



Strategic Planning

Tioga Medical Center

Facilitated by

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The University of North Dakota School of Medicine and Health Sciences



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Introduction

Tioga Medical Center (TMC) a Critical Access Hospital (CAH), held a strategic planning workshop in Tioga, ND on August 8, 2013. Eleven community members were in attendance representing the hospital board, health care administrators and providers, public health, elected officials, school board and fire department.

The strategic planning workshop is a continuation of the overall community health needs assessment process which is a requirement under the Affordable Care Act (ACA). The legislation mandates that non-profit hospitals conduct a Community Health Needs Assessment (CHNA) every three years, include input from community representatives, publically disseminate the results, prioritize community health needs, and develop a written implementation strategy (a health improvement plan) to meet the needs identified in the CHNA. Whereas the community assessment phase identifies issues and health needs, the strategic planning phase applies solutions to the identified needs.

To begin the strategic planning workshop, staff from the Center for Rural Health shared findings from the recent (Spring 2013) CHNA report to the community group. Information presented from the CHNA included primary data (community health survey, key informant groups, and focus groups) and secondary data (analysis of the county health rankings and other sources). The CHNA identified five significant needs prioritized by community members; however, TMC is currently addressing one of the identified needs—limited number of health care providers. A sales tax increase recently approved by community members will help pay for the construction of a new clinic. Already in its first quarter, the sales tax increase has generated over \$100,000. A brand new clinic will help will recruitment efforts for health care providers. The clinic will be built in close proximity to the hospital, allowing easy access for doctors to attend to patients in the clinic and the hospital. Additionally, the Upper Missouri District Health Unit will have access to the clinic to be able to provide vaccines. This collaborative effort with the public health department and TMC will meet the growing need for vaccines without using existing health care staff.

Mercy Medical Center in Williston, within Williams County, shares the same identified need of elevated rate of excessive drinking and in the neighboring county to the East, Mountrail County Medical Center in Mountrail County shares the same identified need of elevated rate of uninsured adults. Collaborative efforts are encouraged to address those needs with a concerted effort with these other local health facilities. Therefore, the focus of the workshop centered on addressing the two remaining unmet community needs—elevated motor vehicle crash death

rate and elevated rate of adult smoking. Specific community member comments and secondary statistics were presented to contextualize the remaining needs. The corresponding Power Point presentation is attached as Appendix A.

The purpose of the workshop was to initiate a more formalized strategic planning process that would result in a plan which addresses the identified community health needs. Strategic planning is a technique to assist a group to analyze current conditions and to then develop strategies to address a set of issues and/or concerns. A logic model provided a framework for evaluating, analyzing and organizing ideas to address the enumerated needs. Logic models are widely practiced in social science research to state future goals, outline responsibilities and actions needed to achieve the goals and demonstrate a program's progress.

To initiate the brainstorming process, participants were presented with the first identified need as the beginning point on a continuum. The end point was the outcome, or the future vision if that need was addressed. Participants were handed sticky notes and asked to write down a goal or a change they would like to see, related to the identified need. One of the facilitators organized the sticky notes into thematic categories and read them to the second facilitator who typed them into a laptop and projected them onto a screen so all could see. The outcomes were reviewed collectively so participants could discuss them.

Working backwards from the goals, as a group, participants were then asked to brainstorm activities that could help address the generated outcomes. Once a list of activities was produced, resources including people, facilities, finances and necessary supplies were created to accomplish the activities. Finally, to complete the logic model, a list of outputs, or evidence that the activity was accomplished, was discussed but not produced as the activity needs to be enacted first. The output column can be completed later. Sample outputs for **need one, elevated motor vehicle crash death rate**, may include the number of people attending a defensive driving course, the number of flyers advertising defensive driving classes distributed to area businesses or the number of students who attended a SADD meeting. For **need two, elevated rate of smoking rates**, potential outputs may include the number of advertisements about North Dakota Quits cessation campaign made available in clinic waiting rooms.

Overall, participants of the strategic implementation workshop collaborated well and identified clear and measurable action steps that need to be taken to address the significant needs. Brainstorming collaboratively produced creative ideas and innovative activities to address cultural and systemic health needs.

The following tables represent the logic models as generated by those participating in the strategic planning workshop. These proposed activities situate TMC to successfully accomplish its outlined needs, provide a benefit to overall community health, and satisfy the mandates of the ACA.

Need 1: Elevated Motor Vehicle Crash Death Rate

| Need | Resources | Activities | Outputs | Outcomes |
|---|--|--|---|---|
| Elevated Motor Vehicle Crash Death Rate | <ul style="list-style-type: none"> • Place to hold DD classes. • Sponsoring agency. • Advertisement for class, offering multiple times. • ND Safety Council. • Insurance agents. • Contact cinema for permission to play 10 min. promo for DD class. • Contact Chris Peterson in Grafton for digital video template. • Organize speaker's panel by contacting someone who has been affected by DD; someone who has caused DD accident. • Brodie Odegaard for extra-curricular school activities like SADD and MADD. | <ul style="list-style-type: none"> • Sponsor defensive driving course for community members who are afraid to drive through Highway Patrol. Promote with incentive such as insurance discount. • Partner with ND Safety Council. • Partner with trucking companies. • Promote DD course during Fit testing. • Display wrecked vehicle at Farm Fest. • High School students create video about distracted driving and show as trailer at local movie theatre—encourage peer to peer education. Hold contest to see who can make most effective video. • Offer defensive driving course with speaker's panel consisting of DUI victim and those who have been affected by DD share experience of loss & impact of loss. • Reinstate Students Against Distracted/Drunk Driving (SADD) at High School—40 out of 65 ER visits are alcohol related. • Increase signage and create PSA billboards along Hwy 40. • Promote DOT's public informational meeting to | To be completed once activities are accomplished. | <ul style="list-style-type: none"> • Decrease motor vehicle crash death rate to meet national benchmarks. • Lower benchmark levels of traffic accidents in county. • Increase use in seatbelts. • 100% use of seatbelts. • Decrease in alcohol related crashes. • Stronger enforcement of drinking and driving laws. • Improve road conditions--better roads, wider lanes, smoother roads, wider highways. • Make Hwy 40 four lanes. • Add another paved road in Tioga. • Decrease truck traffic. • Less fear of driving on highway; less fear by parents of teens. • Decreased impact of EMPS personnel. • Decrease ambulance calls. • Increase better |

Need 2: Elevated Rate of Adult Smoking

| Need | Resources | Activities | Outputs | Outcome |
|--|--|---|---|--|
| <p>Elevated rate of adult smoking.</p> | <ul style="list-style-type: none"> • Center for Tobacco Prevention and Control. • ND Quits—Dept. of Health. • Funds available at UMDHU for nicotine replacements. • Brody Odegarrd at High School. | <ul style="list-style-type: none"> • Target preventative age—kids before entering jr. high. • Promote nicotine replacement therapies. • Advertise availability of smoking cessation assistance & products.. • Use social media to promote available programs. • Create smoke-free environments (systemic changes). | <p>To be completed once activities are accomplished</p> | <ul style="list-style-type: none"> • Reduce youth smoking rates; prevent them from starting. • Increase targeted messages to new residents/worker. • Decreased rates of lung disease. • 50% decrease in tobacco related illness. • Less health impact. • Improve infrastructure: |

| | | | | |
|--|--|---|--|---|
| | | <ul style="list-style-type: none"> • Raise awareness with groups who don't know about resources. • Include information in Fit tests. • Set up tobacco prevention booth at oil field health fairs. • Place info about quitting at man camps. • Create visual representation of healthy vs. diseased lung. • Give cessation presentations at oil companies health fairs. • Continue to provide | | <p>cleaner sidewalks, streets, air.</p> <ul style="list-style-type: none"> • Increase smoke-free areas. • Decrease tobacco sales by 25%. • Decrease exposure to 2nd hand smoke. • More law enforcement of 20 ft boundary. • Increase health care provider intervention and options to cessation. • Reduce tobacco sales by economic measures. • Increase costs/ taxes |
|--|--|---|--|---|

| | | | | |
|--|--|--|--|------------------|
| | | <p>education by public health.</p> <ul style="list-style-type: none"> • Provide educational materials/available resources available in waiting rooms. • Re-educate health care providers about cessation resources. • Offer medical school presentation on lung cancer. • Educate youth on the cost of smoking | | <p>on sales.</p> |
|--|--|--|--|------------------|

Summary and Next Steps

The strategic planning session held on August 8, 2013 was the starting point to begin the CHNA implementation strategy as required under the ACA. Participants met for three hours and engaged in thoughtful discussions related to the goals and future of TMC. Specific activities, resources and outcomes were generated from the previously prioritized needs as identified in

the CHNA. The general ideas discussed by the participants, relevant to decreasing motor vehicle crash death rate and smoking rates, offer opportunities to build on as the strategic planning process unfolds. The strategic planning process being used by TMC is a tool to foster collaboration and increase the scope and reach of TMC's services. By identifying common values and focusing on efforts and activities to build a healthier community, TMC has the opportunity to establish stronger relationships that can benefit the communities involved and local organizations.

Although the logic model provides initial structure and framework, a complete strategic planning process will require a number of additional sessions involving TMC and possibly other health and business partners. Next steps include the hospital board adopting the strategic planning, forming committees to meet again and keeping the Center for Rural Health updated on the progress. As more activities are planned, stemming from this logic model, the Center for Rural Health may be able to provide further technical assistance and/or potential funding source(s) necessary to carry out a proposed community activity.

Appendix A Power Point Presentation



Tioga Medical Center Strategic Planning

Karin Becker, PhD Candidate
Ken Hall, JD



- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs

Focus on

- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

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Agenda

1. Overview of new IRS regulations.
 - New updates regarding implementation strategy.
2. Review of CHNA methodology and findings.
 - Significant needs.
3. Implementation Planning.
 - Brainstorming session to address significant needs.

Goal: Identify specific steps required to meet community health needs and be in compliance with ACA.

Timeline



Affordable Care Act – 2013 Regulation

IRS REG-106499 (April 5, 2013):

- IRS relaxes stance on penalties: No penalty if failures to meet requirements were **minor, inadvertent, and due to reasonable cause.**
 - Errors/omissions not **willful** or **egregious** will be excused if corrected and disclosed.
-

Affordable Care Act – 2013 Regulation

- Must identify “**significant**” needs, prioritize significant needs, and identify measures and resources to address those needs.
 - Determine whether need is significant “based on all the facts and circumstances present in community.”
- Examples of prioritization criteria include:
 - Burden, scope, severity, or urgency of the health need
 - Estimated feasibility and effectiveness of possible interventions
 - Health disparities associated with need
 - Importance the community places on addressing the need
 - But: Hospital “may use any criteria it deems appropriate.”

Affordable Care Act – 2013 Regulation

- Must make CHNA report widely available to public.
 - Conspicuously post report on hospital’s website (or link to other website with report).
 - Report must remain on the website until two subsequent reports have been posted.
 - Must make a paper copy available for public inspection at hospital without charge.
 - May post **draft** of report without starting 3-year cycle.
-

Affordable Care Act – 2013 Regulation

Transition Rules

- For CHNAs “conducted” in first taxable year beginning **after March 23, 2012**, implementation strategy requirement satisfied if adopted by 15th day of fifth calendar month following that tax year.
 - Example: If hospital conducts CHNA between July 1, 2012 and June 30, 2013, it must adopt implementation strategy by **November 15, 2013**.
- For CHNAs “conducted” in taxable year that began **before March 23, 2012**, hospital does not need to meet CHNA requirements again until third taxable year following taxable year CHNA was conducted.

Affordable Care Act – 2013 Regulation

Implementation Strategy – Basics

Each significant health need must:

1. Describe how hospital plans to address need
 - a) Describe actions and anticipated impact.
 - b) Identify programs and resources to commit.
 - c) Describe collaboration with other facilities/organizations.
2. Or: Identify need as one hospital does not intend to address and explain why.
 - Brief explanation is sufficient.

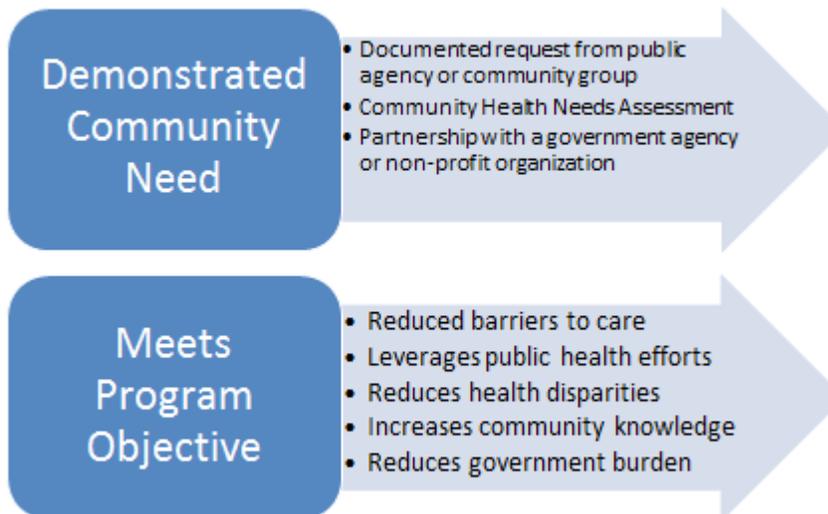
Hospital must adopt implementation strategy in same taxable year CHNA is conducted.

CHNA Review

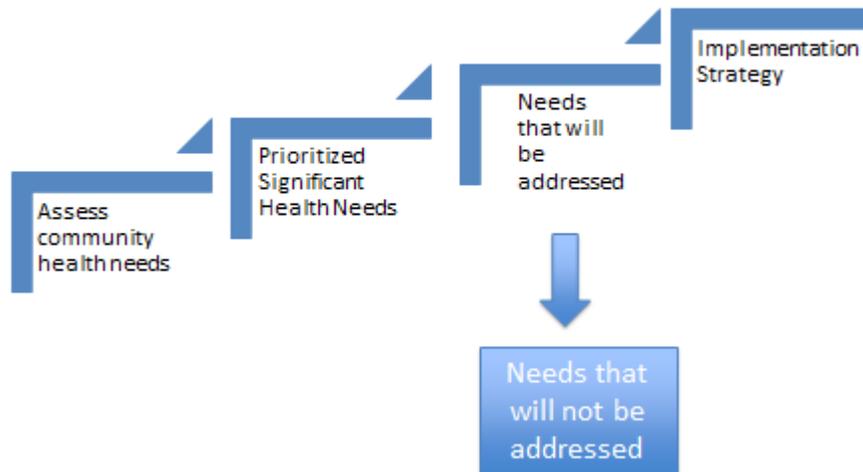
- Goal was to present snapshot of community health
- Mixed methods research design:
- Primary data—
 - 1-1 interviews
 - Focus groups
 - Survey
- Secondary data
 - Compilation of county specific, state and national health indicators and outcomes for Mountrail County



Community Benefit



Community Benefit Process



Williams County Strengths

- Engaged community:
 - 132 people participated in assessment. (26% response rate)
 - Collaboration:
 - Strong collaboration between TMC and other local health providers
 - Community assets:
 - People: Friendly, helpful, supportive.
 - Services: health care received top vote.
 - Schools: quality school system.
 - Strong economic/employment opportunities.
 - Activities for families, specific events & festivals.
-

TMC POTENTIAL
COMMUNITY
HEALTH NEEDS –
(Listed in no particular order)

| DESCRIPTION | VOTES |
|---|-------|
| 1. Secondary data: Elevated rate of adult smoking ✓✚ | 1 |
| 2. Secondary data: Elevated rate of adult obesity ✓✚ | 1 |
| 3. Secondary data: Elevated rate of excessive drinking ✓✚ | 4 |
| 4. Secondary data: Elevated motor vehicle crash death rate ✓✚ | 3 |
| 5. Secondary data: Elevated teen birth rate ✓✚ | 0 |
| 6. Secondary data: Elevated rate of uninsured adults ✓✚ | 3 |
| 7. Secondary data & Survey & Interview/Focus Group: Limited number of health care providers meet enough health care staff in general ✓✚ | 3 |
| 8. Secondary data: Limited number of mental health care providers ✓✚ | 1 |
| 9. Secondary data: Elevated level of preventable hospital stays ✓✚ | 2 |
| 10. Secondary data: Decreased rate of diabetic screening ✓✚ | 1 |
| 11. Secondary data: Decreased rate of mammography screening ✓✚ | 0 |
| 12. Secondary data: Limited access to healthy foods ✚ | 0 |
| 13. Secondary data: Decreased rate of colorectal cancer screening ✓ | 1 |
| 14. Secondary data: Decreased rate of pneumococcal pneumonia vaccination ✓ | 0 |
| 15. Secondary data: Decreased rate of influenza vaccination rates ✓ | 0 |
| 16. Secondary data: Decreased rate of annual hemoglobin A1C screening rates for patients with diabetes ✓ | 1 |
| 17. Secondary data: Decreased rate of annual eye examination screening rates for patients with diabetes ✓ | 0 |
| 18. Survey: Higher cost of health care for consumers | 1 |
| 19. Survey: Financial viability of hospital | 7 |
| 20. Survey: Heart disease | 1 |
| 21. Interview/Focus Group: Increase marketing efforts | 3 |
| 22. Interview/Focus Group: Hire addiction/substance abuse counselor | 2 |
| 23. Interviews/Focus Group: Hire social services liaison | 0 |
| 24. Survey & Interviews/Focus Group: Access to needed technology/equipment including making CT scanner available | 3 |

✓ = Not meeting state average ✚ = Not meeting national benchmark

Prioritization Criteria

Rank health concerns based on:

- ✓ Importance
- ✓ Impact
- ✓ Severity
- ✓ Reach

Not:

≠ Feasibility

Significant Findings

Tier 1 Significant Needs

- 1. Elevated rate of excessive drinking (12 votes)
 - 2. Elevated motor vehicle crash death rate (11 votes)
 - 3. Limited number of health care providers (8 votes)
 - 4. Elevated rate of adult smoking (7 votes)
 - 5. Elevated rate of uninsured adults (7 votes)
-
-

Elevated Rate of Excessive Drinking

| Health Behavior | Williams County | Mountrail County | National Benchmark | North Dakota |
|--------------------|-----------------|------------------|--------------------|--------------|
| Excessive Drinking | 26% | 24% | 8% | 22% |

Elevated Motor Vehicle Crash Death Rate

| Health Behavior | Williams County | Mountrail County | National Benchmark | North Dakota |
|--------------------------------|-----------------|------------------|--------------------|--------------|
| Motor Vehicle Crash Death Rate | 22 | 53 | 12 | 19 |

Elevated Rate of Adult Smoking

| Health Behavior | Williams County | Mountrail County | National Benchmark | North Dakota |
|-----------------|-----------------|------------------|--------------------|--------------|
| Adult Smoking | 31% | 28% | 14% | 19% |

Elevated Rate of Uninsured Adults

| Clinical Care | Williams County | Mountrail County | National Benchmark | North Dakota |
|------------------|-----------------|------------------|--------------------|--------------|
| Uninsured Adults | 12% | 15% | 11% | 12% |

Strategic Planning

Beginning

Need

End

Outcome



1. Elevated motor vehicle
Crash death rate

Future vision or
goal—what
change would
you like to see?

Logic Model

- Useful for stating future goals.
- Identifies measurable steps taken.
- Outlines responsibilities and actions needed.
- Demonstrates program's progress.
- Efficient and transparent model to chart improvement and intended change.

Logic Model

| Need | Resources In order to accomplish our set of activities we will need the following: | Activities In order to address our need we will accomplish the following activities: | Outputs Once accomplished we expect the following evidence of delivery: | Outcomes We expect that if accomplished these activities will lead to the following changes in 1-3 years: |
|-------------|--|--|---|---|
| | | | | |

Sample Logic Model

| Need | Resources | Activities | Outputs | Outcome |
|--------------------------------------|--|--|--|--|
| Increase rate of physical inactivity | <ul style="list-style-type: none"> •Recruit yoga instructor •Donated fitness space •Instructor's salary •Promotion materials | <ul style="list-style-type: none"> •Launch fitness program •Secure space for classes •Recruit yoga instructor •Design yoga flyer | <ul style="list-style-type: none"> •# of participants in class •# of flyers distributed •# of calls/month seeking info about it | <ul style="list-style-type: none"> •Change in attitude about fitness •Change in physical behavior •Increased flexibility •Decreased blood pressure |

Outcomes (Desired results)

| Need | Resources | Activities | Outputs | Outcome |
|---|-----------|------------|---------|--|
| Elevated motor vehicle crash death rate | | | | Death rate meeting national benchmarks Being less than state averages Increase use in seatbelts 100% use of seatbelts Decrease in alcohol related crashes Stronger enforcement of drinking and driving laws Better roads, wider lanes, smoother roads, wider highways. Making highway 40 4 lanes Another paved road into Tioga Less fear of driving on highway; less fear by parents of teens Decreased impact on EMS personnel People would be better drivers, fewer speeders Lower insurance rates |

Activities (needed to accomplish outcome)

| Need | Resources | Activities | Outputs | Outcome |
|---|-----------|--|---------|---|
| Elevated motor vehicle crash death rate | | <p>Defensive driving classes: Promotion, incentive (insurance discount), sponsor, place to hold, ND Safety Council, involve trucking companies, promote during Fit testing, wrecked vehicle on display, school contest, involve local insurance agents, live speaker/story of loss, MADD, SADD.</p> <p>Seatbelt use promotion:</p> <p>Promotion of public transportation</p> | | <p>Death rate meeting natl benchmarks</p> <p>Being less than state averages</p> <p>Increase use in seatbelts</p> <p>100% use of seatbelts</p> <p>Decrease in alcohol related crashes</p> <p>Stronger enforcement of drinking and driving laws</p> <p>Better roads, wider lanes, smoother roads, wider highways.</p> <p>Making Hwy 40 4 lanes</p> <p>Another paved road into Tloga</p> <p>Less fear of driving on highway; less fear by parents of teens</p> <p>Decreased impact on BIS personnel</p> <p>People would be better drivers, fewer speeders</p> <p>Lower insurance rates</p> |

Resources (needed to accomplish activities)

| Need | Resources | Activities | Outputs | Outcome |
|---|--|--|---------|--|
| Elevated motor vehicle crash death rate | <p>Place</p> <p>Sponsoring agency</p> <p>Advertising/promotion, local cinema</p> <p>Funding</p> <p>ND Safety Council</p> <p>Speakers/Panel</p> | <p>Defensive driving classes: Promotion, incentive (insurance discount), sponsor, place to hold, ND Safety Council, involve trucking companies, promote during Fit testing, wrecked vehicle on display, school contest, involve local insurance agents, live speaker/story of loss, MADD, SADD.</p> <p>Seatbelt use promotion:</p> <p>Promotion of public transportation</p> | | <p>Death rate meeting natl benchmarks</p> <p>Being less than state average</p> <p>Increase use in seatbelts</p> <p>100% use of seatbelts</p> <p>Decrease in alcohol related crashes</p> <p>Stronger enforcement of drinking and driving laws</p> |

Elevated Rate of Adult Smoking

| Need | Resources | Activities | Outputs | Outcome |
|--------------------------------|-----------|---|---------|--|
| Elevated rate of adult smoking | | Center for Tobacco Prevention and Control Promote nicotine replacement therapies Education about available cessation assistance Using social media to promote available programs Smoke-free environments (systemic changes) Raising awareness with groups who don't know about resources | | Youth: reducing smoking rates; prevention from starting. Increase targeted messages to new residents/worker. Decreased rates of lung disease |

Next Steps

- Select activities to implement.
- Form committees to meet again.
- Follow up:
 - Keep Center for Rural Health updated of progress.
 - Identify potential resources and grants.

Center *for* Rural Health



Contact us for more information!

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