



# Community Health Needs Assessment Implementation Plan

2016

## 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.

**Objective #1:**

Regions Hospital seeks to improve access by participating in the Mental Health Crisis Alliance (MHCA) to increase and provide better access to crisis services for patients

**Implementation Activities:**

Mental Health Crisis Alliance (MHCA) is a crisis response system that augments inpatient services in the East Metro area. The Alliance was formed from the work of the East Metro Mental Health Roundtable. Both Regions Hospital and HealthPartners are major sponsors of MHCA, which includes fourteen organizations that represent counties, hospitals, health plans, the state of Minnesota, consumers and advocates. Formed in 2002 to address the unmet needs of adults who experience behavioral health crisis, MHCA prevents avoidable emergency hospitalization and facilitating timely discharges by providing adult mental health crisis stabilization services in homes, community settings, or in short-term, supervised, licensed residential programs.

**Key Results:**

Patients seen:

- Crisis Assessment 1,907
- Crisis Stabilization Data Pending
- Psychiatry 527

Impact:

- 16% would have gone directly to the ER
- 1% would have called 911

## **Objective #2:**

Regions Hospital seeks to improve access by exploring expansion of Crisis Stabilization and Intensive Residential Treatment Services (IRTS) beds to serve the needs of Regions Hospital patients

### **Implementation Activities:**

Regions Hospital is one of 20 hospitals that participated in a 2016 Minnesota Hospital Association study regarding discharge options for inpatient behavioral health patients. The study found that every day, there are at least 134 hospital patients across our state who would benefit from a residential program or other care settings. In addition to the inpatient hospital not being the best care for these patients, this also results in long waiting times in the emergency department for new patients who need hospital care.

In the East-Metro the availability of IRTS beds impacts Regions Hospital in multiple ways:

- Currently there are 50 beds available in Ramsey County
- Programs run at capacity and have wait lists of up to 8 weeks

As a result, wait times for placement in IRTS has increased the length of stay (LOS) in Inpatient MH at Regions Hospital. As a consequence, the number of patients waiting for an inpatient bed in the Emergency Department has also grown along with the time they wait for a bed to open.

On any given day, we are experiencing an average of 17 patients who are ready for discharge and require the services of an IRTS for discharge, waiting for a bed to become available.

- The average wait for an opening is 15 days
- These patients are stable and do not require inpatient hospital level of care
- This delay is a barrier to the natural transition to the community for those patients

- ❖ A 16-bed IRTs will serve annually 88 IRTS patients, who would have been delayed or denied services.
- ❖ At the same time, other patients in need of acute services will benefit by this with greater inpatient mental health capacity to admit annually 146 more patients.

In October of 2016 Regions Hospital was awarded a contract through a RFP process by Ramsey County to open a 16 bed facility licensed through DHS. Purchase, design and construction are in process with a goal of completion in 2<sup>nd</sup> quarter of 2018.

### **Objective #3:**

Regions Hospital seeks to improve access by providing psychiatric drug assistance as a stop gap measure for those patients without medication coverage. Assist with obtaining long term coverage.

### **Implementation Activities:**

The Mental Health Drug Assistance Program (MHDAP) improves access to prescription drugs for people experiencing a mental illness. MHDAP alleviates or averts many psychiatric crises in the east metro area by covering the full cost or co-pays of medications for un-insured and under-insured patients who cannot afford their own medications.

MHDAP was established in 2008 as a collaborative between United, St. Joseph's, and Regions Hospital in St. Paul; the crisis services of Ramsey, Dakota and Washington counties; and the Mental Health Crisis Alliance. Participating organizations work with a group of east metro pharmacies that fill prescriptions, waiving the full price or co-pay as necessary. The pharmacies then bill MHDAP for the prescriptions or co-pays, and the group pays for them using funds raised. Patients can receive a total of three months worth of assistance. Social workers and care providers ensure that patients apply for other assistance programs before receiving prescriptions. In this way, patients have access to ongoing funding for medications.

Contributions to MHDAP fund medications for needy patients. HealthPartners provides administrative services for the program and Regions Hospital Foundation acts as fiscal agent.

### **Key Results:**

- 291 individuals received medications assistance in 2016 for a total of \$125,144 in assistance. The program helped these individuals obtain 779 prescriptions that year.
- Program records documenting patients approved for subsidies have shown that less than one percent do not access their subsidized mental health medications.

**Objective #4:**

Regions Hospital seeks to improve access through emergency department/mental health model of care and Pod G renovations

**Implementation Activities:**

The care model facilities and partnership between Psychiatry and Emergency Medicine is constantly being enhanced to improve patient care and experience.

In 2016, Regions Hospital remodeled one 11 bed crisis unit in the Emergency Department, called Pod G. The project improved line of sight, brought daylight into the unit and created more collaborative work space for the team.

**Key Results:**

**Program Metrics:**

- ED Crisis Patient visits: 7,478
- Admission rate: 48%
- Average Length of Stay in Pod G until admitted to Behavioral Health inpatient bed: 16.58 hours
- Percentage patients admitted on a 72 hour hold: 27% (Annual average)
- Completion of Crisis Class by ED Staff: 100% staff working in Pod G and all new hires

## **Objective #5:**

Regions Hospital seeks to improve access with HeroCare

### **Implementation Activities:**

Soldiers experience situations in combat that civilians could not imagine, and many suffer mental wounds years after their military service has ended. Yet our health care system is not set up to best care for them.

Funded with the help of charitable contributions to Regions Hospital Foundation, the Lee and Penny Anderson HeroCare Program for Veterans helps veterans recover from the psychological effects of combat, adjust to their civilian lives and thrive. As part of the program, Regions Hospital offers the very best, military-informed care while also helping veterans navigate the many community services available to them once they leave our facility, including the services of the Veterans Administration.

The program went live in June 2014. We originally predicted that the program would serve 60 patients annually; it served approximately 988 in 2016. Additional contributions allowed us to expand the program into the hospital's Emergency Center and medical units, the Regions Hospital Alcohol and Drug Abuse Program (ADAP) and HealthPartners mental health clinics.

### **Key Results:**

#### **Program Metrics:**

- In 2016 the HeroCare program served 988 veterans.
- Once the condition of a veteran is stabilized, HeroCare staff members reach out to providers of ongoing care and services to help coordinate these services. Last year, 260 (26%) of HeroCare patients experienced such "warm hand-offs."

**Objective #6:**

Regions Hospital seeks to reduce stigma and improve education with the NAMI Walk.

**Key Results:**

In September, 2016 Regions Hospital sponsored a team of NAMI walk participants. There were 48 participants on the Regions Hospital team and the team raised approximately \$2,900 to contribute to NAMI in the effort to increase awareness of mental illness and to eliminate stigma.

## **Objective #7:**

Regions Hospital seeks to reduce stigma and improve education with Make It OK.

### **Implementation Activities:**

To reduce and someday eliminate the stigma related to mental illnesses, Regions Hospital worked with local community organizations such as the National Alliance on Mental Illness (NAMI) Minnesota to create the Make It OK anti-stigma campaign. Although Make It OK incorporates some education of the public about mental illness, it is more about changing hearts and attitudes. We want to promote healthy conversations about mental illnesses and let people know that these are chronic illnesses, just like any other chronic illness. In this way we can encourage people to seek the help they need and deserve rather than be shadowed by silence.

Make It OK is a grassroots movement that uses trained community “ambassadors” to help promote its message. The tools created for Make It OK are free for everyone to use and the content is not branded by HealthPartners. The campaign is paid for with contributions to Regions Hospital Foundation.

Make It OK’s first advertising flight launched in May 2013. Since then, advertising has included television, radio, print, social media, online video, Internet purchases and transit shelters. In the fall of 2015, a new series of advertising targeted the African American, Hispanic and senior communities, and we are running ads on local African-American and Hispanic radio stations to further target these populations.

In December 2016, public interest in Make It OK significantly increased with the launch of “The Hilarious World of Depression,” a podcast produced by American Public Media and supported by HealthPartners and Make It OK. “The Hilarious World of Depression” is a series of frank and funny conversations with top comedians and comedic personalities who have experienced depression. Since its launch the podcast was ranked among the top 20 podcasts on iTunes and *USA Today* named it one of the top new podcasts of the year.

We target businesses, health care organizations, police departments, colleges and universities, communities of faith and other sectors for deeper dives into the topics of mental illness and stigma. We packaged our message in a toolkit that helps organizations share the message with their staff and constituents and created Make It OK Interactive, an online, dynamic learning tool. We share our message at local health fairs and train “ambassadors,” both in partner organizations and the greater community, so they can help spread the message.

Finally, we work closely with communities across Minnesota and beyond that coalesce to fight stigma, partnering with the local leaders to design approaches and engage diverse stakeholders. Current and potential community partners include the St. Croix Valley, Dakota County, St. Cloud, Duluth and Wabasha County.

## **Key Results:**

### **Program Metrics:**

- Through September 2016, we estimate that the four-year campaign garnered 233 million impressions through television, radio and online ads.
- In the first 10 months of 2016, an estimated 137,000 people viewed the five half-hour documentaries on television, and there have been 35,772 online views of the documentary series since 2013.
- Through October 2016, MakeItOK.org had nearly 96,000 unique visitors.
- Nearly 11,000 people have taken the site's pledge to become stigma free.
- In 2016, ten people submitted personal stories to the MakeItOK.org website.
- In that same year, more than 150 individuals were trained as community "ambassadors" so they could act as expert speakers on these topics and participate in ongoing promotion and support of the campaign tools.

### **Objective #8:**

Regions Hospital seeks to reduce stigma and improve education through updates to the ADAP programming.

### **Implementation Activities:**

Regions Hospital Alcohol-Drug Abuse Program (ADAP) was established in 1972 to help people recover in a safe and welcoming environment.

In the efforts to continue helping patients make a new start with hope and healing, the following activities occurred:

- Enhanced the role of the Medical Director to improve the care model.
- Added a Director of Addiction, Residential, and Behavioral Health to bring state of the art clinical models to the program.
- Continued implementation and evaluation of Helping Men Recover Curriculum.
- Added a full time provider to address psychiatric and mental health needs.
- Greatly improved the environment through addition of new furniture, paint, lighting, window treatments, and lounge space.

### **Key Results:**

#### **Program Metrics:**

- 54% of patients completed all of their treatment goals, as verified with Staff Approval.
- Development of program metrics parallel with guidelines from Substance Abuse and Mental Health Services Administration are in process. Planned metrics include:
  - Client satisfaction
  - Readmissions
  - Waiting list >7 days/size of list
  - % occupancy
  - Completion %
  - Homelessness
  - Symptom reduction
  - Referrals at discharge
  - Labor workforce status

**Objective #9:**

Regions Hospital seeks to reduce stigma and improve education through support groups for families of inpatients.

**Implementation Activities:**

Family support groups were facilitated in the Resource room on a daily basis, Monday through Friday, by a licensed social worker and a psychologist. It was noted that attendance was very poor and that families requested weekend groups instead of weekday groups. In November of 2016, family support groups were moved to weekends to support family request and enable increased attendance. Attendance will be monitored to determine whether this is a positive change.

## Priority #2 – Access and Affordability

### Rationale:

- 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.

## **Objective #1:**

Regions Hospital seeks to make healthcare easier to use; reduce barriers to access; improve connections to services and resources by utilizing our preferred network of TCUs to increase access to high quality care.

## **Implementation Activities:**

The Region Post-Acute Care Network (PAC) is comprised of 12 Preferred Transitional Care Unit (TCU) sites. The facilities responded to a RFI and completed an extensive application, interview and onsite TCU tour process with Care Management and Senior Community Care leaders before being selected to participate as a Preferred TCU.

The facilities initially met several key quality indicators and capability requirements and continue to report status on a quarterly basis as part of a quarterly face to face meeting. Performance is monitored in the areas of:

- # of Readmissions to hospital
- # of ED visits
- LOS in the TCU
- Referrals, denials, placements of Regions Hospital patients,
- Patient experience
- CMS - 5 star quality rating

Approximately 40% of discharges from Regions Hospital are transferred to a TCU setting. Of those transferred to a TCU, approximately 70% are placed in one of 12 preferred TCUs. The Preferred facilities and Regions Hospital Care Management collaborate closely with HP Senior Community Services to provide onsite post-acute medical care at the preferred TCUs. This ensures continuity of care during discharge transitions. The Care Management team and the TCUs together develop pathways to ensure safe and effective care transitions. All preferred TCUs have access to Epic Care Link which enables them to assess and accept patients more quickly and ensures patient information remains confidential. We collaborate with our preferred TCUs to identify effective clinical and transition pathways to ensure safe and appropriate PAC placement and care for our under/uninsured patients as well as patient's with unique medical or social barriers to PAC placement. This reduces barriers to access and improves connections to services and resources making healthcare easier for our patients to obtain.

## **Key Results:**

### **Program Metrics:**

TCU referrals – 2,736

- Referrals to Preferred TCU– 1,874 or 68%
- Referrals to TCU with geriatric team – 532 or 19.44%

## **Objective #2:**

Regions Hospital seeks to make healthcare easier to use; reduce barriers to access; improve connections to services and resources by improving timeliness of patient placement and flow through the hospital.

## **Implementation Activities:**

Regions Hospital Patient Flow Improvement efforts initiated or continued in 2016 focused on eliminating delays:

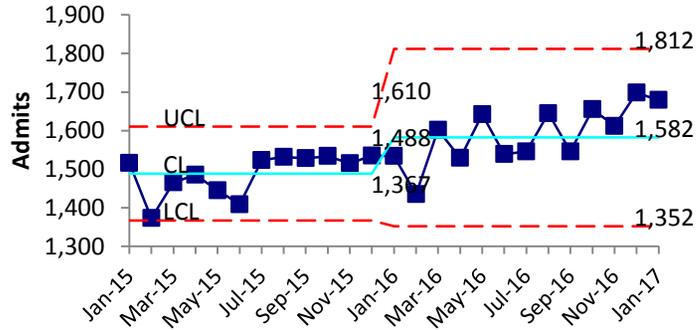
- Regions Hospital was able to accommodate more medical and surgical patients than ever through daily flow management, ongoing evaluation to optimize the number and function of each available bed, and strong collaboration across providers, nursing and ancillary departments. Regions Hospital occupancy levels continued to increase significantly in 2016.
- Regions Hospital completed planning for a facility refresh and remodel of patient rooms within the central section. Construction began to refresh and expand a unit.
- A discharge lean initiative was launched, with the goal of increasing Regions Hospital percentage of patients leaving the hospital earlier in the morning. The purpose is to increase open bed capacity for incoming admissions.
- Implementation of a daily cross functional bed meeting to evaluate real time performance, and current flow barriers, as well as developing and implementing immediate solutions.
- Implementation of a Bed Hub, a collaborative space for placement decisions, and development of related admission process improvements. The goal is to move patients more timely, and accurately, into their admission bed.
- Launched an improvement team focused on ancillary and support services with the goal of using data to optimize staffing and processes in support of patient flow. Departments included: transport, housekeeping, imaging and therapies.
- Creation of an Access & Flow Medical Director position to improve provider engagement and input related to patient flow initiatives.

## **Key Results:**

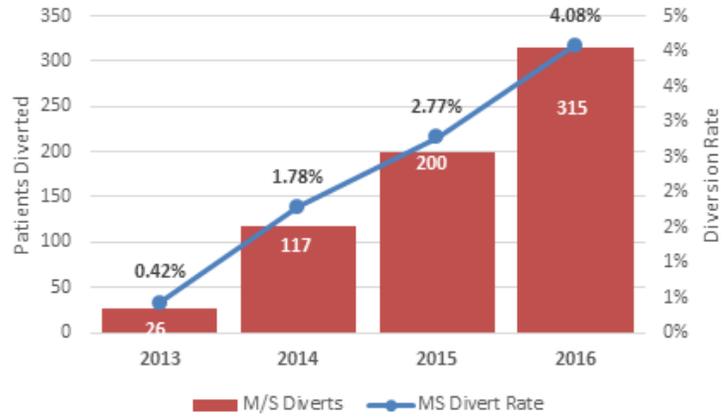
**Program Metrics:** see next page

**Regions Hospital M/S Admission Volume: 2015 - 2017**

Admitting Unit: Med Surg/ICU

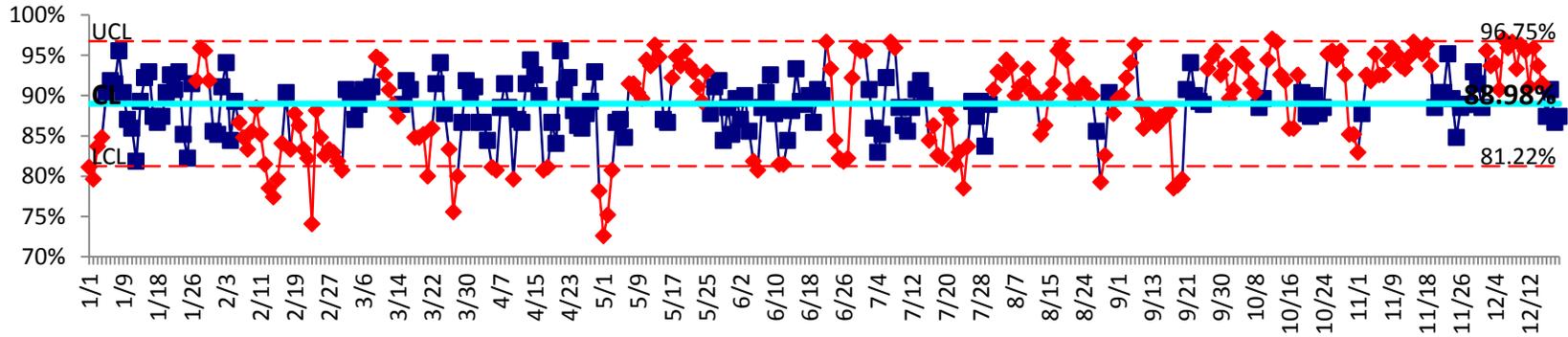


**Total MedSurg / Critical Care Regions Direct Diversions**



**Med Surg IP Occupancy Rate at 11am**

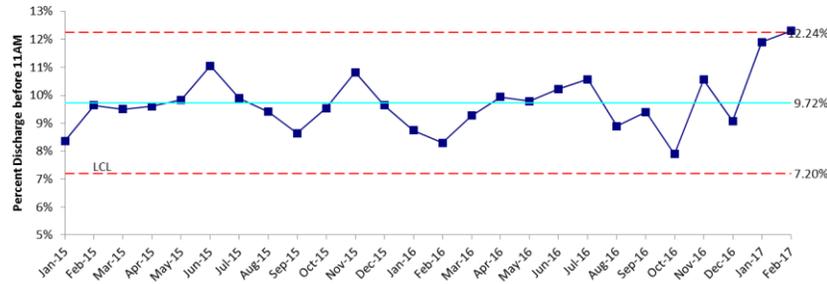
84.5% of days at or above 85% occupancy | Data does not include Obs and Ext Recovery



Census Date | Source: Epic real time hourly update

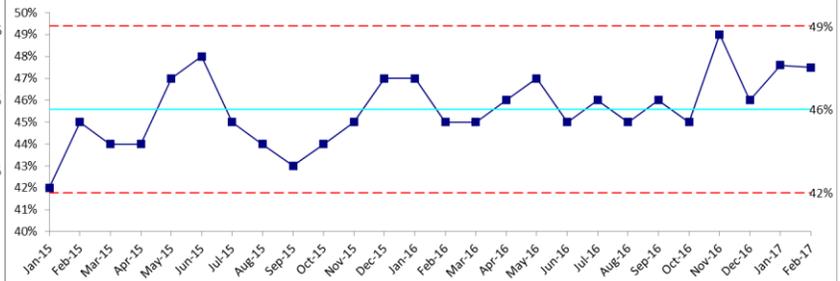
**Percent Discharge before 11AM**

Population: MS & MH



**Percent Discharge before 2PM**

Population: MS & MH



**Objective #3:**

Regions Hospital seeks to make healthcare easier to use; reduce barriers to access; improve connections to services and resources through care model process improvement.

**Implementation Activities:**

2016 was a foundational year for refining and improving our care model. Many improvements were made through enhancements to our electronic medical record (Epic), nursing education and clinical quality improvement teams.

Regions Hospital has a team of 8.17 FTE in performance improvement that support clinical quality improvement across all services with dedicated resources in Mental Health, Emergency Medicine and Critical Care.

Key to our efforts in 2016 was improving nurse efficiency to create more time at the bedside. Through an improvement methodology called Human Centered Design, we identified several key areas of opportunity. Successful Pilots were conducted and rollout will occur in 2017

#### **Objective #4:**

Regions Hospital seeks to make healthcare easier to use; reduce barriers to access; improve connections to services and resources by being 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.

#### **Implementation Activities:**

Regions Hospital continues efforts to connect a significant amount of patients with primary care resources in order to facilitate consistent and accessible future care. By providing case management service throughout the Hospital and the Emergency Department staff are able to assist patients in finding primary care providers and scheduling appropriate follow up appointments.

Regions Hospital continues to operate a robust financial counseling program, which works to secure a payment source for un-insured and under-insured patients. Regions Hospital financial counselors work diligently with patients and their families to find alternate funding sources regardless of point of hospital entry. Eleven Patient Financial Counselors (PFC), 25 Registration Financial Specialists (RFS) and one Ramsey county financial workers are dedicated to help patients enroll in government programs or find other sources of coverage.

Specifically, the PFCs and RFSs are able to screen patients for eligibility for available programs and completing applications with MN health care programs, Regions Hospital Medical Assistance/charity care applications, and setting up payment plans. The Regions Hospital Emergency Department and inpatient units provide financial counseling 24 hours a day, 7 days a week, while other departments provides counseling during the business week. In 2016, All PFCs and RFSs continued their enrollment as Certified Application Specialists with the MNsure insurance exchange, allowing them ability to further assist in enrolling in Minnesota MA, MinnesotaCare and Qualified Health Plans via the state insurance exchange.

The hospital's financial counseling program helped 2,065 patients secure government-sponsored health coverage under the Medicaid or MinnesotaCare programs in 2016. With health insurance, people are also more likely to seek preventative care and avoid health crises, which are expensive to treat and dangerous to a person's health.

#### **Key Results:**

##### **Program Metrics:**

In 2016, Regions Hospital Financial Counseling program successfully completed 3,144 applications for government based care. Of these applications, 65% (2,065) were approved for government based coverage.

## **Objective #5:**

Regions Hospital seeks to make healthcare easier to use; reduce barriers to access; improve connections to services and resources by continuing community collaborations with partners such as Poritco and St. Paul Fire to provide access and services outside the hospital.

## **Implementation Activities:**

Portico is a community based nonprofit model for delivering care management and outreach services to help people find coverage. Portico also operates a small “insurance-like” program covering primary, preventive and specialty health care services to uninsured families and individuals who cannot afford health insurance and do not qualify for publicly sponsored health care programs. Regions Hospital provides funds to Portico who uses that contribution to provide ambulatory care coverage and case management for the otherwise uninsured.

A second community collaboration, Regions Hospital is partnered with the St. Paul Fire Department on two programs to provide Community Paramedic services to patients in the community. The Regions Hospital Community Paramedic (CP) program assigns a CP to patients discharging from Regions Hospital with a diagnosis of CHF, COPD or AMI for follow up within 3 days of discharge. The CP visits the patient at home 1-2 times per week for up to 6 weeks. The CP completes a physical exam, obtains vital signs, reconciles medications and provides resources and referrals for needs such as transportation, food access and housing.

In addition, Regions Hospital was awarded a HealthRise grant from Medtronic Philanthropy which is aimed at supporting under-served patients living with diabetes and/or cardiovascular disease on the East side of St. Paul. Partners include Westside Community Health Services and the St. Paul Fire Department. Starting in June of 2016 Community Paramedics and Community Health Workers (CHW) from Regions Hospital and St. Paul Fire began enrolling for the program. The CP and CHW work with patients to provide a link to primary care in addition to education, medication support and access to supportive services.

## **Key Results:**

### **Program Metrics:**

- 27 patients enrolled in the Community Paramedic program which has seen early results reducing hospital visits and increased use of primary care.
- 25 patients received a total of 144 home visits in the HealthRise program

## 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.

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- 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.

### **Objective #1:**

Regions Hospital seeks to reduce obesity by making 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).

### **Implementation Activities:**

Food and Nutrition services partnered to make sure the yumPower brand and our better-for-you food strategy along with behavioral economics was incorporated into the Café 640 food selections and marketing to drive better for you customer choice. Clinical dietitians supported the new café 640 grand opening in January 2016 where many new better-for-you recipes and sugar free beverages were sampled. The Eat Well, Be Well program and new OZZI sustainable to-go food container were also marketed at the event with fun healthy give-a-ways.

### **Key Results:**

#### **Program Metrics:**

- Decreased sugar beverages available in the Gift Shop, the Overlook Café, and Café 640
- 80% non-sugar sweetened beverages in the cafeteria and vending machine by January 1, 2016.
- Non-sugared drinks were moved to the top of vending machines and coolers in retail spaces
- New Café 640 menu options increased healthy choice foods.
- Vending machines have all been set to 80/20 healthy options since 2015
- Water has been cheapest option at \$1.50

**Objective #2:**

Regions Hospital seeks to reduce obesity through employee wellness: “Know Your Numbers”, employee challenges, “Eat Well, Be Well”.

**Implementation Activities:**

Employee Health and Wellness program Eat Well, Be Well continued in 2016 with employee health and wellness health coach and overall program. Program includes 12 weeks of group classes and one individual appointment with the Registered Dietician (RD) and one individual appointment with the health coach. Multiple members of the clinical nutrition team guest speak for the program. The program was offered twice in 2016.

**Key Results:**

**Program Metrics:**

- 14 participants in Eat Well, Be Well
- 100 participants in Financial Fitness
- 354 participants in Frosty Challenge
- 79 participants in Lose Weight in 8
- 100 participants in Walk to be Well Day

### **Objective #3:**

Regions Hospital seeks to reduce obesity through the best fed beginnings program.

#### **Implementation Activities:**

Regions Hospital began on the path to a Baby Friendly hospital in 2012. At that time, our exclusive breastfeeding rate at discharge was 40%. Women were initially starting breastfeeding after delivery at around 80%, but over their postpartum stay and at discharge this dropped to 40%. There are challenges of newborns needing supplementation due to medical issues (most often hypoglycemia) and the formula supplementation given did not meet the definition of exclusive breastfeeding. Along with this, mothers change their mind due to challenges of learning breastfeeding techniques, feeding every 2-4 hours, latch issues of the newborn and lack of support from family/partners. In an effort to assist with the supplementation need, Regions Hospital Birth Center began offering donor milk to inpatient families in 2016. Many families have taken advantage of this when supplementation need arises. We have found that our culturally diverse populations do not support the use of donor milk for religious or cultural concerns, so we continue to explore options to meet the needs of our patients.

#### **Key Results:**

##### **Operating Metrics:**

- 75% of mothers are exclusively breastfeeding upon discharge. This will be long term work and support with families as both a reduction in obesity for mothers and newborns will need to be measured through pediatric and adult data analysis.

## **Objective #4:**

Regions Hospital seeks to improve healthy behaviors by continuing 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).

## **Implementation Activities:**

Regions Hospital offers the opportunity to staff to become a member of a 3,306 square foot, state-of-the-art fitness center. The fitness center includes locker and shower facilities for women/men, a group exercise studio with innovative audio/visual capabilities and space for over 20 pieces of cardio and strength equipment. Equipment includes: treadmills, elliptical, bikes, functional strength trainer and strength machines, roman chair, rowing machine and free weights. There are approximately 20 group exercise classes offered each week. Classes include: cardio dance, step aerobics, yoga, muscle toning, Pilates and core conditioning. Personal fitness training sessions are offered as individual, buddy or group packages with 45 people participating in 2016. All Regions Hospital and HealthPartners employees, volunteers, students, providers and contracted employees are eligible for a 30 day free trial membership. Membership fee was set at \$20/month so that employees who take advantage of Frequent Fitness can in essence receive their membership free each month. Currently there are 213 members enrolled in the Frequent Fitness program. Wellness coaching continues to be offered through our Center for Employee Resilience and through programs such as *Know Your Numbers and Eat Well Be Well*. In these programs employees are educated on their body composition (% body fat, muscle, waist circumference) and coached to develop goals related to eating, moving and sleeping. In 2016 we continued to host the Farmers Market outside our main entrance where fresh produce, oils and vinegars and breads were available to our employees, patients and visitors. After 4 years, this program is now a well-established tradition.

Regions Hospital focus for 2016 was increasing the power and members in the Be Well Champion Networks for long-term success. Be Well Champion Network grew from 58 to 90 members and held our first annual Be Well Summit. Two, 2 hour sessions were held and brought together more than 250 Be Well champions from across HealthPartners. Also 2016, Regions Hospital offered a new program called the *Be Well Squad*. This is a list of presentations, services, and wellbeing challenges that departments can schedule with Employee Health and Wellness staff to custom tailor each department or teams need to promote well-being and self-care. Resilience training was one of the most popular options chosen by departments. Also, Be Well Moments, which were included in the Be Well Squad list, have grown in popularity. We have educated, demonstrated and lead numerous *Be Well Moments* in large leadership meetings, department meetings, daily huddles and other special events. *Be Well Moments* last 5-7 minutes and may include movement, relaxation, or mindfulness as a strategy to interrupt the daily stress response or sedentary behavior. These *Be Well Moments* are becoming part of the “norm” for extended meetings and stressful situations. Another traditional venue to increase awareness of Regions Hospital wellness programs is at the Annual Employee Health and Wellbeing Fair. In 2016 over 15 different vendors and over 800 employee participants where topics spanned the spectrum of well-being from Financial to Emotional / Mental to Physical well-being.

## **Key Results:**

### **Program Metrics:**

- Over 800 attendees at the Annual Employee Health and Wellness Fair in 2016, up from 600 in 2015

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- Over 800 attendees at the Annual Employee Benefits Fair in 2016
- 73% of employees completed their annual Health Assessment and Wellbeing Program (as compared to 72% in 2015)
- 23.1% of employees reported engaging in all 4 optimal lifestyle health measures (physical activity, fruits/vegetables, alcohol, and tobacco) (as compared to HealthPartners book of business 19.3%)
- 20.3 % of employees reported having only zero to one of the Health risk 10 high-risk measures (as compared to HealthPartners book of business 16%)
- Over 2,500 employees participated in an Employer Sponsored Well-Being Program in 2016.
- By December 2016, there were 355 fitness center members.
- There were 32,660 visits to the fitness center by members and trial members between in 2016.
- 45 Personal Training participants in 2016, up from 38 in 2015.
- 1,491 employees and hospital visitors browsed the annual Farmers Market in 2106 with 812 people purchasing fresh locally grown items.
- Regions Hospital employees visited the Center for Employee Resilience 14,918 time, an increase from 9,154 in 2015
- Over 100 employees participated in the Stepping Together for Better Health walking day in 2016
- Over 46 employees participated in the twins Cities Marathon in 2016

## **Objective #5:**

Regions Hospital seeks to prevent chronic and communicable diseases by continuing to encourage prevention techniques for chronic and communicable diseases among employees (flu vaccines, communicable disease call in, immunizations).

## **Implementation Activities:**

In 2016 Regions Hospital staff remained compliant with preventative measures to reduce incidence of exposure to various communicable diseases such as Tuberculosis, Influenza, Hepatitis, Measles, Mumps, Varicella to name a few. Regions Hospital runs an extensive Influenza Vaccination program in 4<sup>th</sup> Quarter & 1<sup>st</sup> Quarter of each year with the goal of 100% participation and 90% vaccination of Hospital employees and Licensed Independent Practitioner partners. During this “flu season” several walk-in clinics and appointment times are available to all staff and providers to receive a flu vaccine free of charge. Employee Health and Wellness staff also works with departmental “Flu Champions” to allow employees to receive their vaccine in their department. Employee Health and Wellness staff also collaborates with Regions Hospital offsite locations and bring walk-in clinics to these departments. During each new employee screening exam, Employee Health nurses ensure all required vaccinations are documented. Throughout the year respiratory mask fitting is performed for those staff who may be required to enter a patient’s room who has a known or possible communicable airborne disease along with proactive tuberculosis testing. When a possible exposure to a communicable disease, occurs whether airborne or through bodily fluid exposure, employees are assessed as soon as possible either by an Employee Health Nurse during clinic hours or by a care team member in the Regions Hospital Emergency Department. When necessary, employees receive the recommended prophylactic treatment. Regions Hospital also has the Communicable Illness Reporting Call Line which is an automated message staff call when they are not able to come to work. Employees are educated at time of hire and throughout the year to report any symptoms or diagnosis given related to over 11 different type of communicable diseases. This allows the Employee Health and Wellness department staff to capture information needed to follow-up with employees as needed. This data also allows the Employee Health Nurses to consult with the employee on the return to work requirements.

The Regions Hospital Well at Work clinic staffed by our certified family nurse practitioner continued to see an increased number of employees over the course of 2016. In 2016, over 2,030 employees received care for concerns related to musculoskeletal pain/injury, health prevention, skin, allergic, upper respiratory conditions, blood pressure, mental health and urinary issues. The clinic has provided accessible and high quality care to employees while showing an ROI for saved productive time (less PTO) at a minimum of 1.5 hours to 8 hours per visit depending upon the employee’s schedule and job within the hospital.

## **Key Results:**

### **Program Metrics:**

- In 2016 the Regions Hospital Employee Health and Wellness department:
  - Administered over 5,100 Influenza Vaccines
  - Administered over 1,400 screenings to tuberculosis
  - Conducted over 2,300 Respiratory Mask Fittings to prepare staff for taking care of patients in airborne isolation
  - Evaluated over 100 employees for a possible Blood body Fluid Exposure to a high risk communicable disease
- The Regions Hospital Well at Work clinic has saved 5,095 hours of PTO in 2016 and 22,388 hours since opening in May 2012
- Compared to a traditional office visit, each visit can save employees with deductible health plans \$150 or more.

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- 8,955 visits results in an estimated savings of \$1,343,250.
- The Well at Work clinic continues its prevention visit focus with visits for routine screening is in the top 5 reasons for visits.

## **Objective #6:**

Regions Hospital seeks to prevent chronic and communicable diseases through intensive case management support to community in order to best prevent chronic and communicable diseases.

## **Implementation Activities:**

The social determinants of health confirm that much of health is influenced by factors outside of the care itself. In an effort to improve health and reduce readmissions:

- To reduce inappropriate use of the emergency department, care management screens and assess for gaps in knowledge related to health plan benefits: CareLine (24 hour nurse line), ride program for vouchers transportation, and urgent care.
- Assess for resources or referrals for transition planning to primary or specialty care, or the next level of care.
- Assess for resources and refer to community resources for food, social services and other support needs.
- Assist with referrals to high risk outpatient case management program, Medication Therapy Management (MTM), and the Community Paramedic Program.
- High risk patients identified have their scheduled appointments for follow up care – primary or specialty completed prior to leaving Emergency Department (ED) or followed by with phone contact.
- Assist high risk identified patients with transportation set up to their follow up appointment
- Assist with appropriate treatment plan: Diabetes Management education follow up in ED/clinic, provision of nebulizer education in ED, assess medication adherence and education supporting medication treatment plan, disease education to patient/family and reinforcement on follow up care.
- Screen for barriers to health care and identify opportunities to eliminate.

## Priority #4 – Equitable Care

### Rationale:

- 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.

## **Objective #1:**

Regions Hospital seeks to reduce clinical disparities by further developing a robust health equity dashboard to continually measure key outcomes by race, language, and payor.

## **Implementation Activities:**

In 2016 Regions Hospital continued to build on a health equity dashboard. The following measures are now available for Med/Surg, OB, and Mental Health units, with the ability to stratify each by race, language, and payor:

- Discharges
- Length of Stay
- Avoidable Readmissions
- Patient Satisfaction
  - Would Recommend
  - Rate your Hospital
  - Nurse Communication
  - Physician Communication
  - Staff Helped with Pain
- Mortality
- C-Section Rate
- AHRQ
- Emergency Department
  - Out within 3 hours
  - Median LOS

The dashboard is continually monitored by the Regions Hospital Equitable Care Committee. When potential disparities are found, the committee works with Data Analytics to complete statistical significance testing. Results are then shared with key stakeholders and interventions designed to address disparities.

## **Key Results:**

**Program Metrics:** see next page

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- 2 new ED metrics added in 2016.
- Baseline data captured on several measures in 2016 including:

**Real capture rates:**

- 98.45% for Preferred Language (improvement of 0.45% over 2015)

R-L Group	All		Grand total of Cases
	Cases	% Total Cases	
English	25,168	90.74 %	25,168
LEP	2,136	7.70 %	2,136
Unknown/Patie...	431	1.55 %	431
<b>Grand total</b>	<b>27,735</b>	<b>100.00 %</b>	<b>27,735</b>

- 95.71 for Self-reported Race (improvement of 1.61% over 2015)

R-L Group	All		Grand total of Cases
	Cases	% Total Cases	
White	18,411	66.38 %	18,411
Of Color	8,134	29.33 %	8,134
Unknown/Patie...	1,190	4.29 %	1,190
<b>Grand total</b>	<b>27,735</b>	<b>100.00 %</b>	<b>27,735</b>

**Objective #2:**

Regions Hospital seeks to reduce clinical disparities by reducing identified disparity in Adjusted Length of Stay for limited English proficient patients in Mental Health inpatient units.

**Implementation Activities:**

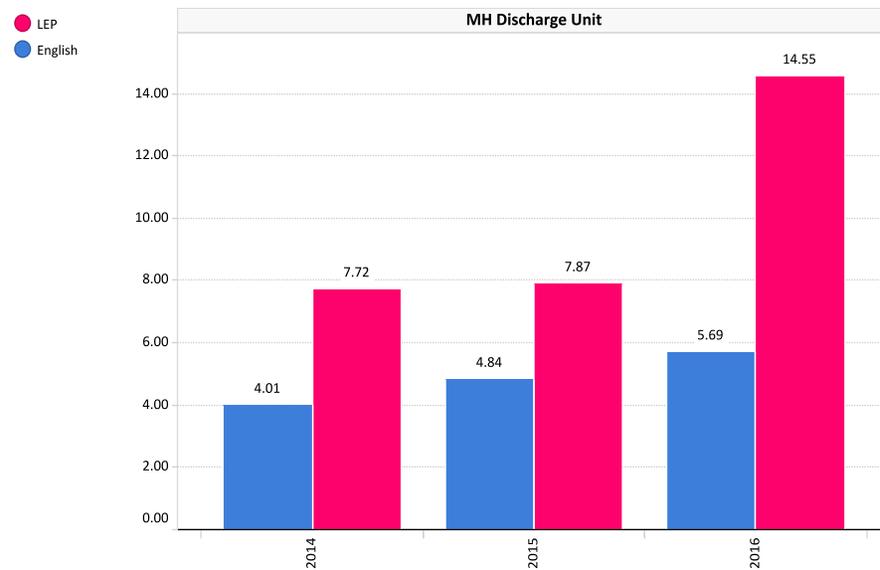
Improvement efforts in 2016 focused on access to interpreters so that limited English proficient (LEP patients) could more consistently participate in a full array of inpatient therapies, including group therapy. iPads were purchased for each unit to allow 24/7 access to interpreters via video conferencing technology. 26 interpreters representing 7 languages completed simultaneous training through Century College and five sets of equipment were purchased for use in group therapy interpreting. Staff interpreters shadowed group therapy sessions in December and an implementation plan was developed for roll out of group therapy interpreting services in early 2017.

**Key Results:**

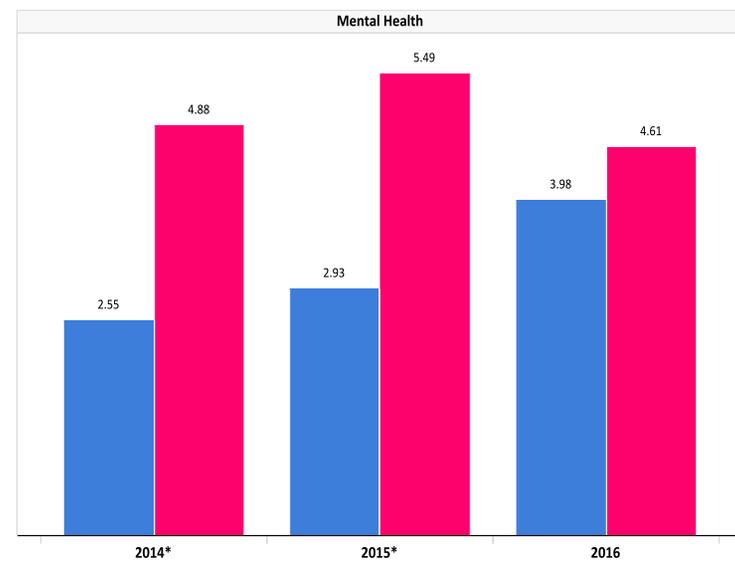
**Program Metrics:**

Preliminary data for 2016 shows a narrowing of the gap with outliers removed, but a greater number of LEP patients falling into the outlier category (high-volume APR-DRGs - 30+ for the year) resulting in a widening gap in 2016 when outliers are not removed.

**LOS (Days over/under) by Lang / MH – Outliers NOT removed**



**LOS (Days over/under) by Lang / MH – Outliers removed**



**Objective #3:**

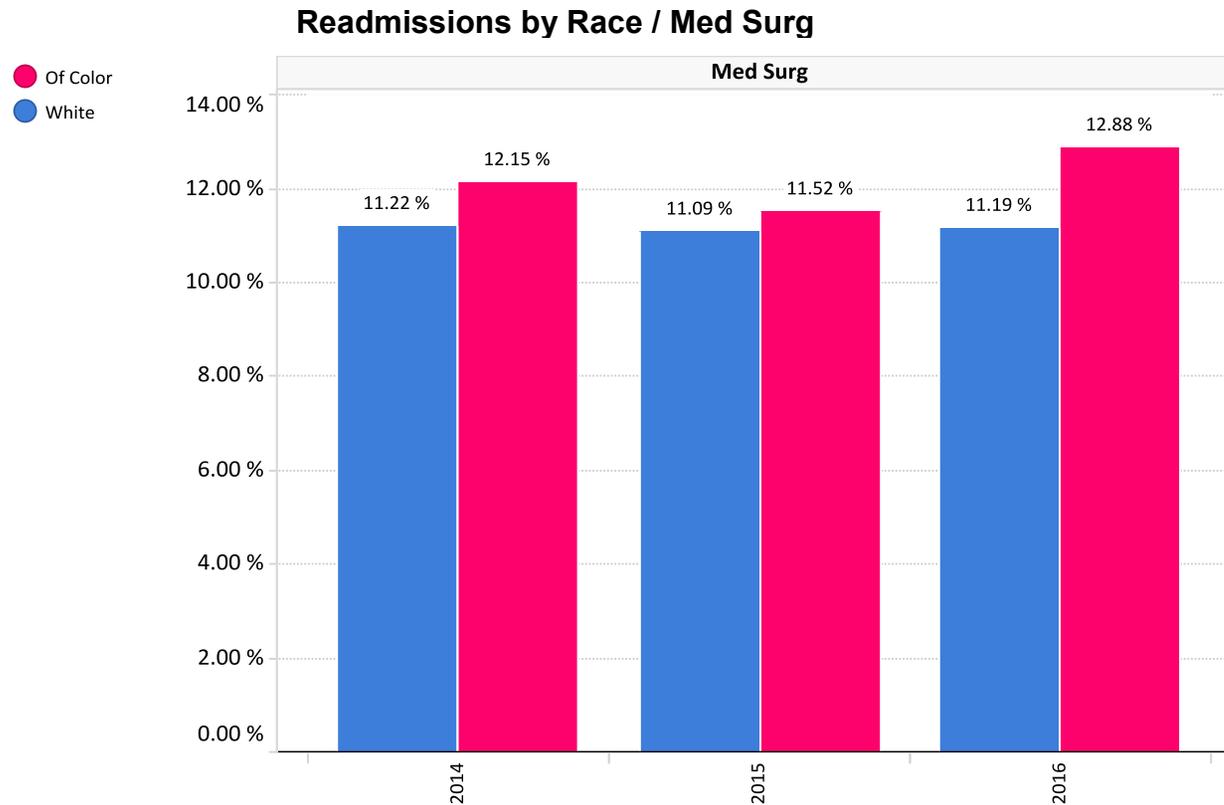
Regions Hospital seeks to reduce clinical disparities by reducing identified disparity in Med/surg readmission rates by race.

**Implementation Activities:**

After a year (2015) with no statistically significant gap in med/surg readmissions by race, year-end data for 2016 shows a widening gap in this measure. This gap was communicated to Quality leaders and Board Quality and is a focused improvement area. The Equitable Care Committee hosted HealthPartners Care Management leaders and Community Health Workers to explore opportunities for stronger transitions of care. Planning began to include LEP patients in readmission interviews to better understand the underlying causes of readmissions.

**Key Results:**

**Program Metrics:**



**Objective #4:**

Regions Hospital seeks to reduce clinical disparities through Equitable Care Champions program: disseminate best-practices throughout the hospital.

**Implementation Activities:**

Regions Hospital recruited 41 Regions Hospital-based Equitable Care Champions from throughout the hospital who have committed to learning about equitable care and sharing their learnings with their work teams. Members of the Equitable Care Committee provided feedback for Equitable Care Champion communications on equity, cultural humility, and language access communications in 2016. The EC Committee also provided content and speakers for all EC Champion orientation sessions as well as their annual meeting, and supported networking meetings between EC Champions

**Key Results:**

**Program Metrics:**

Number of active Regions Hospital-based Equitable Care Champions - 41

**Objective #5:**

Regions Hospital seeks to promote health literacy across specific populations by pharmacy counseling at discharge among vulnerable patient populations: discuss medications with a pharmacist to increase understanding.

**Implementation Activities:**

A pharmacist is required by law to speak with all patients who present with a new prescription for filling. If the encounter requires interpreter (live or on via phone), we utilize the best source available.

Given this is a long standing and standard practice for Regions Hospital, we are closing this as a specific objective.

**Objective #6:**

Regions Hospital seeks to promote health literacy across specific populations by exploring best practices for the use of CHWs: have been known to improve health literacy among health care consumers.

**Implementation Activities:**

As a part of the Diversity and Inclusion team an action plan was developed around some data that suggested a slightly higher rate of re-admission amongst non-Caucasian patients. As a result, we thought that a community health resource position may impact this in a positive way. We connected with the Quality department as they were already developing risk scores for patients prior to discharge. Upon further discussion and analysis, we determined it was best to have the clinic structure complete the exploration of the community health worker model. This will be best optimized in an outpatient setting. Because we have other objectives under this priority, including reducing the readmissions disparity, we are closing this specific objective.

## **Objective #7:**

Regions Hospital seeks to increase Cultural Competency by improve the culture of humility/inclusion of our employees through education and engagement in equitable care activities.

### **Implementation Activities:**

Regions Hospital leveraged its large team of professional staff interpreters to provide specialized education in language access in 2016 to various internal audiences, including all Regions Hospital-based and rotating medical students and residents and all new hires to the hospital.

#### Leadership Symposium

Diversity and Inclusion was the theme of our Annual Leadership Symposium and we were fortunate to present Breaking Ice, one of Pillsbury House Theatre's signature, award-winning programs. Facilitators from Breaking Ice provided us with a unique, entertaining and thought-provoking theatre experience to foster better understanding and communication around difficult issues of diversity and inclusion.

Leaders also participated in an Open Conversation Workshop where they experienced and built skills in how to use the Open Conversation framework with their own teams. Open Conversation helps create a safe space for leaders and their teams to engage in thoughtful conversation about diversity, inclusion and related tragedies that impact our community.

#### Lead Well Classes

In addition to our Leading with Cultural Humility class, we have added two additional Lead Well learning opportunities. Our Recognizing and Managing Bias class helps participants identify personal preferences and blind spots and learn how to change future behavior. Our session on Building and Understanding of Diversity and Inclusion introduces participants to our organization's perspective, plan and priorities related to diversity and inclusion and help participants explore their role personally in making sure everyone feels welcomed, included and valued.

#### Team Member Development

The Breaking Ice performance was made available on video allowing us to share the experience with employees across the organization. The Video, along with discussion guides were made available and leaders throughout the hospital hosted events within their departments where team members experience the performance and related discussion. In addition, Regions Hospital hosted 23 open sessions for those employees who were unable to attend their department's session. These have been eye-opening and emotional experiences for team members.

Team Talks are an opportunity to lead discussions around topics that matter most to our teams, and our patients and community. This fall, we focused primarily on diversity and inclusion, and sr. leaders led open conversations about race.

#### Business Engagement Networks

We have two Business Engagement Networks which aim to connect leaders round a common dimension of diversity. Our two BENs are: the Cross Cultural Leadership Development Network which focuses on race and ethnicity, and our LGBTQ Network. These are open to all leaders and are an important part of our organization's mission and Head + Heart, Together culture. Leaders with a common passion to meet, network and support our organization's diversity and inclusion strategic goals.

## **Objective #8:**

Regions Hospital seeks to increase Cultural Competency by fostering relationships with our diverse communities in our service area to improve patient experience.

### **Implementation Activities:**

#### Outreach

The recruitment team attends numerous events each year to promote job opportunities at Regions Hospital, to promote health care careers, and to assist job seekers in building their interviewing skills. A few examples of these activities include the MLK Diversity Career Event, Veterans Career Fair, MN DEED Diversity Career Fair, Ramsey County Workforce Medical Staff Panel, and assisting with Mock-Interviews various sites.

#### Student Experiences:

- Right Track: In 2016 we had 10 Right Track Student Interns at Regions Hospital for the summer working in a variety of departments.
- Cristo Rey High School's Corporate Work Study Program. Regions Hospital provides student experiences for 4-5 Cristo Rey students each year. These students attend school 4 days each week and spend their 5<sup>th</sup> day working on-site at Region in areas of guest services and our gift shop. Our interns gain real-world work experience and develop excellent customer service, communication, teamwork and other skills essential to career success. Cristo Rey boasts a 100% college acceptance rate!
- HOSA (Health Occupations Students of America): as a supporting member of HOSA we help promote health care careers to high school students providing leadership on their board of directors, hosting student tours, and participating in numerous student experiences and competitions each year.
- Scrubs Camp: Regions Hospital continues to support this important student experience that introduces young people to a variety of careers within healthcare. Regions Hospital supports this program through financial contributions to provide scholarships as well as supporting student experience by leading tours, or learning sessions.
- Our partnership with Washington Magnet School invites a diverse group of students in for experiential learning about health careers. Students interact with our staff and with medical equipment in our simulation center!

Central Corridor Anchor Partnership-Workforce Development Group: We serve as a member of The CCAP Workforce Development Group whose work includes a focus on building a work force that is more representative of local neighborhoods which will lead to better healthcare and student achievement outcomes.

C3 Fellows: This program, an outcome of the CCAP Workforce Development Groups, helps place students who are currently enrolled in health care programs into jobs within the health care industry while they are in school. Goals/impacts of this program include student's economic advancement, increased academic success and employability. We support this program through assisting student with mock interviews, resume writing, tours and informational sessions and interview opportunities.

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HEIP (Healthcare Education Industry Partnership) Council: Region's manager of workforce planning and development serves as vice-chair of this council which is a council of HealthForce Minnesota, a collaborative partnership of education, industry and community that was created to increase the number and expand the diversity of healthcare workers; to integrate health science education practice and research; and to build capacity for education and industry to collaborate to enhance patient care