

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

Progress:

Established Community Peer Support

The Alliance converted the Bush Foundation funded Community Peer Support program over to Ramsey County early in 2017. Ramsey County has continued the program through their existing Mental Health Center operations and have identified that remaining Bush Foundation dollars may be used to implement Peer Recovery Coach community support for individuals discharging from Detox. This is the second example of the Alliance receiving foundation dollars to pilot a program that has then been adopted, in whole or in part, by Ramsey County in to their array of services. This will continue in 2018 under Ramsey County's leadership.

Demonstrated the Challenges Facing the System

The Alliance Measurement Committee continued to meet through 2017 and had success in the following areas:

- Produced two East Metro Mental Health Round Table reports highlighting the challenges facing the system in order to focus our efforts and rally support for more investments and changes. This work will continue in 2018 if grant funds are received.
- Brought Substance Use system representatives together and developed a common definition of Substance Use Crisis for use in gathering data on system flow and patient recovery outcomes.
- Identified substance use crisis data sets for incorporation in to the Metrics report and/or other efforts to improve th SU crisis system. This work will continue in 2018.
- Brought together providers from the different mental health and substance use programs starting or operating in the three County corrections facilities with the hope of identifying common outcomes and data sets to be able to determine program effectiveness. This work will continue in 2018.

Improved the East Metro Substance Use Crisis System

The Alliance initiated its work to improve the Substance Use crisis system in 2017, bringing together hospitals, detoxes, counties, law enforcement and EMT's to identify key patient flow issues that are challenging both the system and individual recovery outcomes. Through this effort, the Alliance has been able to build relationships in the SU system and produce a contact list of key individuals at each system to resolve transfer issues and begin to build relationships between systems. In addition, the Alliance supported the development of an overview by Ramsey County detox on admission and treatment criteria to help other systems understand what they can expect from Ramsey County detox. The hospitals are finalizing a standardized set of intake information that, if successful, will allow first responders to have a standard set of information to collect and provide to Emergency Departments when transferring an individual in crisis. This work will continue in 2018.

Developed Three Projects for the Joint Fundraising Effort

The Alliance was able to convene conversations and generate focus on three programs that would improve the East Metro's mental health and substance use crisis system:

Regions Hospital Community Health Needs Assessment Implementation Plan Update 2017

- **Landlord Engagement:** The Alliance would like to identify and support efforts to have more of the individuals served able to find housing in existing rental units. The expansion or replication of existing efforts, similar to Dakota County's HART model, are being considered. A template proposal has been created and will be refined while out looking for funders for this program. This work will continue in 2018.
- **Extended Services Housing:** The Alliance would like to create more housing with services for individuals served by the crisis system. The program model would be based on the Extended Services Housing program currently offered by Ramsey County to house individuals in Targeted Case Management. The program has proven to be effective in improving outcomes for individuals and reducing system costs. A template proposal has been created and will be refined while out looking for funders for this project. This work will continue in 2018
- **Substance Use Crisis Stabilization Team:** See item below

Developed a Substance Use Crisis Stabilization Team Model

The Alliance was able to fully develop a program model for a Substance Use Crisis Stabilization Team to serve individuals who enter the mental health and substance use system while in a substance use crisis. The program model was fully developed and the Alliance was able to put together a complete and compelling proposal for funding through the Mental Health Innovations Grant RFP. If funded, the Alliance will support HealthEast with the implementation of this program. If funding is not received, the Alliance will seek other funders and identify how to implement all or portions of the program. This was the first example of how the Alliance can support a collective fundraising effort through working with one member to put together a proposal for a project that will serve the whole community.

Successfully Completed Transition to New Structure and Name

The Alliance successfully navigated the ending of the Joint Powers and the development of a voluntary structure in late 2016 and early 2017. The Alliance changed its name from "Mental Health Crisis Alliance – Transforming Crisis Services for Adults in the East Metro" to "East Metro Crisis Alliance – Partnering across systems to promote recovery". The website was cleaned up and a the new domain name was purchased. Remaining funds in the Alliance Trust Fund were disbursed to Ramsey and Dakota Counties with a commitment to use them towards projects and programs impacting the crisis system. Website and materials will be fully transitioned in the first half of 2018.

Successful fundraising for 2018 Project Management

The Alliance Leadership Team was faced with a funding shortfall for 2018 project management. The Leadership Team developed a budget for the various initiatives as well as overall project management and sent the word out to members. Members responded with contributions, contracts and grants that resulted in raising the 2018 Project Management budget. Conversation will continue in 2018 on how to identify and raise sustainable funding for the Alliance.

2017 Operating Costs: \$ 557

Objective #2:

Regions Hospital seeks to improve access by exploring expansion of Crisis Stabilization and IRTS beds to serve the needs of Regions patients

Progress:

In 2017 Regions Hospital Board approved the expansion of our current Intensive Residential Treatment services through the purchase and building renovation of 2715 Upper Afton Road, Maplewood, MN. Construction is currently under way and we anticipate opening Afton Place in April of 2018. This state of the art 16-bed facility has single rooms, each with its own bathroom. An addition of an elevator was made to be ADA compliant and there are several handicapped assessable rooms. As well, the facility features two group rooms, a sensory integration room, and a large open dining area.

We anticipate serving approximately 88 patients a year for a length of stay of 60 days. This will allow Regions Inpatient Behavioral Health to serve and admit approximately 142 additional patients in inpatient behavioral health.

Capital Costs: \$6,064,092

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.

Progress:

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.

Operating Costs: Regions Hospital contributed \$250,000 to MHDAP in 2014

Program Metrics:

- 275 individuals received medications assistance in 2017 for a total of \$21,496 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

The Regions Hospital Emergency Department has an 11 bed crisis unit, Pod G, specifically designed for the safe care of patients in an acute mental health crisis. This care unit is collaboratively staffed with both mental health and medical professionals. The care model and partnership between Psychiatry and Emergency Medicine is constantly being enhanced to improve patient care and experience.

Progress:

In 2017, Regions Hospital began several work improvement processes aimed at improving the ED/MH model of care.

- Development and implementation of new nurse to nurse report system that enhanced the communication between the 2 areas upon patient transfer
- Piloting of new transfer process for voluntary patients going to the short stay/lower acuity inpatient unit, aimed at decreasing the wait time for patients to be able to leave the ED
- 2 pilots of full time daytime psychiatry coverage in Pod G

Key Results:

2017 Capital Costs: \$90,000 for new safe beds for Pod G patients

2017 Operating Costs: \$2,000,000

Program Metrics:

- Reduced ED length of stay for the MH admission patient from 16 to 13 hours
- ED Crisis Patient visits: 7,993
- Admission rate: 38%
- Average Length of Stay in Pod G until admitted to Behavioral Health inpatient bed: 13 hours
- Percentage patients admitted on a 72 hour hold: 33% (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

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.

Progress:

- Advocates saw 80% of veterans admitted to Regions hospital
- 120-140 service members seen per month
- Providing telephone consultation on a limited basis
- Maintaining and growing community relationships
- "Military Benefits and Culture" quarterly hospital trainings are in progress
- Drop-in Resource Center for caregivers, Veterans and family members developed and initiated, piloted drop-in hours, currently schedule as needed
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2017 Capital Costs: \$27,000

2017 Operating Costs: \$217,352

Program Metrics:

- Total number of veterans seen: 1,327
 - Mental Health – 89
 - Medical Units – 1,213
 - Other – 25
- Total number of warm hand-offs: 413
 - Mental Health patients – 28
 - Medical patients – 371
 - Other – 14

Objective #6:

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

Progress:

In September, 2017 Regions Hospital sponsored a team of NAMI walk participants as part of the overall HealthPartners superteam. There were 14 participants on the Regions Hospital team and the team raised approximately \$2,400 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 MakeItOK.

Progress:

To reduce and someday eliminate the stigma related to mental illnesses, Regions Hospital worked with organizations such as the National Alliance on Mental Illness (NAMI) Minnesota, Preston Kelly, Twin Cities Public Television and American Public Media 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. 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 won the Webby Award in the comedy podcast category. The Webby Awards are among the most prestigious internet marketing awards.

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.

2017 Operating Costs: \$212,724

Program metrics:

- Through the first nine months of 2017, we estimate that the campaign garnered more than 75 million impressions delivered via paid media through video, radio, bus shelter and online ads.
- The campaign's website content has been enhanced, with more than 100,000 website session between October 2016 and September 2017, exceeding any previous year's web traffic.
 - The site averages 5,000 visitors per month and approximately 25 percent are new visitors.
 - Nearly 14,000 people have taken the online pledge to become stigma free and hundreds more have filled out pledge cards at events and presentations.
- The Make It OK Facebook page was launched in the fall of 2017 and already has 750 followers.
- In partnership with nearby communities in Goodhue, Washington and St. Croix County, more than 300 individuals were trained as Make It OK ambassadors in 2017 and are promoting the campaign through events and presentation, reaching thousands of people

Objective #8:

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

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

Progress:

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

- Updated residential and outpatient facilities, spending nearly \$345,000 for upgrades in 2016
- Redirected treatment services to those with co-occurring disorders in the residential program to ensure 100% of clients receive a diagnostic assessment within 10 days of admission
- Optimized the number of patients served in the program
- Revised residential program schedule, broadening the range of interventions, providing patients with disorder-specific treatment
- Added a supervisor to the treatment staff to increase delivery of clinical supervision

2017 Operating Costs: \$ 2,761,746

Program Metrics:

- 3,022 unique patients served

Objective #9:

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

Progress:

In November of 2016, family support groups, facilitated by a Social Worker or Psychologist, were moved to weekends to support family request and enable increased attendance. While attendance at these groups is sporadic, the groups continue to be available to ensure that a MH professional is available when a family member reaches out. Family conferences are also available on every unit, for every patient, at the family's request.

2017 Operating Costs: \$2,080

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.

Progress:

Regions Hospital continues to partner with 12 Preferred TCU sites in order to provide safe and efficient access to quality post acute care. The facilities responded to a RFI in early 2015 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 in August 2015.

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. We monitor performance in the areas of:

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

Approximately 40% of discharges from Regions are transferred to a TCU setting. Of those transferred to a TCU, approximately 65% are disposed to one of 12 preferred TCUs. The Preferred facilities and Regions Care Management collaborate closely with HP Community Senior Care 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 collaborate to ensure we are saving days, reducing length of stay, preventing readmissions and providing the right level of care for patients.

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 PAC placement and care for under/uninsured patients and 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 (As Appropriate):

2017 Operating Costs: \$ 73,908

Program Metrics

2017 TCU placements in preferred TCUs: 2180

- Referrals to Preferred TCU: 1658
- Referrals to non-preferred TCUs with HP geriatric team : 522

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.

Progress:

Regions Hospital Patient Flow Improvement efforts initiated or continued in 2017 worked to eliminate delays and improving patient access in the light of growing capacity constraints. Regions focused on a few primary improvements to meet the current challenge:

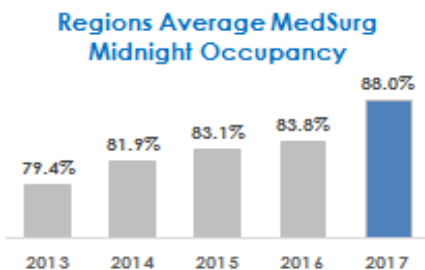
- Improving Operational Efficiencies including timely and effective discharge, conducting hospital wide bed status meetings, developing and executing surge plans when needed and improving Emergency Department throughput
- Implementing Flexible Models of Care including site of service, keeping care in local communities and piloting a hospital at home program

2017 Operating Costs: \$ 804,936

Program Metrics:

Patient Access: Occupancy and Diverts

The Challenge
Regions occupancy is approaching the limit



Average **6 AM** occupancy topped **90%** for first time in 2017

MedSurg Measures	2016 increase over 2015	2017 increase over 2016
Admissions	+6.1%	+7.5%
Occupancy	+6.9%	+7.4%

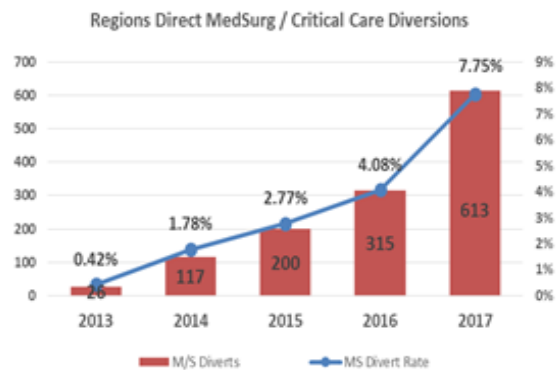
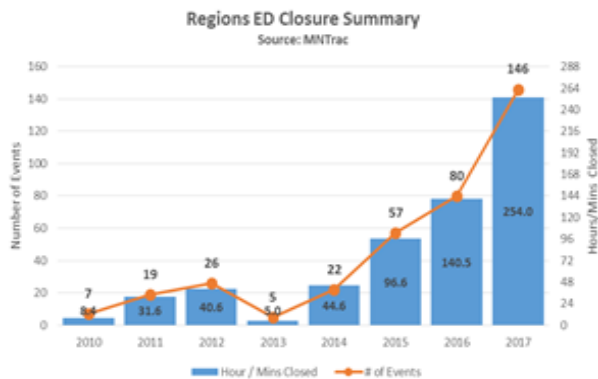
*Capacity: total hospital beds available
Occupancy: percentage of those beds filled
Ideal hospital occupancy for patient flow is 80% or less*



Patient Access: Occupancy and Diverts

The Impact

*Increasing frequency
of Regions lacking
beds*



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.

Progress:

Regions continues to apply disciplined process improvement methodologies to improve the quality and safety of care delivered throughout the hospital. Great progress continues to be made to reduce the number of hospital acquired infections; specifically the rates for Catheter-associated Urinary Tract Infections (CAUTI), Central line-associated bloodstream infection (CLABSI), and Clostridium difficile rates.

2017 Operating Costs: \$1,583,000

Program Metrics:

CAUTI - 48% reduction in 2017 compared to 2016

CLABSI – 29% reduction in 2017 compared to 2016

C. difficile – 29% reduction in 2017 compared to 2016

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.

Progress:

To secure access to ongoing medical care, and to mitigate charity care write-offs, Regions established a financial counseling program in 1995. Since then, the program has been implemented throughout Regions, to include the Emergency Department and Regions - based outpatient clinics.

Eleven Patient Financial Counselors (PFS), 18 Registration Financial Specialists (RFS) and a Ramsey Country worker are dedicated to help patients enroll in government programs or find other sources of coverage.

Specifically, the PFSs and RFSs are able to screen patients for eligibility for available programs and offer assistance completing applications with Minnesota health care programs, Regions Medical Assistance/charity care applications, and setting up payment plans. The Regions Emergency Departments provide financial counseling 24 hours a day, 7 days a week, while the inpatient units departments provide counseling seven days a weeks during normal business hours. Clinic-based financial counseling is also available during normal business hours.

In 2015, PFSs and RFSs were also enrolled as Certified Application Specialists with the MNsure insurance exchange, allowing them the ability to further assist in enrolling in Minnesota MA, Minnesota Care and Qualified Health Plans via the state insurance exchange. In late 2016 Regions hospital also started participating as a Medicaid Presumptive Eligibility provider. This meant the registration and financial counseling staff completed additional training on screening individuals for presumptive eligibility. In 2017 Regions hospital completed 1,146 presumptive eligibility applications for patients with no health insurance coverage.

In 2017, PFSs and RFSs completed 3,405 applications successfully enrolling 2,543 individuals in government health care programs. This provided approximately \$9.7 million to Regions for care that otherwise would have been considered charity care. For 2017, the Minnesota healthcare programs application breakdown was as follows: in the Emergency Department and Outpatient Clinics, 1,352 applications were successfully opened; for inpatients 1,191 applications were successfully opened

2017 Operating Costs: \$4,660,000

Program Metrics:

	ED and OP	IP
MA and MNCare applications taken	1,104	1,155
HPE applications taken	774	373
Total applications Completed	1,877	1,528
Opened Coverage	1,352	1,191

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 Portico and St. Paul Fire to provide access and services outside the hospital.

Progress:

Regions Hospital partnered with the St. Paul Fire Department on two programs to provide Community Paramedic services to patients in the community during 2017. First, 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. During 2017 we enrolled 36 patients into the program and have seen results indicating reduced emergency department visits and reduced hospital admissions.

In 2016 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. In 2017 the teams visited 57 patients for a total of 490 home visits. 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. The HealthRise program will continue through September of 2018.

Regions Hospital now employs a team of 9 Community Paramedics who work directly with patients with congestive heart failure in a new program called Hospital + Home. This program partners a Community Paramedic and a Physician to care for patients in their home after a short hospital stay. In 2017 we enrolled the first 10 patients into the program.

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.

Regions contributed to the start-up of the Catholic Charities program Higher Ground, which includes a new respite center for homeless patients who need shelter while recovering from a hospital stay. Catholic Charities mission is to serve those most in need and to advocate for justice in the community. They accomplish this by working in and with the broader community. In the construction of their new facility in St. Paul called Higher Ground, the organization advanced a new vision and included a respite center for homeless patients needing shelter while recovering from a hospital stay.

Key Results:

2017 Operating Costs:

- Contributions of \$168,674 to Portico
- Catholic Charities Contribution: \$105,164
- Community Paramedic Program: \$122,520

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.

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- 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).

Progress:

Food and Nutrition Services continues to strive to be a leader in generating healthy food access throughout the community by providing access at all of our outlets and departments to better-for-you food choices, providing simple, clear & useful information about nutrition as it relates to health and well-being, and creating an environment where the healthiest choice is the easiest choice. Registered Dietitian Nutritionists (RDNs) are utilized as nutrition experts to make sure we are sourcing the best foods possible, sending evidence based messages regarding food and nutrition and following evidence-based guidelines to drive better-for-you eating.

Regions Hospital RDN continues to lead employee health and wellness Eat Well Be Well program which provides 12 weeks of group classes on various nutrition topics, one individual appointment with the RDN and one individual appointment with the health coach. Two cohorts went through the program in 2017.

Our clinical nutrition manager attended a Healthy Beverage Convening which consolidated wellness experts throughout the community to leverage collective knowledge to improve healthy beverage environment in Minnesota.

In 2017, RDNs and nutrition services chefs were also involved in 4 specialty education cooking demos, 1 for low-income senior Medicare/Medicaid members, and 3 for patients following a spinal cord injury and their family members. Also, two community presentations on healthy eating in the Spanish community (conducted in Spanish using culturally appropriate foods) were conducted by our Spanish speaking RDN.

2017 Operating Costs: \$12,796,800

Program Metrics:

- Maintain 80% non-sugar sweetened beverages in the Gift Shop, the Overlook Café, and Café 640 and vending machine
- Use of behavioral economics tactics to drive better for you beverage and food choice.
- New Café 640 menu options that increase better-for-you food options and are labeled with the yumPower brand on menu boards to indicate as a better-for-you choice for customers.
- Water is the cheapest option at \$1.50 and free water is available via fountains in the cafeteria.

Objective #2:

Regions Hospital seeks to reduce obesity through employee wellness: “Know Your Numbers”, employee challenges, “eat well be well”.

Progress:

Employee Health and Wellness program Eat Well, Be Well continued in 2017 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 one time in 2017. Know Your Numbers was offered and continues to be offered year round. It includes three free appointments: one with a Certified Nurse Practitioner to go over results of a blood panel to address cardiovascular health factors; one with a Certified Personal Trainer/Wellness Coach to measure body composition and address eating, moving and sleeping behaviors; one with a Resilience coach to address stress, resilience and overall life satisfaction. Financial Fitness was offered as a self-guided, self-paced well-being program through our online portal addressing key components of financial well-being which often connect to physical well-being. Frosty Challenge was offered as a well-being challenge that promotes a variety of well-being topics with overall goal to maintain weight throughout eight weeks of the holiday season.

2017 Operating Costs: Included in objective 4

Program Metrics:

- 8 participants in Eat Well, Be Well
- 126 participants in Financial Fitness
- 429 participants in Frosty Challenge
- 75 participants in Walk to be Well Day
- 80 Participants in Know Your Numbers

Objective #3:

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

Progress:

According to UNICEF/WHO, the benefits of breastfeeding include significantly lower rates of infants who develop Type 1 & 2 diabetes. There is also a noted lower risk of women developing Type 2 diabetes, breast and ovarian cancers if they breastfeed.

The team continues to progress the work of the Baby Friendly Initiative as outlined by UNICEF/WHO. All Nurses and Physicians are given additional education during orientation on the importance of breastfeeding and techniques to equip patients to go home exclusively breastfeeding. Yearly audits are completed to ensure the Hospitals compliance with the 11 tenets of the program.

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.

2017 Operating Costs:

\$1,350 for annual Baby Friendly License

\$13,950 wages for education for every newly oriented caregiver in the Birth Center

Program 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).

Progress:

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, cardio kickbox, yoga, muscle toning, Pilates and core conditioning. Personal fitness training sessions are offered as individual, buddy or group packages with 48 people participating in 2017. All Regions Hospital and HealthPartners employees, volunteers, students, providers and contracted employees are eligible for a 30 day free trial membership. Membership fee is \$20/month so employees who take advantage of Frequent Fitness can in essence receive their membership free each month. Currently there are 239 members enrolled in the Frequent Fitness program.

In 2017, Regions Hospital continued to focus on increasing the size and impact of the Be Well Champion Networks for long-term success. Regions Be Well Champion Network had 92 members at year end. HealthPartners as an organization held its second annual Be Well Summit. Two, 90 minute sessions were held and brought together more than 225 Be Well champions from across HealthPartners.

In 2017, Regions Hospital strengthened the involvement of the *Be Well Squad* which was a concept created in 2016. The Be Well Squad offers a variety of presentations, services, and well-being 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. Two wellness coaches held over thirty meetings with individual department leaders to gain an understanding of the unique culture within each department. This gave leaders a much stronger feeling of being supported by employee well-being professionals. It also gave Employee Health and Wellness a better understanding of the strengths and barriers present within each unique team to help foster a more customized approach to each individual department's culture of well-being. Resilience training was one of the most popular options utilized by departments to receive as a Be Well Squad service. Also, Be Well Moments have grown in popularity. *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 2017 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.

2017 Operating Costs: \$107,266

Program Metrics:

- Over 800 attendees at the Annual Employee Health and Wellness Fair in 2017
- Over 600 attendees at the Annual Employee Benefits Fair in 2017
- 72% of employees and their spouses completed their annual Health Assessment and Wellbeing Program
- 24% of employees reported engaging in all 4 optimal lifestyle health measures (physical activity, fruits/vegetables, alcohol, and tobacco) (as compared to 23.3% in 2016)

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- 20.6 % of employees reported having only zero to one of the Health risk 10 high-risk measures (as compared to HealthPartners book of business 17%)
- 3,795 employees and their spouses covered by Regions medical plan participated in an Employer Sponsored Well-Being Program in 2017.
- By December 31, there were 380 fitness center members. (as compared to 355 in 2016)
- There were 34,899 visits to the fitness center by members and trial members in 2017 (compared to 32,660 in 2016)
- 48 Personal Training participants in 2017, up from 45 in 2016.
- Regions Hospital employees visited the Center for Employee Resilience 18,556 times, an increase from 14,917 in 2016
- 46 employees participated in the HealthPartners corporate team for the Twins Cities Marathon, 10 mile, 10K, or 5K running events in 2017

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).

Progress:

In 2017 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 4th Quarter & 1st Quarter of each year with the goal of 100% participation and 90% vaccination of Hospital employees and Credentialed Providers colleagues. 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 and Wellness 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 types of communicable diseases. This process allows for several activities. It allows:

- The Employee Health and Wellness department staff to capture information needed to follow-up with employees as needed.
- The Employee Health and Wellness Nurses to consult with the employee on the return to work requirements.
- The Employee Health and Wellness department staff to track trends of illnesses within individual departments requiring additional resources.

The Regions Hospital Well at Work clinic staffed by our certified family nurse practitioner continued to provide care to Regions Hospital employees over the course of 2017. In 2017, over 1,850 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 2.5 hours to 8 hours per visit depending upon the employee’s schedule and job within the hospital. In 2017 this has saved Regions Hospital over 4,630 hours in productivity and Paid-Time Off hours.

2017 Operating Costs: \$747,234

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.

Progress:

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.

2017 Operating Costs: \$5,091,703

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.

Progress:

Regions Hospital continues to build on its ability to identify health disparities using real-time data. The following measures are available in a central equity dashboard with the ability to stratify data by race, language, and payor. In many cases, we are able to further stratify data by service line, DRG, acuity, discharge status, discharge unit, attending physician, and county.

- Discharges
- Length of Stay
- Avoidable Readmissions
- Patient Satisfaction
 - Would Recommend
 - Rate your Hospital
 - Nurse Communication
 - Physician Communication
 - Staff Helped with Pain
 - Understanding purpose of medications (new in 2017)
 - Staff described medication side effects (new in 2017)
 - Told what medication was for (new in 2017)
- Mortality
- C-Section Rate
- AHRQ
- Emergency Department
 - Visits
 - 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.

2017 Operating Costs: \$4,138

Program Metrics:

- 3 new medication understanding metrics added in 2017.
- Hospital capture rates for race (95%) and language (97.9%) data remain strong.

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.

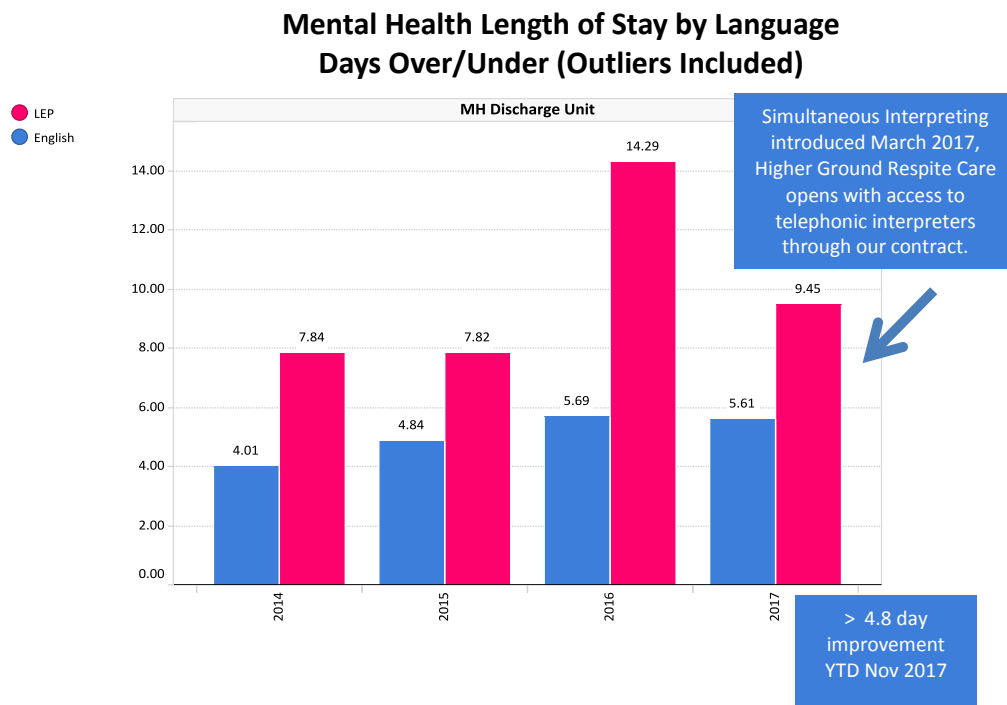
Progress:

26 staff interpreters are available to provide simultaneous interpreting in seven languages for mental health group therapy sessions. Services were rolled out in March of 2017 to improve limited English proficient (LEP) patient access to the full array of available inpatient therapies, with an ultimate goal of reducing the length of stay for LEP patients. Regions Hospital has also partnered with Catholic Charities Higher Group Respite Care to provide telephonic interpreting services to MH patients discharged to their facility. This removes a significant barrier to timely discharge of this patient population.

2017 Operating Costs: \$35,754

Program Metrics:

As of Nov 2017, Regions has realized a > 4.8 day improvement in length of stay for LEP patients over 2016.



Objective #3:

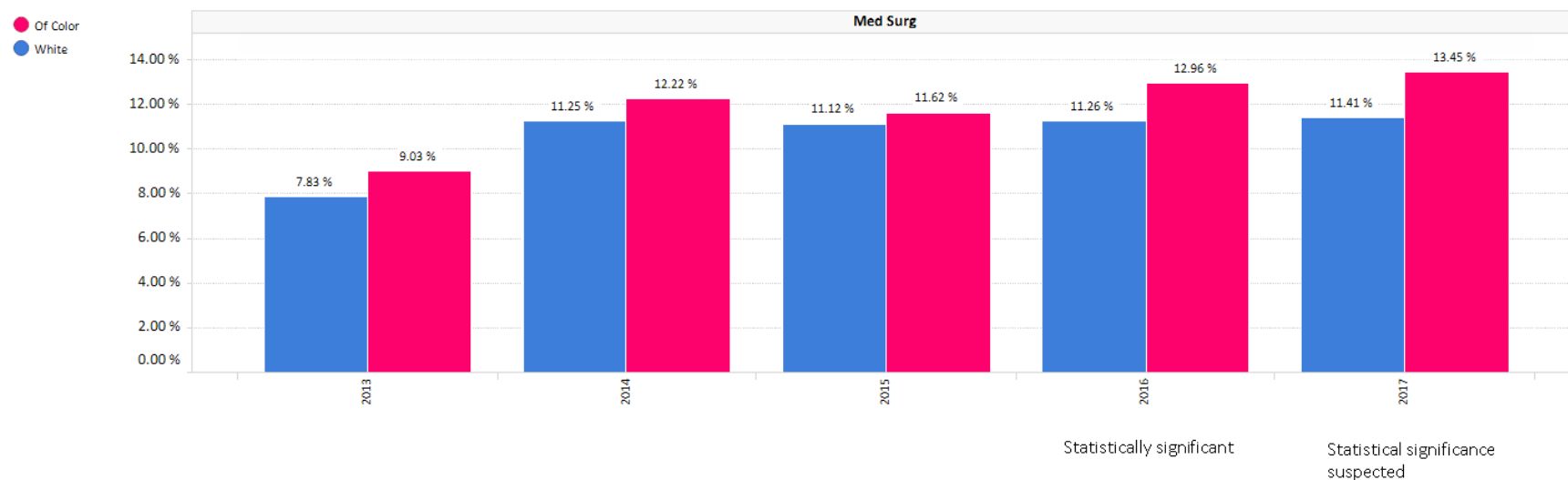
Regions Hospital seeks to reduce clinical disparities by reducing identified disparity in Med/surg readmission rates by race.

Progress:

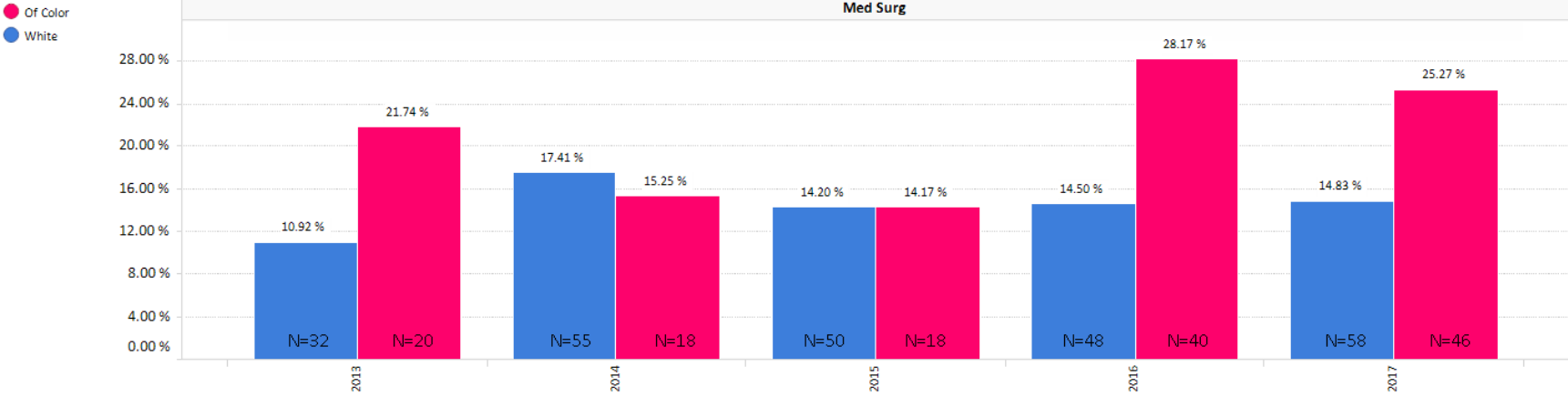
A disparity in readmission rates by race persisted in 2017. Further stratification of data by DRG points to CHF readmissions being a significant factor in the overall readmission rate disparity. Data was shared with the Readmissions steering committee and more detailed admission data was added to the Explorer analysis to improve our ability to analyze outcomes for our patients of color.

Program Metrics:

Med/Surg Readmissions by Race



Med/Surg Readmissions by Race for CHF



Statistical significance testing pending

Objective #4:

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

Progress:

- We now have 173 Champions recruited across the organization, 42 of them at Regions Hospital.
- An online orientation tool was created, allowing Champions to complete orientation remotely in alignment with their schedules. The tool will be launched in 2018.
- Six editions of Cultural Roots were written and distributed. Topics included unconscious bias, meeting the patient where they are, colorectal cancer screening to reduce disparities, advancing the health and well-being of LGBTQ individuals, open enrollment with a health literacy focus, and simultaneous interpretation in inpatient mental health group therapy.
- In addition to Culture Roots, the Equitable Care Champions team sent out several e-blasts and announcements to help increase Champions' awareness of and participation of various health-equity-related events and activities.
- Culture Roots' subscription base grew by 5% as more HealthPartners employees became aware of Culture Roots through internal, organization-wide communications.
- Equitable Care Champions Annual networking event was held at the Science Museum. Participants had the opportunity to experience the exhibit, "RACE: Are We So Different?" Following the exhibit-viewing time, Joanne Jones-Rizzi, the Vice President of STEM Equity and Education at the Science Museum of Minnesota, facilitated a discussion.
- The Quality Academy, formerly the Clinical Quality Training Program (where Champions serve as faculty) held presentations on health equity and diversity and inclusion. The academy is held 2 times per year.
- A survey was distributed to Equitable Care Champions at the end of 2017, seeking their input on how to better serve Champions' needs. More than 40 Champions completed the survey. Results will be analyzed to improve programming in 2018 and 2019.

Program Metrics:

Number of active Regions-based Equitable Care Champions: 42

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.

Progress:

Regions Hospital Pharmacists counsel all patients that present at the pharmacy window to receive a prescription medication. If a translator is needed, a Pharmacist who speaks the patient's language or a trained translator will provide the education to the patient in the patient's language.

Patients discharged from the floor will utilize trained translators when needed to provide prescription counseling as necessary.

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.

Progress:

No additional action was taken in 2017 to specifically train CHW's. An awareness campaign globally encourages CHW to utilize trained translators for ESL patients.

Discussion has taken place with leadership to inform them of the need for enhanced capability to provided written material in multiple languages for both OP systems (Enterprise Rx) and hospital/Clinic system (Epic).

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.

Progress:

Regions Hospital leveraged its large team of professional staff interpreters to provide specialized education in language access in 2017 to various internal audiences, including all Regions Hospital-based and rotating medical students and residents and all new hires to the hospital.

Leadership Development

The Power of Us was the theme of our Annual Leader Week which provided special learning session relevant to Diversity and Inclusion for our leaders. Sessions included topics such as the Power of Generational Differences, the Power of Recognizing and Managing Bias, Power of Introverts, Building Trust, and more. More than 150 leaders attended these sessions. In addition we supported the Transgender It's Time to Talk event and have a team of leaders working on our organizational LGBTQ priorities. As part of our ongoing Lead Well program we continued to offer classes aimed at increasing leader's knowledge, awareness and skill in leading our organization in a way that ensures everyone is welcome, valued, and included. More than 60 of our leaders attended these sessions in 2017.

Team Member Development

Regions continued the availability of the Breaking Ice performance and discussion sessions through the first half of the year. These sessions provided a unique experience to foster better understanding and communication around difficult issues of diversity and inclusion. We reached more than 1300 employees with this work through video views, department-led sessions and open sessions. In addition, we held three Make It OK to Talk about Mental Illness sessions related to eliminating stigma around mental illness. These sessions were open to all employees. Also in 2017 we began offering other classes to employees aimed at their professional and career development. These classes included such topics as resume writing, interviewing skills, how to create a personal development plan, customer service, crucial conversations and more. More than 300 employees participated in these classes and we expect to continue to grow this program which plays an important role in helping employees reach their career goals.

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.

Progress:

Outreach

The recruitment team attends numerous events each year to promote job opportunities at Regions Hospital, to promote careers in healthcare 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, Goodwill Easter Seals career fair, the MN Workforce Center hiring event, the International Institute of MN, and assisting with Mock-Interviews various sites.

Student Experiences:

- Right Track: In 2017 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 5th 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. We began our pilot of the CCAP Nursing Initiative this year with 5 nurses from Regions advancing their career by enrolling in a baccalaureate program through this program.

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

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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.

HEIP (Healthcare Education Industry Partnership) Council: Region's director 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.

Yellow Ribbon Company: in 2017 Regions Hospital was awarded the designation as a Yellow Ribbon company by the governor of Minnesota. This reflects our commitment to proactively support and recognize service members, veterans, and military families through recruitment efforts, military friendly policies, training, communication, employee and community outreach and support.

Other: In November we participated in the Hennepin Workforce Leadership Council Meeting and committed to ongoing engagement with the work related to health careers pathways. We also serve on the Business Advisory Committee of the local YWCA. In 2017 we signed an agreement Lutheran Social Services and Eastside Financial Center to establish an enhanced tuition support program for employees who reside on St. Paul's eastside. This program will officially roll out in 2018. In October of 2017 one of our engagement networks hosted a career event for over 20 youth from the Girl Scouts. This was an introduction to health care careers and Megan Remark, Regions CEO was the keynote speaker at this event.

2017 Operating Costs: \$ 120,012