2019

Hill Country Memorial Hospital

Implementation Plan

To Address Significant Community Health Needs

- Gillespie, Blanco and Kendall Counties, Texas-

Paper copies of this document may be obtained at: Hill Country Memorial Hospital
1020 S State Hwy 16, Fredericksburg TX 78624 or by phone 830-997-4353 or via the hospital website
https://www.hillcountrymemorial.org

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Overview

Creating a culture of health in the community

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of the communities served by Hill Country Memorial. This document is the Hill Country Memorial (HCM) Implementation Plan 2019 outlining how the hospital plans on addressing significant health needs in the community.

The CHNA is contained in a separate document.

Hill Country Memorial's Board of Directors approved and adopted this Implementation Strategy on December 3, 2019.

Starting on December 24, 2019, this report is made widely available to the community via Hill Country Memorial's website https://www.hillcountrymemorial.org and paper copies are available free of charge at Hill Country Memorial Hospital, 1020 S State Hwy 16, Fredericksburg, TX 78624 or by phone 830-997-4353.

Community Health Improvement/ Implementation Plan 2019

Significant health needs

To successfully make our community healthier, it is necessary to have a collaborative venture which brings together all of the care providers, citizens, government, schools, churches, not-for-profit organizations and business and industry around an effective plan of action. The community health needs assessment was completed previously and posted on HCM's website. Based on the results of the CHNA, HCM has selected three of the identified significant health needs to address.

1. Behavioral Health
    a) Mental Health services
    b) Substance abuse
2. Healthy eating/Active living
    a) Children health and wellness
    b) Senior health and wellness
3. Health Literacy
    a) Access to care in rural area
    b) Chronic disease management

HCM plans to meet the significant health need by:

1. Behavior Health:

Collaborations: The activities for this goal will be carried out by HCM leadership and in partnership with the local independent primary care physician practices participating in the Hill Country Health Affordable Care Organization. Anticipated partners include local behavioral health providers, the Good Samaritan Center, MHDD, telemedicine, schools, law enforcement, Boys and Girls Clubs, and local FQHCs.

Impacts: The intended impacts is to reduce average length of stay to 4 hours or less for 90% of patients seen in the HCM Emergency Department with behavioral health or addiction primary diagnosis code.

Resources & Programs: The selected action items will be supported with monetary and human resources by HCM and the primary care practices participating in the transformation network.

Goals and planned actions:

Goal 1: Mental Health services

Action 1: Identify and implement opportunities to expand mental health services as appropriate. Support existing resources, e.g. find volunteers with experience to train others and enhance support groups like AA, Al Anon and NAMI.
Action 2: Evaluate telemedicine, medical schools, primary care integrated behavioral health, geriatric psychiatry, and allied mental health professionals as potential community resources.
Action 3: Reduce average length of stay to 4 hours or less for 90% of patients seen in the HCM Emergency Department with behavioral health primary diagnosis code by 2022.

Goal 2: Substance misuse

Action 1: Identify and implement opportunities to expand behavior and mental health services focusing on substance misuse. Support existing resources, e.g. find volunteers with experience to train others and enhance support groups like AA, Al Anon and NAMI.
Action 2: Evaluate telemedicine, medical schools, primary care integrated behavioral health, geriatric psychiatry, and allied health professionals as potential community resources.
Action 3: Reduce total number of patients seen in the HCM Emergency Department with addiction primary diagnosis code by 10% year over year for 2020-2022.

HCM plans to meet the significant health need by:

2. Healthy eating/Active living:

Collaborations: The actions for this goal will be selected by the Create a Healthy Community Council, a multidisciplinary group that is part of HCM's shared governance structure. Participants include HCM clinical staff, community health organization partner representatives, and HCM Wellness Center staff.

Impacts: The anticipated impact is a decline in Gillespie County, Blanco County, and Kendal County's obesity levels in the long-term, and increased physical activity and knowledge of nutrition in the short term.

Resources & Programs: The selected action items will be supported with monetary and human resources by HCM.

Goals and planned actions:

Goal 1: Children's health and wellness

Action 1: Create a Healthy Community Council (CAHC) will evaluate best practice physical activity programs/ideas with a focus on children's health and wellness. CAHC will select a plan to motivate healthy behaviors, e.g. Educate on ways to get exercise and existing resources, media campaigns, school-based health centers, text message-based health interventions, walks/runs, a resource describing local opportunities for fitness activities, etc.

Action 2: By summer of 2020, the CAHC will implement the selected health and wellness programs(s), reaching at least 1650 individuals, age eighteen or younger, by the end of 2022.

Goal 2: Senior health and wellness

Action 1: Create a Healthy Community Council (CAHC), in collaboration with HCM Home Care and HCM Hospice services, will evaluate best practice physical activity programs/ideas with a focus on senior's health and wellness. CAHC/HCM Home Care/HCM Hospice will select a plan to motivate healthy behaviors, e.g. Educate on ways to get exercise and existing resources, media campaigns, activity programs for older adults, community-based social support for physical activity, walks/runs, telemedicine services for remote treatment services, text message based health interventions, etc.

Action 2: By summer of 2020, the CAHC, HCM Home Care, and HCM Hospice will implement the selected health and wellness programs(s), reaching at least 1650 individuals, age sixty-five or older, by the end of 2022.

HCM plans to meet the significant health need by:

3. Health Literacy

Collaborations: The activities for this goal will be carried out by HCM leadership and in partnership with the local independent primary care physician practices participating in the Hill Country Health Affordable Care Organization.

Impacts: The intended impacts are that, (1) our community will have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions, (2) chronic diseases will be identified early, and appropriately managed, (3) those with chronic disease will have lower illness burden as a result of their disease management.

Resources & Programs: The selected action items will be supported with monetary and human resources by HCM and the primary care practices participating in the transformation network.

Goals and planned actions:

Goal 1: Access to care in rural area

Action 1: Identify and implement best practices for individuals to have the opportunity to obtain, process, and understand basic health information and services needed to make appropriate health decisions in HCM's rural service areas or Gillespie County, Blanco County, and Kendal County. Support existing resources, e.g. find volunteers with experience to train others and enhance support groups and anticipated healthcare services partners including local social service providers, the Good Samaritan Center, MHDD, telemedicine, schools, law enforcement, Emergency Medical Services, and local FQHCs.

Action 2: Evaluate telemedicine, medical schools, primary care integrated behavioral health, geriatric psychiatry, and allied mental health professionals as potential community resources. Increase convenient primary care opportunities (e.g. clinics, FQHCs) in surrounding counties after conducting a feasibility study and determining community support.

Action 3: Achieve 13,500 lives covered through Value Based Payment Programs.

Action 4: By the end of 2022, achieve patient activation digital access with 50% of HCM patients.

Goal 2: Chronic disease management

Action 1: Recruit new primary care providers to serve our communities through chronic care management.

Action 2: Evaluate telemedicine, medical schools, primary care integrated behavioral health, geriatric psychiatry, chronic disease self-management programs, telemedicine services for remote treatment services, text message based health interventions and case managed care for community-dwelling frail elders as potential best practices to integrate into the community.

Action 3: Reduce total number of patients seen in the emergency Department for management of chronic conditions by 7% year over year for 2020-2022

Action 4: Identify and act upon additional screening opportunities so that at least 1100 people are screened for chronic diseases before the end of 2022 and provided actionable information.

Community Health Improvement/ Implementation Plan 2019

HCM does NOT intend to address the following significant health needs due to lack of expertise and resources:

1**. Access to care and insurance** is a health need that HCM cannot directly impact at this time. HCM will continue to provide more access to affordable healthcare by recruiting primary care doctors to expand access and continuing to offer its financial assistance program.

2**. Substance Use:** Due to resource limitations, HCM is not directly addressing substance abuse/addition health needs at this time. HCM will continue to partner with local rehabilitation centers and social services better positioned to directly address this health need.

3**. Affordable housing:** While this is important to our community it is a difficult item for HCM to directly address. HCM will continue to partner with local government and community leaders seeking solutions to make affordable housing available in the community.

4**. Child Care:** While we agree that this is a need in our community, we see others in our community better-positioned to fill the gap at this time. HCM will continue to offer children's programming during certain school holidays at our Wellness Center and continue to collaborate with social services focusing on children.

5**. Senior Care:** Due to resource limitations, we are not addressing geriatric healthcare services at this time. HCM will continue to partner with local senior services and community leaders seeking solutions to make geriatric healthcare services available in the community.

HCM will monitor the progress through the hospital's executive team and then create a Healthy Community Council and will annually report the progress to the board of trustees and the community.

There is a link on the HCM’s website for the community to provide written input into the 2019 CHNA and implementation plan.