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**Gray County**

**2018 Community Health Needs Assessment**

**Implementation Plan**

**Perspective / Overview**

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| **About Pampa Regional Medical Center** |

Located in Pampa, Texas, a city of approximately 18,034 residents, Pampa Regional Medical Center (the

Hospital) provides inpatient, outpatient, in-home and emergency care to area residents assuring patients of

a continuity of quality care all within a few minutes’ drive from home. The Hospital is dedicated to serving the

healthcare needs and improving the health of the people in the community. The Hospital is not-for-profit

and accepts all patients regardless of their ability to pay.

Today, the Hospital is a 115-bed, not-for-profit hospital with a service area consisting of eleven counties with

a population of approximately 83,700 people in the Texas Panhandle. The Hospital is one of the largest

employersin the community employing more than 265 full-time and part-time staff members with an annual

payroll expense of approximately thirteen million dollars. The Hospital is accredited by the Joint Commission

on Accreditation of Healthcare Facilities (JCAHO), and is governed by six trustees. Four of the Hospital

Governing Board members are physicians.

The Hospital has enjoyed a growing relationship with Texas Tech University including assisting in the training

of family practice residents from the Texas Tech University Hospital family practice residency program. The

Hospital implemented and operates an Electronic Medical Record (EMR) which positively impacts care

delivery by allowing doctors and other providers to appropriately access patient health information in

multiple settings.

The Hospital offers a number of medical and surgical specialties such as diagnostic cardiac catheterization, lithotripsy, geriatric

psychiatry, orthopedics and joint replacement, neurology and urology. Given the number of specialty services

provided, the Hospital’s overall case mix index was 1.54 representing a slightly higher level of patient acuity

than many other hospitals of a similar size.

**Key Findings**

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| **Community Health Assessment** |

**Results**

Based on the previous CHNA priorities, secondary data, focus groups, and surveys, the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. Expanding Physician’s Services

2. Increasing Educational Awareness Programs

3. Increasing the number of mental health providers and professionals especially focused on adolescents.

4. Increasing substance abuse prevention.

5. Expanding transportation to / from treatment services.

6. Increasing access to pain management services for treatment.

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| **Process and Methods** |

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

• Focus groups with community members

• Community online surveys

• Community Health Summit

Secondary methods included:

• Public health data – death statistics, County Health Rankings, cancer incidence

• Demographics and socioeconomics – population, poverty, uninsured, unemployment

• Psychographics – behavior measured by spending and media

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| **Pampa Regional Medical Center Implementation Strategy** | | | | | | | | | | |
| **DASHBOARD KEY and TERMINOLOGY DEFINED** | | | | | | | | | | |
| **IMPLEMENTATION STRATEGIES** | | **IMPACT/GOAL** | | **HOSPITAL RESOURCES** | **RESPONSIBLE PARTIES** | | | **EVALUATION** | **FEEDBACK** | |
| The intended actions for addressing or not addressing the areas of concern in the 2018 Community Health Needs Assessment. | | Anticipated goal, impact, and/or outcome expected. | | Identified programs and/or resources to address the need. | Planned leadership, collaboration and individuals involved. | | | Plan to evaluate the goal, impact and/or outcome. | Avenue for providing ongoing feedback solicited from whom, by whom. | |
| **Identified Priority Area:** Area of concern identified topic in the Community Health Needs Assessment. The detail of the needs identified and represented by key findings generated from the data collection and analysis from the 2018 Community Health Needs Assessment. | | | | | | | | | | |
| **Plan not to address:**  Explanation of the needs that will not be addressed. | | Reason for not addressing the need. Can be brief, including resource constraints, lack of expertise, low priority assigned, not connected with mission, lack of identified effective intervention, addressed by other facilities, etc. | | N/A | N/A | | | N/A | N/A | |
| **Plan to address:**  Explanation of the steps to be taken to address the identified priority area. | | The goal, impact, and/or outcome the Hospital anticipates to achieve by taking the steps stated in the Implementation Strategies column. | | The resources the Hospital plans to contribute achievement of the Strategy. | Individuals involved. | | | Method for evaluation the result/impact of the Strategy. | Feedback solicited from whom, by whom. | |
| **IMPLEMENTATION STRATEGIES** | **IMPACT/GOAL** | | **HOSPITAL RESOURCES** | | | **RESPONSIBLE PARTIES** | **EVALUATION** | | | **FEEDBACK** |
| **Identified Priority Area: Increasing Physician’s Services.** | | | | | | | | | | |
| **Plan to address:**  Retain providers by maintaining a culture that assures support, collaboration and accessibility in primary care practices.  Mitigate barriers that impact physician productivity and patient access.  Open up to increasing the number of Advanced Practice Clinicians (Nurse Practitioners, Physician Assistants, Nurse Midwives) working in a collaborative team approach with physicians and their patients.  Initiate a gerontology program that focuses on chronic disease management and improving Medicare Annual Wellness Visit rates. | Ensuring that providers contracted  by Hospital are  engaged and fairly  compensated,  leading to improved  recruitment and retention.  Maintaining long term provider/patient  relationships will  increase trust and  facilitate addressing  chronic health conditions.  Reduce wait times for new patient appointments.  Improve patient care. | | Hospital would provide committee leadership, coordination and volunteers from the following areas:   * Provider Recruitment * Physician Leadership * Executive Leadership * Advanced Practice Clinician * Medical Group Leadership | | | * Admin * Leadership in service lines. | Patient and Provider satisfaction data. | | | Committee solicits feedback from physicians, APCs, patients, business leaders and the community. |

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| **IMPLEMENTATION STRATEGIES** | **IMPACT/GOAL** | | | | **HOSPITAL RESOURCES** | | | | | **RESPONSIBLE PARTIES** | | | | **EVALUATION** | | | | **FEEDBACK** | | |
| **Identified Priority Area: Increasing Educational Awareness Programs** | | | | | | | | | | | | | | | | | | | | |
| **Plan to address:**  Collaborate and participate in various community initiatives that teach, encourage, and  promote health awareness in the following areas:   * Diabetes * Smoking * Nutrition * Mental Health * Women’s Health | Working with the local health department, school systems, senior citizen groups and other non-profit community-based organizations, the Hospital would develop a Hospital-led “Resource Board” for the purposes of providing shared resources, especially to services available at low or no-cost services to low-income and at-risk populations.  Increase the support to the service area’s schools, that provide school health and wellness programs (e.g. education on substance abuse, mental health,  health screenings and checkups. | | | | Hospital would provide committee leadership, coordination and volunteers from the following areas:   * Marketing/Public Relations * Women’s Health * Social Services * Family Medicine * Pediatrics | | | | | Hospital Service Line Leadership as well as health department and school system leaders. | | | | Number of community events conducted.  Number of Hospital related social media posts related to health and wellness.  Number of school related health functions.  Number of resources/events held for low-income and at-risk population.  Local Radio and Television partners. | | | | Participate and collaborate with a “Resource Board” who solicits feedback from social services agencies, business leaders, mass media leaders and the community. | | |
| **IMPLEMENTATION STRATEGIES** | | | **IMPACT/GOAL** | | | | **HOSPITAL RESOURCES** | | **RESPONSIBLE PARTIES** | | | | **EVALUATION** | | | | **FEEDBACK** | | | |
| **Identified Priority Area: Increasing the number of mental health providers and professionals especially focused on adolescents.** | | | | | | | | | | | | | | | | | | | | |
| **Plan to address:**  Implement utilization of Licensed Clinical Social Workers, working alongside a Psychiatrist (or other MD) leading a team approach to treatment and  Implement “Telepsychiatry.” | | | Increase the number of patients served.  Improve access to mental health providers.  Increase outpatient adolescent program.  Form Behavioral Health focused committee. | | | | Hospital would provide committee leadership, coordination and volunteers from the following areas:   * Pediatrics * Community Education * Women’s Health * Social Services * Psychiatrist or Family Medicine physicians interested in the team approach * Medical Group Rep. | | Hospital Service Line Leadership as well as school system leaders and other community-based mental health services and providers. | | | | Timeline and implementation of a Behavioral Health team.  Monitor volume of patients treated in ED for underlying behavioral health issues.  Monitor ED screening for mental health.  Monitor Telepsychiatry visits and impact. | | | | Ensure routine feedback from Hospital’s community education staff in the form of a monthly report that is tracking:   * Visits with hospital and local service providers. * Screening results and trends. * AWV rates   Reporting from physician-led behavioral health committee.  Telepsychiatry usage rates. | | | |
| **IMPLEMENTATION STRATEGIES** | | | | **IMPACT/GOAL** | | | | **HOSPITAL RESOURCES** | | | **RESPONSIBLE PARTIES** | | | | **EVALUATION** | | | | **FEEDBACK** | |
| **Identified Priority Area: Increasing substance abuse prevention.** | | | | | | | | | | | | | | | | | | | | |
| **Plan to address:**  There is a need to educate the public about substance abuse, and to empower individuals to recognize the symptoms and seek out treatment. Individuals need to know what resources exist to help them and encourage them to seek out resources to help. Education and outreach are especially important to lessen the stigma.  The hospital, along with a steady collaboration of experts including social services departments in each county, the local school districts, local media and independent mental health practitioners should work in concert to promote mental health and focus on preventing substance abuse in the communities we serve.  Create a partnership to increase the amount of information and educational events specific to substance abuse. The group should ensure this information is supplied to several sub-sections of the community, including; adolescents, adults and seniors. | | | | Improved understanding of substance abuse, and its impact on the community.  Reduce the number of teenagers experimenting and becoming another substance abuse “statistic.”  Provide much needed education to physicians, patients and the community related to the opioid epidemic facing our communities.  Decrease deaths from overdose.  Decrease rates of opioid dependence throughout the service area. | | | | Hospital would provide committee leadership, coordination and volunteers from the  following areas:   * Marketing * Community Education * Social Services * Community volunteers from school districts, local substance abuse professionals and support groups. | | |  | | | |  | | | |  | |
| **IMPLEMENTATION STRATEGIES** | | **IMPACT/GOAL** | | | | **HOSPITAL RESOURCES** | | | | | | **RESPONSIBLE PARTIES** | | | | **EVALUATION** | | | | **FEEDBACK** |
| **Identified Priority Area: Expanding transportation to / from treatment services.** | | | | | | | | | | | | | | | | | | | | |
| **Plan NOT to address:**  Poverty, lack of transit, public safety issues and the aging population contribute the transportation dilemma facing Hospital and other communities. There are a few opportunities for improvement, including evaluating a “Courtesy van service . | | Due to resource availability and constraints, the hospital is unable to increase access to this at this time. | | | | N/A | | | | | | N/A | | | | N/A | | | | N/A |

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| **IMPLEMENTATION STRATEGIES** | **IMPACT/GOAL** | **HOSPITAL RESOURCES** | **RESPONSIBLE PARTIES** | **EVALUATION** | **FEEDBACK** |
| **Identified Priority Area:** **Increasing access to pain management services for treatment.** | | | | | |
| **Plan to address:**  Initiate a program to address pain management services by providing treatment program. There is a specific need to provide non-narcotic pain management in our area. | Stabilize and treat chronic pain management.  Decrease opioid use.  Decrease pain related visits to emergency department. | Service line support through surgical services, radiology and lab. | Medical provider  Hospital  Medical Group | Evaluate emergency department log for pain visits.  Clinic visit  Increase in intervention cases. | Collaborate with medical group and patient satisfaction surveys. |