detection = lower cost of care.</p>	Addition of dedicated staff to assist in implementation of Preventive Task Force guidelines.	Together with the Maine Hospital Association, participate in "Triple Aim" projects.