

CHNA IMPLEMENTATION PLAN

INTRODUCTION

The implementation Plan reflects the CHNA priority categories and priority focus areas (PFA) within the categories. It identifies how MGH&FC plans to meet the CHNA identified needs of our community. This implementation plan was approved by the Board of Hospital Commissioners on March 28, 2017.

It is noted that community health partners identified is not intended to imply firm organizational commitment on behalf of those listed nor limit involvement by those not listed.

Priority types: MGH&FC leads initiative, MGH&FC is a catalyst to convene the community and chart a course, MGH&FC lends active support or partnership to existing community organizations with existing expertise or resources.

LEAD

Priority: Mitigate barriers that restrict access to healthcare and full realization of the promise of population health.

Action	<ul style="list-style-type: none"> • Continue in person assister program. • Recruit and retain providers and continue to, build healthcare delivery teams in primary care clinics. • Provide more flexible options for accessing care (i.e., walk-in clinic, expanded hours). • Continue to improve processes in the clinics. • Support more open slots and more available provider time. • Assure seamless transitions. • Implement mental-behavioral health integration with primary care.
Anticipated Impact (Deliverable)	<ul style="list-style-type: none"> • Increase the number of providers open to see new patients • Decrease wait time • Expand availability for patient visits • Increase number of patients engaged in smoking cessation activities • Fully integrated mental-behavioral health • Decrease number of behavioral health related ED visits • Reduce CHF admissions • Realize post-acute discharge primary care follow up within three days of discharge
Planned Collaborators	<ul style="list-style-type: none"> • Health Care Authority (HCA) • Choice Regional Healthcare Network (CRHN), • Managed Care Organization (MCO) • Tele-psych resources • Public Health Behavior-mental health initiative • Criminal justice system • Behavioral Health Organization • Washington State Hospital Association (WSHA) • Washington State Medical Association (WSMA) • Community resources (Area Agency on Aging (AAA), Caring for Seniors/COPES and others) • Accountable Communities of Health (ACH) • Cascade Pacific Action Alliance (CPAA)

	<ul style="list-style-type: none"> • Mason Matters • Hands On Personal Empowerment (HOPE) • Local Health Department • EMS
Resources Committed	<ul style="list-style-type: none"> • MGH&FC designated certified staff • Office space • Access to Internet, related and/or agreed upon equipment • Care Coordination Services • Pharmacist • Honoring Choices trainers • Support for Mason Matters • Cascade Pacific Action Alliance (CPAA) youth project • Tele-medicine technology
ACTIVE SUPPORT/PARTNER	
Priority	Realize a healthier environment and opportunities for Mason County's children, youth and families.
Action	<ul style="list-style-type: none"> • Support Shelton school district's graduation matters initiative <ul style="list-style-type: none"> ➤ Serve on advisory board, financial support; finalize K-12 curriculum with Shelton School District for 2018 implementation. • Finalize K-12 curriculum with Shelton School District <ul style="list-style-type: none"> ➤ Health Sciences Academy • Develop outreach to support at-risk youth, young adults in transition and young parents/families learn how to access healthcare and other social support services and to make healthy choices
Anticipated Impact	<ul style="list-style-type: none"> • Increase graduation rates • Increase community presence through volunteering • Increase awareness of, and access to, healthcare
Planned Collaborators	<ul style="list-style-type: none"> • Shelton School District • Mason Matters • Public Health Department • Choice Regional Health Network (CRHN) • Hands On Personal Empowerment (HOPE)
Resources Committed	<ul style="list-style-type: none"> • Financial support • Board members • Advisors • HOPE Garden Space