



# Regions Hospital<sup>®</sup>

HealthPartners<sup>®</sup>

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## Implementation Plan December 2015



## CHC

Community Hospital Consulting

# Regions Hospital 2015 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for HealthPartners and its hospitals (Regions Hospital, Lakeview Hospital, Hudson Hospital & Clinic, Westfields Hospital & Clinic, Amery Hospital & Clinic, and Park Nicollet Methodist Hospital) by Community Hospital Consulting. This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Dakota, Hennepin, Ramsey, Scott, and Washington Counties in Minnesota and Polk and St. Croix Counties in Wisconsin. Region Hospital's specific study area is defined as Dakota, Ramsey and Washington Counties, but health data for the remaining counties are used for comparison in this CHNA.

The CHNA Team, consisting of leadership from HealthPartners and its hospitals, met with staff from Community Hospital Consulting on August 24, 2015 to review the research findings and prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the health system and hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through hospital specific implementation plans.

HealthPartners and hospital leadership developed the following principle to guide this work: **Through collaboration, engagement and partnership with our communities we will address the following priorities with a specific focus on health equity in special populations.**

The final list of prioritized needs, in descending order, is listed below:

1. Mental and Behavioral Health
2. Access and Affordability
3. Chronic Disease and Illness Prevention
4. Equitable Care

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## Priority #1:

### Mental and Behavioral Health

#### Rationale:

- Health data findings suggest that the Twin Cities have higher rates of psychiatric hospital admissions than Minnesota. Furthermore, data indicates that counties in the hospital's study area have varying ratios of mental health providers to residents.
  - Dakota County – 807:1
  - Ramsey County – 298:1
  - Washington County – 544:1
  - Minnesota – 529:1
- Ramsey County identified mental health, mental disorders, and behavioral health as a top priority in the *Ramsey County Community Health Improvement Plan 2014-2018*. Findings from this report also indicate that only two of the five hospitals in Ramsey County provide inpatient mental health services. Ramsey County also falls short of the recommended 250 beds for its 500,000 population by nearly 100 beds. Finally, Ramsey County Public Health estimates that approximately 21% of children in the county suffer from mental disorders with at least some functional impairment at home, school and with peers.
- According to the Minnesota Student Survey (2013), across all Minnesota counties in the study area and in the state, 9th grade females reported higher rates of being harassed or bullied once or twice for their weight or physical appearance as compared to males. Additionally, a higher percentage of female 9th graders, compared to male 9th graders, report having a long-term mental health, behavioral health or emotional problem. Dakota County has the highest percent in the study area.
- Participants in the community conversations conducted by Regions Hospital identified access to mental health services as a need in the community. It was mentioned that the cultural stigma surrounding diagnoses and accessing services are significant barriers, particularly for diverse community members (such as the Vietnamese, Spanish speaking, and Somali populations) and the elderly. The lack of timely access to mental health services was also discussed, including long wait times and insurance policies that don't cover mental health conditions.
- Dakota County identified mental illness and promoting mental health as two of its top health priorities in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment*. The use of alcohol and other drugs was also identified as a top priority for Dakota County.
- In 2012, 128 people in Dakota County, 76 people in Washington County, and 261 people in Ramsey County were injured in alcohol-related motor vehicle crashes.
- According to the Minnesota Student Survey (2013), overall, a higher percentage of female 9th grade students (between 10% and 14%), compared to male 9th grade students (between 8% and 11%), report living with someone who drinks too much alcohol.
- Washington County identified behavioral health problems among children and adults due to substance abuse and mental illness as a health need in the *Washington County Community Health Improvement Plan 2014*.

**Priority #1: Mental and Behavioral Health**

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Improve access	<ul style="list-style-type: none"> <li>Participate in the Mental Health Crisis Alliance to increase and provide better access to crisis services for patients</li> </ul>	Michael Trangle Jayne Quinlan Babette Apland	x	x	x		
	<ul style="list-style-type: none"> <li>Explore expansion of Crisis Stabilization and IRTS beds to serve the needs of Regions patients</li> </ul>	Babette Apland Jayne Quinlan	x	x		To be completed in 2017	
	<ul style="list-style-type: none"> <li>Provide psychiatric drug assistance as a stop gap measure for those patients without medication coverage. Assist with obtaining long term coverage.</li> </ul>	Jayne Quinlan	x	x	x		
	<ul style="list-style-type: none"> <li>ED/MH model of care and Pod G renovations</li> </ul>	Wendy Waddell	x	x		To be completed in 2017	
	<ul style="list-style-type: none"> <li>HeroCare</li> </ul>	Wendy Waddell & Gretchen Prohofsky	x	x	x		
Reduce stigma & improve education	<ul style="list-style-type: none"> <li>Nami Walk</li> </ul>	Wendy Waddell & Nancy Miller	x	x	x		
	<ul style="list-style-type: none"> <li>MakeltOK</li> </ul>	Wendy Waddell & Gayle Godfrey	x	x	x		

**Priority #1: Mental and Behavioral Health**

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Reduce stigma & improve education	• ADAP programming updates	Michaelene Spence & Wendy Waddell	x	x	x		
	• Support groups for families of inpatients	Wendy Waddell	x	x	x		

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## Priority #2:

### Rationale:

#### Access and Affordability

- While Washington County's median household income is over \$81,000, Ramsey County's median household income is much lower at \$56,293. In addition, between 6% and 23% of children under age 18 in the hospital's study area are living in poverty (2013).
- Each county's unemployment rate has decreased since 2012, while Washington County's unemployment rate is still slightly higher than Minnesota's rate (2014).
- 9.5% of residents under age 65 in Minnesota do not have health insurance (2013). This compares to 11.8% in Ramsey County, 7.7% in Dakota County and 6.3% in Washington County.
- Ramsey County identified access to health services as a top health priority in the *Ramsey County Community Health Improvement Plan 2014-2018*. Findings from the report also indicate that 8.4% of metro area residents are uninsured, but that percentage increases to 18.2% for non-white residents.
- Dakota County identified access to healthcare as a top health priority in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment*.
- Participants in the community conversations conducted by Regions Hospital identified access to dental services as a concern in the community. It was mentioned that there is limited access to dental care, often times limited by insurance provider or cost. Participants noted that copays can be too expensive and cost barriers are prevalent in certain communities. Improving access to health care for populations with limited services and increasing the proportion of residents who have access to health coverage were also identified as two priorities for the community.
- Health care system barriers was discussed among community conversation participants. Participants noted that there is confusion regarding how to access appropriate levels of care within the continuum, many community members have higher expectations of the Emergency Room, and cultural sensitivity can be a concern. It was mentioned that many residents feel that access to the Emergency Room is less complicated than regularly seeing a doctor, which may be due to cost and affordability as well.

**Priority #2: Access and Affordability**

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Make healthcare easier to use; reduce barriers to access; improve connections to services and resources	<ul style="list-style-type: none"> <li>Utilize our preferred network of TCUs to increase access to high quality care</li> </ul>	Senior leaders, care management	x	x	x	The majority of patients referred to a Transitional Care Unit currently go to one of Regions Hospital's preferred TCUs	
	<ul style="list-style-type: none"> <li>Improve timeliness of patient placement and flow through the hospital</li> </ul>	Access and Flow leadership, Nursing leadership	x	x	x		
	<ul style="list-style-type: none"> <li>Care model process improvement</li> </ul>	Sean Schuller, Senior leaders	x	x	x		
	<ul style="list-style-type: none"> <li>Be the East metro provider of charity care, removing barriers to care for patients without insurance and continue to provide financial counseling services throughout the hospital to help people enroll in insurance and the Regions Hospital Charity Care Program</li> </ul>	Regions Senior Leadership, Finance department	x	x	x		

**Priority #2: Access and Affordability**

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Make healthcare easier to use; reduce barriers to access; improve connections to services and resources	<ul style="list-style-type: none"> <li>Continue community collaborations with partners such as Portico and St. Paul Fire to provide access and services outside the hospital</li> </ul>	Regions Senior Leadership, Finance department					

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## Priority #3:

### Chronic Disease and Illness Prevention

#### Rationale:

- Cancer and heart disease are the first and second leading causes of death in Dakota, Ramsey, and Washington Counties, as well as Minnesota and Wisconsin (2009-2013). Ramsey County has increasing unintentional injury, stroke, cirrhosis and chronic lower respiratory disease mortality rates, while Dakota County has increasing unintentional injury and pneumonia and influenza mortality rates. Ramsey County has the highest cancer mortality rate in the study area, and Dakota and Washington Counties have a higher incidence rate of female breast cancer than Minnesota (2007-2011). Washington County also has the highest rate of colorectal cancer in the study area (2007-2011).
- Obesity and diabetes are also concerns in the study area counties and across the state. Ramsey County has a slightly higher diabetes mortality rate than Minnesota (2009 - 2013). More than 25% of residents in each of the counties in the hospital's study area, as well as Minnesota and Wisconsin, are obese (2012). Additionally, over one-third of adults in each county in the study area were overweight in 2011-2012, and Dakota and Ramsey Counties have higher percentages than the state.
- Dakota County identified preventing and managing chronic conditions as one of its top health priorities in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment*. The assessment also identified physical activity, eating habits and obesity, as well as a healthy start for children and adolescents, as overall health priorities in Dakota County.
- Ramsey County identified nutrition, weight and active living as a top health priority in the *Ramsey County Community Health Improvement Plan 2014-2018*.
- Washington County identified obesity and chronic diseases as two of its top three health priorities in the *Washington County Community Health Improvement Plan 2014*.
- According to the 2010 Metro Adult Health Survey, males in Dakota County had the highest rate of reported participation in physical activity, as compared to females in Dakota County who had the lowest rate in the study area counties.
- Overall, in each county and the state, male 11th grade students compared to female 11th grade students were physically active for 60 minutes or more on a greater number of days (Minnesota Student Survey, 2013, 4-7 days compared to 0-3 days).
- Overall, in each county in the study area and Minnesota, a slightly higher percentage of male 11th grade students, compared to female 11th grade students, drank at least one pop or soda during the day prior to taking the 2013 Minnesota Student Survey.
- Participants in the community conversations conducted by Regions Hospital identified access to healthy lifestyle resources and the need to focus on prevention and education as priorities in the community. For example, it was mentioned that there is limited access to healthy, affordable foods, which contributes to obesity and diabetes. There is also a lack of understanding about how to control diabetes. Furthermore, there is a need to promote healthy lifestyles and focus on prevention and education.
- Gonorrhea rates are increasing in Dakota and Ramsey Counties, as well as Minnesota. Chlamydia rates are also increasing in Ramsey County, and Ramsey County had the highest chlamydia and gonorrhea rates compared to other counties in the study area in 2014.
- Asthma Emergency Department visit rates are higher in Ramsey County than in Minnesota (2011-2013).

- Between 30% and 59.9% of children ages 24-35 months in the study area have their recommended immunizations, compared to approximately 63% of children in the state (2013).
- The percentage of mothers who received adequate or better prenatal care in Dakota, Ramsey and Washington Counties has recently decreased.
- The use of tobacco was also identified as a top priority for both Dakota County in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment* as well as the *Washington County Community Health Improvement Plan 2014* .
- In 2010, 14.5% of females and 17.7% of males in Minnesota were current smokers, compared to 18.7% of males and 27% of females in Dakota County.

**Priority #3: Chronic Disease and Illness Prevention**

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Reduce obesity	<ul style="list-style-type: none"> <li>• Make the healthy eating choice the easy choice (i.e. water in the vending is the lowest price option, healthier beverages are 80% of the choices, healthier menu items in the cafeteria)</li> </ul>	Partnership with Nutrition Services, Materials Management, Leaders , Employee Health and Wellness	x	x	x		
	<ul style="list-style-type: none"> <li>• Employee wellness: “Know Your Numbers”, employee challenges, “eat well be well”</li> </ul>	Employee Health and Wellness Nutrition Services-Dieticians	x	x	x		

**Priority #3: Chronic Disease and Illness Prevention**

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Reduce obesity	<ul style="list-style-type: none"> <li>• Best fed beginnings program</li> </ul>	Birth Center, Senior Leaders	x	x	x	Regions has increased its breastfeeding rate by 30 percent	
Improve healthy behaviors	<ul style="list-style-type: none"> <li>• Continue to promote healthy behaviors among employees (frequent fitness, health assessment, wellbeing program, employee resilience center, well at work, health coaching, BeWell moments, lunch and learns)</li> </ul>	Employee Health and Wellness	x	x	x		
Prevent chronic and communicable diseases	<ul style="list-style-type: none"> <li>• Continue to encourage prevention techniques for chronic and communicable diseases among employees (flu vaccines, communicable disease call in, immunizations)</li> </ul>	Employee Health and Wellness	x	x	x		
	<ul style="list-style-type: none"> <li>• Intensive case management support for community to best prevent chronic and communicable diseases</li> </ul>	Care Management, Senior Leaders	x	x	x		

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## Priority #4:

### Rationale:

#### Equitable Care

- There are approximately 412,529 residents in Dakota County, 532,655 residents in Ramsey County, and 249,283 residents in Washington County (2014). Each county in the study area had a higher overall population percent growth than Minnesota (2010-2014).
- The 65 and older population experienced the greatest percentage increase of all age groups in every county in the study area and in Minnesota (2010-2014). Washington County has the highest median age in the study area, which is also higher than Minnesota's median age. Dakota and Washington Counties median ages are increasing, while Ramsey County's median age is relatively stable.
- Ramsey County is also one of the most diverse counties in the study area. There are approximately 12% Black or African American residents and approximately 14% Asian residents in Ramsey County. Black or African American and Asian populations in Dakota, Ramsey, and Washington Counties also increased between 2010 and 2014.
- Data indicates that there is inequity among diverse populations. For example, in Minnesota there are significant disparities in graduation rates across racial groups (2013-2014).
  - American Indian/Alaska Native: 50.6%
  - Black: 60.4%
  - Hispanic: 63.2%
  - White: 86.3%
- Overall, 18.6% of children in Ramsey County are food insecure (2013) and 8.3% of seniors in Minnesota are threatened by hunger (2013). Ramsey County also has the highest overall food insecurity rate in the study area.
- Dakota County identified affordable housing, income, poverty and employment as top health priorities in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment* .
- Ramsey County identified social determinants of health in the *Ramsey County Community Health Improvement Plan 2014-2018* . This includes poverty, income, education, unemployment, home ownership and affordable housing, and transportation.
- Washington County emphasizes addressing issues related to health equity by targeting vulnerable populations across their three community health priorities in the *Washington County Community Health Improvement Plan 2014* .
- When asked what they would do if they were in charge of improving the overall health of the community, participants in the community conversations conducted by Regions Hospital indicated that cultural competency and community empowerment would be two of the top priorities.
- Participants in the community conversations conducted by Regions Hospital also identified barriers to care for diverse populations as a major concern in the community. For example, linguistically diverse populations are at an increased risk of facing access barriers and receiving inadequate care. Additional populations that are at an increased risk are low-income, immigrants, elderly, LGBTQ population, homeless youth, unemployed and people who did not complete school. Concerns include transportation, medication management, limited medical coverage, cost barriers and culturally appropriate care.

- Cultural sensitivity was specifically discussed regarding health care system barriers during the community conversations. It was mentioned that providers should practice cultural humility with their patients and the community in order to connect medical and community models.

**Priority #4: Equitable Care**

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Reduce clinical disparities	<ul style="list-style-type: none"> <li>• Further develop a robust health equity dashboard to continually measure key outcomes by race, language, and payor</li> </ul>	Miguel Ruiz, MD & Sidney Van Dyke	x	x	x		
	<ul style="list-style-type: none"> <li>• Reduce identified disparity in Adjusted Length of Stay for limited English proficient patients in Mental Health inpatient units</li> </ul>	Miguel Ruiz, MD & Sidney Van Dyke	x	x	x		
	<ul style="list-style-type: none"> <li>• Reduce identified disparity in Med/surg readmission rates by race</li> </ul>	Miguel Ruiz, MD & Sidney Van Dyke	x	x	x		
	<ul style="list-style-type: none"> <li>• Equitable Care Champions program: disseminate best-practices throughout the hospital</li> </ul>	Miguel Ruiz, MD & Sidney Van Dyke	x	x	x		
Promote health literacy across specific populations	<ul style="list-style-type: none"> <li>• Pharmacy counseling at discharge among vulnerable patient populations: discuss medications with a pharmacist to increase understanding</li> </ul>	Demeka Campbell, Craig Harvey, Kristin Woody, Beth Heinly-Munk	x	x	x		

**Priority #4: Equitable Care**

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Promote health literacy across specific populations	<ul style="list-style-type: none"> <li>Explore best practices for the use of CHWs: have been known to improve health literacy among health care consumers</li> </ul>	Demeka Campbell, Craig Harvey, Kristin Woody, Beth Heinly-Munk	x	x	x		
Increase Cultural Competency	<ul style="list-style-type: none"> <li>Improve the culture of humility/inclusion of our employees through education and engagement in equitable care activities</li> </ul>	Primary Care, Diversity & Inclusion	x	x			
	<ul style="list-style-type: none"> <li>Foster relationships with our diverse communities in our service area to improve patient experience</li> </ul>	Primary Care, Diversity & Inclusion	x	x			