



# COMMUNITY HEALTH

## IMPLEMENTATION STRATEGY 2020-2023

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## PRIORITY 1 Prevent & Manage Chronic Disease

### 1.1.1 CAREGIVER SUPPORT

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short Term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
		Resources & People					By June 30, 2023
Prevent & Manage Chronic Disease	Enhance Skills and Provide Support	Generations Social Worker	Caregiver Support Group	<p>Education will be provided to caregivers each group session</p> <p>Develop referral brochure to connect caregivers with community support</p> <p>Referrals are being offered to attendees for community resources.</p> <p>Summary The Caregiver support group meetings have been resumed following the pandemic with 2-3 attendees per session. There are not “regular attendees”, the 2-3 persons are often different from session to session.</p>	<p>Goals for Year 2 are unchanged from Year 1</p> <p>Transition back to face to face meetings.</p>		<p>Measured Outcome (MO) List the educational topics for the year</p> <p>Number of brochures developed in Fiscal Year (FY) 2021</p> <p>Percent of support attendees provided referrals</p>

### 1.1.2 BETTER BREATHERS CLUB

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short Term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
		Resources & People					By June 30, 2023
Prevent & Manage Chronic Disease	Enhance Skills and Provide Support	Director of Respiratory Care	Expand care of patients with chronic respiratory disease through the Better Breathers Club meetings	<p>Offer two Better Breather Club quarterly meetings in a virtual format by the end of FY 2021</p> <p>Due to the pandemic, meetings were moved to virtual. Attendance has been poor. Respiratory Therapists are initiating discussions with COPD patients about the benefits of attendance.</p>	<p>Year 1 goal/s to continue in Year 2</p>		<p>MO= Number of virtual Better Breathers Club meetings held for FY 2021</p>

**1.1.3 DIABETES EDUCATION**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short Term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
Prevent & Manage Chronic Disease	Enhance Skills and Provide Support	Diabetes Educator	<b>Reduce overall Hemoglobin A1C</b> NMC Health Diabetes Education program participants will maintain an average A1c target of <7%.  Summary The first 6 months of FY 2021 the NMC goal is being achieved at 6.8%. New data for the second 6 mo. of FY2021 will be available in early July.	Continue with the A1c target of <7%		Bi annual data will indicate Diabetes Education participants have averaged an A1c goal of <7%	
			<b>Speaking Engagements for Community Education</b>  Diabetes Educator will present at a minimum of two community speaking engagements per year  Presentation was given to NHS students on 12/1/20.	Year 1 goal/s to continue in Year 2		MO= Number of speaking engagements for FY 2021	
			<b>Diabetes Support Group will meet on a monthly basis for client support and education</b>  Diabetes Support Group will meet monthly with an educational offering each meeting.  Summary The Diabetes Support Group met virtually until April 2021. It is now offered in person, virtual and livestreamed on Facebook. Educational programming is now available via telehealth with the addition of a second educator.	Year 1 goal/s to continue in Year 2		MO= Number of Diabetes Support Groups held for FY 2021	
			<b>Mentoring/Education</b>  Diabetes Educator will establish a mentoring program for Harvey County healthcare professionals seeking Diabetes Education Certification One individual was involved in precepting during December. An additional educator was on boarded allowing for offering of telehealth for Harvey County with planning for outside of Harvey County in the future.	Year 1 goal/s to continue in Year 2		MO= Number of certified educator resources for FY 2021 in Harvey County compared to FY 2020	

**1.2.1 OWN THE BONE PROGRAM**

Priority	Strategies	Inputs	Activities	Outputs			Impact
		Resources & People		Short Term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Prevent & Manage Chronic Disease	Manage Risk	Orthopedic Providers	Build on current program for prevention of fractures due to osteoporosis	<p>Qualifying participants in the Own the Bone program will be screened for osteoporosis</p> <p>Summary NMC Health (Newton Medical Center) was named a top performing program in the Nation. This designation appeared in US News and World Report, Best Hospital edition. Out of 10 measures NMC met the criteria 100% of the time on 9 measures and 90% on other measure.</p> <p>Total patients enrolled in the Own the Bone program tabulated at the end of June 2021.</p> <p>Osteoporosis Prevention education is scheduled for social media in May, 2021.</p>	Year 1 goal/s to continue in Year 2		<p>MO= Number of participants enrolled compared to FY 2020</p> <p>MO= Number of educational offerings provided for FY 2021</p>

**1.2.2 PATIENT IMMUNIZATION EDUCATION**

Priority	Strategies	Inputs	Activities	Outputs			Impact
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Prevent & Manage Chronic Disease	Manage Risk	Acute Nursing Departments/ Pharmacy	Screen and offer inpatients appropriate immunizations.	<p>Goal of 98.5% of inpatients will be screened and offered appropriate seasonal immunizations</p> <p>NMC ended the flu season with a 99% compliance with assessing inpatients for flu vaccinations.</p> <p>Late March early April we began screening patients for COVID vaccinations and documenting those vaccinations (date and manufacturer) in the EMR.</p>	Maintain 98.5% for flu immunizations.		MO= Percent of inpatients offered seasonal immunizations



**1.2.3 POST-DISCHARGE WELLNESS PARTNERSHIP**

Priority	Strategies	Inputs	Activities	Outputs			Priority
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Prevent & Manage Chronic Disease	Managing Risk	Chief Operating Officer and the YMCA	Expansion of the “warm handoffs” to the YMCA to include IRU	<p>Develop process for IRU patients to enter programs at the YMCA</p> <p>Summary Further evaluation suggests that IRU patients are not at a point in care for ‘warm handoffs’ to YMCA services. Will focus on whether this makes sense for Pulmonary Rehab patients.</p>	Year 1 goal/s to continue in Year 2		MO=Establishment of a process for IRU patients to participate in activities at the YMCA

**1.2.4 ANNUAL HEALTH SCREENINGS**

Priority	Strategies	Inputs	Activities	Outputs			Priority
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Prevent and Manage Chronic Disease	Manage Risk	Business Development Director	Construct annual health screening campaign	<p>Develop and implement health screening campaigns for</p> <ul style="list-style-type: none"> <li>-mammography</li> <li>-diabetes</li> <li>-colorectal cancer screening</li> <li>-cholesterol</li> <li>-osteoporosis</li> </ul> <p>See <a href="#">Appendix A</a> for listing.</p> <p>Summary All of the anticipated topics were addressed in the appropriate months via NMC Health social media.</p>	Year 1 goal/s to continue in Year 2		MO = Number of health screening campaign held in FY 2021

**1.2.5 INFANT SAFETY SCREENING**

Priority	Strategies	Inputs	Activities	Outputs			Impact
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Prevent and Manage Chronic Disease	Manage Risk	Family Birthing Center	<p>Participate in Neonatal Abstinence Syndrome Vermont Oxford Network</p> <p>Revision- Mothers on the FBC unit will receive education on Safe Sleep</p>	<p>Develop standardized neonatal abstinence screening protocol</p> <p>Summary The Neonatal Abstinence participation opportunity has ended; since this measure never launched, it was retired in February of 2021</p> <p>Distribution of Sleep Sacs to all newborns went live in March 2021.</p> <p>NMC Health has a Safe Sleep educator in place and will apply for certification as soon as possible.</p>	Apply for (beginning in Oct 2021) and become Safe Sleep Certified by KIDS (Kansas Infant Death and SIDS) Network		MO= Number of standardized Neonatal Abstinence Syndrome assessments completed for FY 2021

**1.2.6 CHRONIC DISEASE HEALTH PROGRAM**

Priority	Strategies	Inputs	Activities	Outputs			Impact
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Prevent & Manage Chronic Disease	Manage Risk	Vice President of Physician Clinics	Chronic Disease Health Nurse program	<p>NMC Health Family Medicine clinics will develop and implement a Chronic Disease Health Nurse program during FY 2021</p> <ul style="list-style-type: none"> <li>-Q1 development of job descriptions</li> <li>-Q2 policy on management of registries for Diabetes and Hypertension</li> <li>-Q3 Physician approval of timelines and objectives</li> <li>-Q4 Designated nurse at each location</li> </ul> <p>Summary A job description for the Chronic Disease Health Nurse, policies and a Diabetes Registry were developed and approved. A Care Path was approved for Diabetes management by the Family Medicine-Hesston providers and work has begun in collaboration with the NMC Health Diabetes Education Department.</p>	<p>Have 50% of registry patients accomplish their objectives as determined per policy</p> <p>New Goals for FY 2022</p> <ul style="list-style-type: none"> <li>• Establish Diabetes and Hypertension Registry at Valley Center with affiliated Care Paths approved by providers</li> <li>• Hire a Care Coordination Nurse at the North Amidon Clinic</li> </ul>	Have 80% of registry patients accomplish their objectives as determined per policy	MO=Program for Chronic Health Nurse will be implemented in Family Medicine clinics

				This program will now move to Family Medicine-Valley Center where a Chronic Health Nurse has been hired and is in the process of onboarding.			
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**1.2.7 COMMUNITY PANDEMIC RESPONSE**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
<b>Prevent and Manage Chronic Disease</b>	<b>Manage Risk</b>	<b>Chief Clinical Officer</b>	<b>Participate in community pandemic response</b>	<p>Coordinate supplies and testing access with public health</p> <p>Host four community educational offerings for long term care facility, public health, clinics and hospital</p> <p>Summary A case management representative has met each Monday for collaborative education with LTCs, Harvey County Health Department and Harvey County Emergency Management. These meetings continue on an every other week basis presently.</p> <p>NMC Health collaborated with Health Ministries Clinic for COVID vaccine administration for employees.</p> <p>NMC Health led the community education campaign, Choose Wisely, with ~25 community partners on mask wearing.</p> <p>Leader in materials management resources and contacts for EMS, LTCs and other organizations in regards to PPE acquisition.</p> <p>On May 05, 2021, NMC Health CCO and CMO participated in a live panel discussion regarding vaccines hosted by Harvey County NOW.</p>	<p>Coordinate supplies and testing access with public health</p> <p>Host four community educational offerings for long term care facility, public health, clinics and hospital</p> <p>Coordinate with community partners for vaccine advocacy efforts</p>		<p><b>MO= Ensure supplies and testing access is available for projected need</b></p> <p><b>MO= Number of hosting opportunities for community</b></p>



**1.3.1 TELEMEDICINE**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
Prevent & Manage Chronic Disease	Enhance Access	NMC Health Clinics	Telemedicine	NMC Health will offer telemedicine services to appropriate patients in Home Care and the Family Medicine clinics	Year 1 goal/s to continue in Year 2		MO= number of patients served by telemedicine per service line for FY 2021
		NMC Health Home Care		<p>Summaries</p> <p>Telehealth visits were enabled in LTC's, allowing providers to interact with their patients.</p> <p>Home Care utilizes virtual visits for Plan of Care Review and Telehealth equipment integration with Meditech (EMR) for monitoring patient conditions. NMC Health has expanded use of telehealth in wound care, cardiac rehab and diabetes education.</p>			

**1.3.2 INCREASE ACCESS TO OUTPATIENT SERVICES**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
Prevent and Manage Chronic Disease	Enhance Access	Imaging Director/ Associate Chief Clinical Officer	Expand hours of outpatient service lines to increase access	Design expanded hours for one modality in imaging and one service line in outpatient services	MRI and CT to offer extended hours through 9PM on Mon-Thurs, by July 2021.		MO = Number of patients served by extended hours
				<p>Summary</p> <p>Imaging has reduced pricing for studies in health focus months (e.g. Ca++ CT's for \$50 in February). The Imaging Department now offers PET scans an additional two days per month. The addition of a second mammogram machine in May 2021 will allow the number of women served to increase from 18/day to 30/day.</p>			

**1.4.1 INFANT SAFETY & SUPPORT**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
Prevent and Manage Chronic Disease	Provide Education	Family Birthing Center	<p><b>Provide education regarding appropriate infant transport</b></p> <p>Complete car seat checks and education to discharging maternal child population</p> <p>Summary Car seat checks were reduced to appointment only during the height of the pandemic. The intent is to resume “Check Lanes” by the end of CY2021</p>	<p>Host two “Car Seat Check Lanes” in FY2022</p>		<p><b>MO = Number of car seat checks completed for FY 2021</b></p>	
			<p><b>Provide community educational event for maternal infant population</b></p> <p>Participate in annual community baby shower by offering educational materials</p> <p><b>Additional activities:</b> <b>Infant Transition Task Force</b> NMC Health will participate in the Community Baby Shower when scheduled.</p> <p><b>Hearing screenings:</b> The Infant Transition Task Force is a team of staff from the Family Birth Center, Case Management and Home Care. These individuals collaborate on safe care referrals for infants following dismissal from the hospital.</p> <p>If an infant fails their first hearing screening in the hospital, the repeat screening is offered free of charge by NMC Health to eliminate compliance concerns with the second screening.</p>	<p>Year 1 goal/s to continue in Year 2</p>	<p><b>MO= Number of participants in community baby shower</b></p>		

**1.4.2 HEALTH AWARENESS & OUTREACH**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
Prevent & Manage Chronic Disease	Provide Education	Marketing/NMC Wellness Team	<b>Social Media Education based on The Society for Healthcare Strategy and Market Development (SHSMD) by the American Hospital Association Calendar and NMC Wellness Team</b>	Monthly health awareness topics posted on social media  Summary Topics addressed since July 1, 2020: Breast feeding Baby Safety National Immunization Month National Suicide Prevention Month Domestic Violence Drug Take Back Day Sexual Assault Awareness Virtual Dementia and Alzheimer’s Support Group for patients and caregivers promotion AMA’s “Forever Grateful” to healthcare workers  Quarterly NMC Wellness emphasis has been presented with an engagement activity and inspiring quotes and advice. (e.g.) WALKtober –the 50, 000 Steps challenge to employees was met at 52,258.82 miles	Year 1 goal/s to continue in Year 2		<b>MO= 12 health awareness topics will be posted on Newton Medical Center’s social media sites</b>  <b>Four employee wellness engagement activities completed</b>
			<b>Walkie Talkie topics include a walk along the NMC FitPath</b>	Quarterly Walkie-Talkie’s will be offered in person or virtually  Summary Walkie-Talkie’s included the new Contemplation Pathway addition, Dr. Kadam discussion of spine issues and care and Dr. Stanley offered a presentation on stress and burnout.	Year 1 goal/s to continue in Year 2		<b>MO= Number of events and corresponding topics in the FY 2021</b>

		<b>Marketing and Facilities Departments</b>	<b>Conduct two pathway/fitness counts for utilization and fishing for FY 2021</b>	Promote pathway and fitness of whole body  There is an average of 20 Life path users/day 5-10 pond users/week (counts based on anecdotal observation over 6 month period)	Year 1 goal/s to continue in Year 2		<b>MO= Establish baseline count of persons utilizing the fitness pathway and fishing opportunities</b>
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**1.4.3 CHRONIC DISEASE MANAGEMENT**

<b>Priority</b>	<b>Strategies</b>	<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>			<b>Impact</b>
		<b>Resources &amp; People</b>		<b>Short-term (Year 1)</b>	<b>Intermediate (Year 2)</b>	<b>Long Term (Year 3)</b>	<b>By June 30, 2023</b>
<b>Prevent and Manage Chronic Disease</b>	<b>Provide Education</b>	<b>Case Management</b>	<b>Collaborate with community partners on consistent Stoplight Zone patient education for Chronic Disease management</b>	Implement utilization of Stoplight for Congestive Heart Failure, Diabetes and Chronic Obstructive Pulmonary Disease deployed for use by end of FY 2021  Summary The new Stoplight Zone patient education document was completed and sent to all providers. Case Management is working with IT to have the Stop Light Zone resource auto print for Diabetes, COPD, and CHF patients along with the discharge education.	Year 1 goal/s to continue in Year 2		<b>MO = Stoplight Zone patient information sheet approved and implemented for use by June 2021</b>

## PRIORITY 2 Increase Mental & Behavioral Health Services and Education

### 2.1.1 SUBSTANCE ABUSE SCREENINGS

Priority	Strategies	Inputs	Activities	Outputs			Impact
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Increase Mental Health and Behavioral Health Services and Education -Depression -Substance Abuse	Manage Risk	Case Management	Formulate community collaboration with local entity for on-campus/emergency department Substance Abuse Center of Kansas (SACK) assessments	<p>Implement &lt;24 hour substance abuse placement assessment</p> <p>Summary MIRROR staff are available to do same day assessments at NMC Health. Process for completion of these assessments are ongoing as of the end of March, 18 assessments had been completed.</p>	Year 1 goals to continue in Year 2		MO= Number of onsite SACK assessments completed

### 2.1.2 OPIOID TASK FORCE

Priority	Strategies	Inputs	Activities	Outputs			Impact
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Increase Mental Health and Behavioral Health Services and Education -Depression -Substance Abuse	Manage Risk	Emergency Department Social Worker	NMC Health will have representation in the Harvey County Opioid Task Force	<p>NMC Health will participate in the Harvey County Opioid Task Force</p> <p>Summary The ED Social Worker is the NMC Health Designee for this Task Force. The task force has not met since the beginning of the pandemic.</p> <p>Mary Karst (RT) attends the STAND (students taking a new direction) meetings which have resumed following the pandemic and address drug and smoking prevention.</p>	Year 1 goal/s to continue in Year 2		NMC Health will delegate one representative to the Harvey County Opioid Task Force

**2.1.3 WORKPLACE VIOLENCE MITIGATION**

Priority	Strategies	Inputs	Activities	Outputs			Impact
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Increase Mental Health and Behavioral Health Services and Education -Depression -Substance Abuse	Manage Risk	Social Work/ Associate Chief Nursing Officer	Design annual workplace violence safety seminar for community partners	Offer one educational offering (with Continuing Education Unit's) for community members regarding work place violence mitigation  Summary NMC Health participated in the community safety fair in the Spring of 2021 with education in areas of safety in the workplace	Offer one educational offering (with Continuing Education Unit's) for community members regarding work place safety		MO= Number of educational CEU offerings on work place violence mitigation

**2.2.1 TRANSPORTATION**

Priority	Strategies	Inputs	Activities	Outputs			Impact
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
Increase Mental Health and Behavioral Health Services and Education -Depression -Substance Abuse	Enhance Access	Case Management/ Emergency Department Social Worker	Establish reliable/timely transportation for behavioral health patients from the Emergency Department	Maintain contracts with transportation services for behavioral health patients  Summary A contract was initiated with 1 <sup>st</sup> Choice Security on 10/14/20 with plans to add a second secure transport. Case Management is working on additional contracts so NMC Health will have access to three services instead of one.	Maintain contracts with transportation services for behavioral health patients		MO = Number of vouchers issued from Newton Medical Center for the Find a Way transportation program for FY 2021



**2.2.2 PARA-MEDICINE SERVICES**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
<p><b>Increase Mental Health and Behavioral Health Services and Education</b>                      -Depression                      -Substance Abuse</p>	<p><b>Enhance Access</b></p>	<p><b>Resources &amp; People</b>                      Emergency Department Social Worker</p>	<p><b>Coordinate services for referred para-medicine population</b></p>	<p>Provide follow-up referral care for 70% of para-medicine referrals for FY 2021</p> <p>Summary                      A new updated system from Newton Fire and EMS sends an email with referrals each Monday. Follow up was completed on 100% of referrals received.</p> <p>From Shout Outs 02132021 regarding a patient who was referred to NMCHealth for services needed.                      Chief Steve Roberson at Newton Fire/EMS. His note to me read:                      “This is a great example of team work and looking out for the citizens we serve. If this is the patient I’m thinking of, it was actually Mike Budde who recognized the unmet needs and brought Cory Lehman (Community Paramedicine) in to the loop on the situation. ...great job to Jenn, Amy and the PCP for working together for resolution.”</p> <p>The Paramedicine program will be introduced to the Hesston EMS by December 2021 with anticipated implementation following.</p>	<p>Provide follow-up referral care for 70% of para-medicine referrals for FY 2022</p>		<p><b>By June 30, 2023</b>                      MO= Number of follow up referrals/ total number of para-medicine referrals</p>

**2.2.3 EXPANDING CONTINUUM OF CARE SUPPORT**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
		<b>Resources &amp; People</b>					<b>By June 30, 2023</b>
<b>Increase Mental Health and Behavioral Health Services and Education</b> -Depression -Substance Abuse	<b>Enhance Access</b>	<b>Chief Clinical Officer</b>	<b>Evaluation of expanding continuum of care support for behavioral health population</b>	<p>Complete assessment of continuum of care gaps and services offerings evaluation for FY 2021</p> <p>Participated in and applied to be a State Institutional Alternative (SIA) site with Kansas Department for Aging and Disability Services (KDADS).</p> <p>Case Management continues to meet with Mirror, Prairie View, Ember Hope, Res Care, for communication and education.</p>	<p>Active collaboration as a State Institutional Alternative facility</p> <p>Assess viable community care plan options for dual diagnosis community patients</p>		<b>MO= Assessment completed</b>

**2.2.4 CONTEMPLATION PATHWAY**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
		<b>Resources &amp; People</b>					<b>By June 30, 2023</b>
<b>Increase Health and Behavioral Health Services and Education</b> -Depression -Substance Abuse	<b>Enhance Access</b>	<b>Case Management</b>	<b>Construct contemplation path on NMC campus for FY 2021</b>	<p>Complete contemplation path for community meditation and spiritual health intervention</p> <p>Summary The Walking Path/Contemplation Path received the new name of "Life Path". Chaplain Joel has created several series of prayers for use. A new series is anticipated to coincide with the Heart Walk scheduled for June.</p>	<p>Planned use of the Life Path for meditation and spiritual health.</p>		<b>Contemplation pathway implemented</b>

**2.3.1 MENTAL HEALTH SOCIAL POSTS**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
		Resources & People					By June 30, 2023
Increase Mental Health and Behavioral Health Services and Education -Depression -Substance Abuse	Provide Education	Chief Operating Officer Marketing Director	Provide educational postings on social media regarding mental health	Provide five postings per FY regarding Mental Health  Summary Postings included: <ul style="list-style-type: none"> <li>National Suicide Prevention Month posts</li> <li>World Teen Mental Wellness Day</li> </ul>	Goals will continue as outlined in Year 1		MO= Number postings on social media focused on mental health

**PRIORITY 3 Increase Economic Stability**

**3.1.1 SOCIAL DETERMINATES OF HEALTH ASSESSMENT**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
		Resources & People					By June 30, 2023
Increase Economic Stability  -food security -Housing stability -Poverty	Manage Risk	Case Management Director	Social Determinates of Health (SDoH) assessment	Initiate SDOH assessment and documentation for inpatients  Disseminate annual assessment data with impacted community partners  Director of Case Management will collaborate with Health Information Management to get SDOH into health history  Summary SDOH are being collected on all patients in a bed. IT is working with Hospitalists to place SDOH in the d/c summary for review and for coding purposes.  See Appendix B for chart of SDOH categories	Year 1 goal/s to continue in Year 2		MO= Number of SDOH assessment completed/ total number of inpatient admissions for FY 2021  Dissemination occurs  MO= Number of health histories coded with SDOH

**3.2.1 FOOD INSECURITY**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
<b>Increase Economic Stability</b>  -food security -Housing stability -Poverty	Enhance Access	Chief Operating Officer or designee	<b>No-till Giving Garden at NMC</b>  <b>Collaborate with YMCA in family/youth cooking programing and garden usage</b>	Share produce from Giving Garden with community members.  Summary A sidewalk to increase access was added in late 2020.No-till garden to be planted week of May 2021.	Year 1 goal/s to continue in Year 2		<b>By June 30, 2023</b>  <b>MO= The Newton Community is aware of and has access to the NMC Giving Garden</b>

**3.2.2 MEALS ON WHEELS**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
<b>Increase Economic Stability</b>  -food security -Housing stability -Poverty	Enhance Access	Chief Operating Officer and Director of Food & Nutrition Services	<b>Meals on Wheels (MOW) -this program brings healthy nutrition to older adults (nutrition as an element that may help to prevent or mitigate some chronic diseases</b>	NMC Health will meet the increased need identified by # MOW meals  Summary The peak number of meals per day reached 95 during the pandemic. For the period of January-March, 2021, NMC Health partnered with Meals on Wheels to prepare and deliver an average of 2,389 meals/month.  Share the Love Fundraiser was held to honor former Food And Nutrition Services director Robert Kidd who lost his life to COVD in January. This fundraiser raised 1,635 virtual box lunches surpassing the previous year’s total of 660. This year the lunch boxes were shared with area seniors in need rather than being consumed by the supporter themselves.	Year 1 goal/s to continue in Year 2		<b>By June 30, 2023</b>  <b>MO= Number of meals provided through MOW program for FY 2021/ meals provided through MOW program for FY 2020</b>

**3.2.3 PATIENT ACCESS TO MEDICAL EQUIPMENT**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
<b>Increase Economic Stability</b>  -food security -Housing stability -Poverty	<b>Enhance Access</b>	<b>Resources &amp; People</b> Case Management Director	<b>Caring Closet established and funded to meet patient medication, clothing and medical equipment needs at discharge</b>	Expand distribution of food and clothing to patients and families with an identified need for FY 2021  From July 2020-March 2021 \$2,400.69 was dispersed for food, clothing, medication, and transportation with an increased in demand for clothing and food during the pandemic.  The annual employee Christmas donations raised \$3600 for the Caring Closet along with donation of a medication organizer and glucometers.  A quilt raffle fundraiser in the Spring of 2021 raised an additional \$1000 for the closet	Year 1 goal/s to continue in Year 2		<b>MO= Dollar amount of assistance provided</b>
			<b>Free Closet</b>	Home Care and Private Duty services host a Free Closet for those clients cannot afford medical items.			

**3.3.1 PROJECT SEARCH**

Priority	Strategy	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
<b>Increase Economic Stability</b>  -food security -Housing stability -Poverty	<b>Provide Education</b>	<b>Chief Operating Officer or designee</b>	<b>Project Search Participants</b> • Continued partnership with this program that helps participants develop skills for employment	Engage participants in Newton Medical Center culture and care to gain skills for employment  Summary Participants returned to the hospital for skills development in early 2021 following an absence due to the pandemic. On May 14, 2021 four Project Search Interns received their certificates of completion for this program.	Continue goal from Year 1		<b>MO= Number of project search participants who gain employment after graduation</b>

**3.4.1 HEALTH SCIENCE ACADEMY**

Priority	Strategy	Inputs	Activities	Outputs			Impact
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
<b>Increase Economic Stability</b> -food security -Housing stability -Poverty	<b>Stabilize Workforce</b>	<b>Human Resource</b>	<b>Offer Health Science Academy</b>	Organize engaged learning sessions for attendees of Health Science Academy  Discussions were held at the community level for incorporating the CDC Health Literacy curriculum to this age group. Funds requests for this program were incorporated into the Harvey County BCBS Pathways grant.  In person classes resumed during second semester. NMC Health staff resumed presentations virtually or in person.	Year 1 goal/s to continue in Year 2		<b>MO= Presenters will report one learning activity per presentation</b>

**3.4.2 STUDENT EXPERIENCES**

Priority	Strategy	Inputs	Activities	Outputs			Impact
		Resources & People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2023
<b>Increase Economic Stability</b>	<b>Stabilize Workforce</b>	<b>Chief Clinical Officer</b>	<b>Offer shadow, practicum and clinical experiences to high school and college students</b>	Plan rotation schedules for high school and college students interested in health care workforce opportunities  Summary College and University programs/clinicals were held as scheduled pre-pandemic.	Plan rotation schedules for high school and college students interested in health care workforce opportunities		<b>MO=Total number of student rotations</b>



**3.4.2 HEALTHCARE CAREER FAIRS**

Priority	Strategy	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
		<b>Resources &amp; People</b>					<b>By June 30, 2023</b>
<b>Increase Economic Stability</b>  -food security -Housing stability -Poverty	<b>Stabilize Workforce</b>	<b>Chief Operating Officer or designee</b>	<b>Engage in Healthcare Career Fairs</b>  <b>Continue encouraging NMC Health employees to serve in educational advisory boards as requested</b>	NMC Health will have presence at a minimum of one healthcare related career fair in FY 2021  Summary Planning for attendance at a summer health fair is in process.	Year 1 goal/s to continue in Year 2		<b>MO=NMC Health will have presence at one career fair to recruit persons for the labor pool</b>

**3.5.1 FINANCIAL ASSISTANCE**

Priority	Strategies	Inputs	Activities	Outputs			Impact
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
		<b>Resources &amp; People</b>					<b>By June 30, 2023</b>
<b>Increase Economic Stability</b>	<b>Charitable Contribution</b>	<b>Chief Financial Officer and Director of Revenue Services</b>	<b>Contribute charitable funds to patients and community entities as deemed appropriate</b>	Charitable contributions toward relief of patient account balances as appropriate  NMC Health’s Traditional Charity Care FYTD is at \$1,769,134.00.  Charitable contributions to community entities per Administrative discernment  NMC Health’s Community Benefit Grand Total FYTD is \$2,427,863.00.	Year 1 goal/s to continue in Year 2		<b>MO= Total dollars contributed toward community need through the NMC Health’s Community Benefit Funds</b>

This document was reviewed and approved by the  
NMC Health Board of Directors on June 3, 2021.

Questions and concerns about NMC Health's Community Health Implementation  
Strategy may be directed to the Department of Quality and Analytics via email to  
[Sondra.leatherman@newtonmed.com](mailto:Sondra.leatherman@newtonmed.com).



## Appendix A

### Community Health Needs Assessment – *Prevent and Manage Chronic Disease*

#### Annual Health Screening Campaign

Calendar Overview FY2021:

<b>July 2020</b>	-Safe Care Commitment campaign encouraged continued screenings and wellness visits overall in the midst of the pandemic	<b>January 2021</b>	-Flu Shot Awareness -COVID-19 Prevention -Ice/Fall Prevention (Shake It, Don't Break It)
<b>August 2020</b>	-Immunization Awareness Month -Opioid Misuse Prevention Day	<b>February 2021</b>	-American Heart Month -Cardiac Calcium Score Screening
<b>September 2020</b>	-National Cholesterol Education Month -Thyroid Cancer Awareness Month -Sepsis Awareness Month	<b>March 2021</b>	-Colorectal Cancer Awareness Month -World Teen Mental Wellness Day -American Nutrition Month (connection Diabetes Education here)
<b>October 2020</b>	-Breast Cancer Awareness Month	<b>April 2021</b>	-Parkinson's Awareness Month
<b>November 2020</b>	-National Alzheimer's Disease Awareness Month -COPD Awareness Month -Prematurity Awareness Month -Diabetes Awareness Month	<b>May 2021</b>	-American Stroke Month -Asthma Awareness Week -National Osteoporosis Month -Own The Bone -Women's Lung Health Week
<b>December 2020</b>	-National Handwashing Awareness Week	<b>June 2021</b>	-Men's Health Month

Appendix B

