



Community Health Needs Assessment and Plan 2016

Mission

To provide up to date, high quality, compassionate and affordable healthcare.

Vision

Mayo Regional Hospital will be the first choice for healthcare, partnering for healthier communities, one person at a time.

We Value

excellence

We will provide you with a high quality and positive patient experience that will exceed your expectations.

compassion

Our staff will provide you and your family with a caring and supportive environment tailored to your individual needs.

dignity

We will preserve your personal privacy and treat you and your family with respect.

integrity

We will provide the right care at the right time in a reliable way.



Mayo Regional Hospital is a 25-bed, critical access hospital located in Dover-Foxcroft, Maine. Dover-Foxcroft is located 37 miles northwest of Bangor and is the county seat for Piscataquis County, an area the size of the State of Connecticut with a population of just over 17,000. Hospital Administrative District #4, doing business as Mayo Regional Hospital has a service area that covers most of Piscataquis County and parts of both Somerset and Penobscot Counties in Maine. As the majority of our service area is Piscataquis and Mayo Regional Hospital is the largest healthcare supplier in this county, that county will remain the area of focus.

The Mayo Regional Hospital facility provides what most would describe as “core critical access” services, including emergency care, inpatient care, obstetrics, swing bed services, special care, inpatient and outpatient rehabilitation, diagnostic radiology and laboratory, inpatient and outpatient surgery, and ancillary support services. Also on the main campus are several specialty practices, including Mayo Orthopedics, Mayo Women’s Health, Mayo Surgical Associates, Mayo Podiatry, Mayo ENT, Mayo Urology, and Mayo Oncology. The main base of Mayo’s EMS service is also located adjacent to the main campus with satellite locations in Dexter and Corinth.

Mayo Regional Hospital also operates five rural health clinics throughout our region located in Dover-Foxcroft, Milo, Guilford, Dexter, and Corinth. They employ 17 primary care providers and see about 50,000 primary care visits per year. In addition, the hospital operates a Psychiatry and Counseling Center in Dover-Foxcroft which provides adult psychiatry, child psychiatry, substance abuse, and counseling services.

Mayo Regional Hospital is legally known as Hospital Administrative District No. 4 (H.A.D. #4). H.A.D. #4 was legally organized and formed by and through a Private and Special Act of the Maine Legislature in 1973 (Chapter 76 of the Private & Special Laws of 1973) and is owned by 13 towns and plantations located in Penobscot and Piscataquis Counties. These include Abbot, Atkinson, Bradford, Cambridge, Dexter, Dover-Foxcroft, Guilford, Milo, Monson, Parkman, Sangerville, Sebec, and Willimantic. Each community elects members to the Governing Board who serve 3-year terms. The Governing Board usually consists of between 16 and 19 members.

Our Community Health Needs Assessment (CHNA) is part of the statewide collaborative that produces the Maine Shared CHNA, the Maine SHNAPP. Shared Health Needs Assessment and Planning Process. We are actively involved in this process by committee involvement, sharing information, and by providing community engagement support into the community events. We will first review our CHNA plan that was developed based on the data from the reports with a focus on Piscataquis County, but including both Penobscot and Somerset Counties, which we are both in our service area.



Mayo Regional Hospital used the data from the shared CHNA (Community Health Needs Assessment) and developed a plan to identify and the significant health needs of our community that would include improvement and/or maintenance of the health status of our service area. We developed a team within Mayo Regional Hospital to work on the CHNA and plan. This team consisted of the Vice President of Quality and Education, the Chief Executive Officer, the lead paramedic in the Community Paramedicine project, a nurse navigators from the primary care practice, the Vice President of Patient Care Services, the Director of Piscataquis Public Health Council, our Dietician, an Occupational Health Nurse, and the Nurse Manager for the Medical Surgical Department. As the plan was in development, we took many opportunities to share this emerging plan with many different groups within the hospital and community. We were involved in many planning sessions for Piscataquis County, which included stakeholder surveys (summer of 2015) and community engagement forums (November 12, 2015 and Spring 2016) to discuss our most significant health needs in our community. During these sessions, we learned the needs and priorities of our community. The team prioritized the significant health needs by examining the data from the CHNA, evaluating the input from the community stakeholders, examining the burden, scope, severity and urgency of the health need. We also considered the feasibility and effectiveness of possible interventions, any health disparities, and the importance the community placed on the need. The team analyzed stakeholder data from the CHNA and the multiple stakeholder meetings. With this information, the team voted on the priority listing.

Mayo Regional Hospital's CHNA team developed a plan and shared this plan and some of the activities in the plan with the Mayo Regional Hospital Patient Multidisciplinary Safety Team, the Committee of Quality of Care and Professional Performance (a meeting of board members and medical staff), the Patient Advisory Board and then got approval from the Mayo Regional Hospital Board of Directors on May 25, 2016.

The health priorities identified within this plan for Piscataquis County are:

1. Access to Healthy Food
2. Substance Abuse
3. Access to Care
4. Mental Health
5. Preventable Hospital Stays
6. Immunizations
7. Obesity

Community Health Needs Assessment and Plan Fiscal Year 2016

| Unmet Needs | Measurability | Initiative | Target Population/ Barriers | Goal | Evaluation Update 5-9-16 |
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| <p>Priority #7 Obesity</p> | <p>Data shows Piscataquis County's rate of Obese adults being considerably higher than Maine</p> <p>Maine 28.9% Piscataquis 30.2% Penobscot 32.4% Somerset 33.8%</p> | <ul style="list-style-type: none"> *Increase core education resources to the public. (pamphlets/handouts) *Offer community/Mayo education on activities * Offer Dietary consults inpatient and outpatient for obesity * Re-evaluate obesity screening in PCP offices *Evaluate cost for dietary consults and patient payment *Maintain and evaluate Wellness credit offered to employees on insurance *Maintain Mayo Discounts and payroll deduction for fitness centers *Mayo Dietary to evaluate healthier food options and portions *Evaluate posting nutrition facts for food in our hospital cafeteria | <p>Adults Children</p> <ul style="list-style-type: none"> *Rural Area *Attendance to educational training *Low income median *Transportation | <p>Short term: *Increase the amount and consistency of literature and education patient is receiving *Increase Primary Care Providers (PCP) screenings and referrals, 10 referrals per office</p> <p>Long term: Decrease overall Piscataquis Obesity Rate to below 30%</p> | <p>Provide Activity education in Medicare Wellness visits in primary care offices— 8-10 Annual Wellness per week</p> <p>Piscataquis Public Health Council (PPHC) — SNAP (Supplemental Nutritional Assistance Program) education in the early childcare and elementary, Adult population classes as well. (35 classes a month)</p> <p>Hospital inpatient and outpatient Nutritional Consults (40 a month)</p> <p>In fall 2015, updated walking route signs for public in Milo, Dexter, Dover- Greenville and Guilford, targeting work site and municipalities</p> <p>Mayo offers fitness discounts to YMCA 29 employees and friends of Community Fitness is 24 employees, YMCA is reaching out for more corporate partners</p> <p>Working with Piscataquis County Economic Development Council to do a federal grant search for Obesity grant dollars to assist with replacing the funding we will lose when the HMP funds go away. We got a listing and Robin Mayo is vetting them to see if we qualify to apply for any additional funds.</p> |

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| <p>Priority #1 Limited Access to Healthy Food</p> | <p>Data shows Piscataquis has an index rate for access to healthy foods and healthy food environment (10 is best)</p> <p>Maine 7.4 Piscataquis 7.1 Penobscot 6.9 Somerset 7.1</p> <p>(Measures distance to grocery stores, poverty and food insecurity)</p> | <p>*Expand Mayo's Community Garden *Maintain Mayo's collection for local food cupboard *Implement screening for food insecurity in PCP and inpatient *Develop Resource list and refer as needed *Increase awareness and enrollment in food programs (SNAP, WIC (Women, Infant and Children))</p> | <p>Children Adults Elderly Chronically Ill</p> <p>*Rural Area *Low income median *Transportation</p> | <p>Short term: *Adding Food insecurity screening to PCP and inpt * Develop Resource list * Develop plan for implementing triggers and actions if pt food insecure *Collect \$200 for local food cupboard at each event Long term: Maintain a 2% rate for Piscataquis County</p> | <p>PICH (Partners in Community Health)—working with food pantries to offer better food choices, Dietitian started providing on-going support in Feb. 2016 to Dover Foxcroft Area Food Cupboard to offer improved food choices at distribution</p> <p>PPHC does pop up tours with adults at local groceries and healthy recipes are shared (5 X a month at different areas in Piscataquis County)- ongoing</p> <p>Food insecurity screening questions under development for PCP offices—presentation to Senior leadership in May 2016, reaching out to Milo Family Practice for a pilot</p> <p>Developing food insecurity resource guide and referral pathways</p> <p>Donation from Mayo Regional with food collection. Fall 2015- \$129 and 327 pounds to local food cupboard. Nurses are collecting for backpack program in May.</p> <p>Dietician reviewed local grocer for Good/better/best list for local backpack program. 4/16</p> <p>Healthy Community (both Mayo and PPHC belong to this coalition) looking at access to healthy foods-planning on increasing the number of summer meals for children.</p> <p>Offering more healthy choices in hospital cafeteria.</p> |
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| <p>Priority #3</p> <p>Access to Care</p> | <p>Data shows Piscataquis has a high percentage of residents with no usual source of primary care.</p> <p>Primary Care Providers</p> <p>Maine 910:1 Piscataquis 1,010:1 Penobscot 790:1 Somerset 1290:1</p> | <ul style="list-style-type: none"> * Improve PCP availability * Improve hours of availability * Develop plan for open access * Improve patient's perception of access to care * Increase the rate of Blood draws through CMHS in the home environment * Decrease non acute referrals to ED | <p>Children Adults</p> <ul style="list-style-type: none"> * Rural Area * Low income median * Transportation | <p>Short term:</p> <ul style="list-style-type: none"> * Expand hours of practices * Improve CAHPS access scores to 60% * Increase CHMS blood draws to 25 annually <p>Long term:</p> <p>Decrease overall Rating for Access to Care 1:1000</p> | <p>Oct through Feb CAHPS (Consumer Assessment of Healthcare Provider and Systems) access score 77% in Dover office and lower than goal scores for all other Mayo PCP offices. Mayo providing more open access hours for acute visits.</p> <p>Access hours in Milo open to 6 every Monday and to 630 every first Weds of month Access hours in DFFM open to 6 MWF and last apt Tuesday –Friday at 4:50</p> <p>Central scheduling offered other facilities</p> <p>Community Mobile Health Services (CMHS) blood draws are greater than 25 a quarter. Jan to March data shows 49 for this time period.</p> <p>Rates of Emergency Department (ED) non acute referrals—2014 51% of Triage levels 4&5 down to 2016 40%. ED shares practice data with every practice to encourage PCP care in the PCP office.</p> <p>In April we began "Open Acute" hours to enhance daily access. In May we plan to have a open accute (by appointment) provider each day. We are working on developing a schedule that will provide "walk-in" care daily. This will be during a blocked time daily. We are hopeful to have walk in care during the week by the end of summer. VP-MPA will prepare and present a budget for weenend hour walk in care in the 2016/2017 budget.</p> |
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| <p>Priority #5 Preventable Hospital Stays</p> | <p>Data shows Piscataquis is close, however, still behind Maine in Preventable Hospital Stays</p> <p>Maine 50 Piscataquis 67 Penobscot 72 Somerset 63</p> | <p>*Maintain and increase referrals for CMHS *Utilize the primary nurse to identify high risk re-admission pts and develop a plan *Develop a plan for CTM (Care transition measures)</p> | <p>Adults</p> <p>*Rural Area *Low income median *Transportation *Patient/Family Participation</p> | <p>Short term: Decrease all cause readmission rates to 9% or less. Increase referrals from hospital/PCP to CMHS Long term: Decrease Piscataquis County's overall rate to 58.</p> <p>Decrease all cause readmission rates to 7% or less.</p> | <p>Readmission rates 1st Quarter 11.4 and 2nd 13%. Cardiopulmonary to work with Chronic Obstructive Pulmonary Disease (COPD) pts to help decrease their readmits, as this is a large source of readmissions.</p> <p>CMHS referrals are trending up since inception. Jan to Mar 16: 93 Oct to Dec 15: 92 Jul to Sept 15: 109 Apr to Jun 15: 115 Jan to Mar 15: 88 Oct to Dec 15: 69</p> <p>Will develop a plan for hospital recognition of potential CMHS referrals and communication to PCP offices—daily rounding</p> <p>MPA PCP Starting a protocol with Home Health (CHCS) for CHF and COPD protocols</p> <p>Care Transition started process in March 2016 to call PCP nurses to alert them of pt admissions.</p> |
| <p>Priority #6 Immunizations</p> | <p>Data shows Piscataquis had a low recipient rate for influenza vaccinations.</p> <p>Maine 43.3% Piscataquis 34% Penobscot 44.2% Somerset 37.6%</p> | <p>*Improve employee vaccination rates for influenza *Increase influenza and pneumonia vaccinations for adult pts in PCPs * Develop and Offer vaccinations to households of newborns *Offer influenza vaccine to outpatients/walk in *Increase flu, pneumonia, and pediatric vaccinations in children through PCP Offices</p> | <p>Adults Children</p> <p>*Rural Area *Low income median *Transportation</p> | <p>Short term: *Increase employee influenza vaccination rates to 90% or above *Improve and offer Vaccination to all inpatients to 98% of all applicable Increase pneumonia vaccination to 98% *MPA vaccine goals 72% Long term: Increase Piscataquis County's overall rate to 37%</p> | <p>Employee influenza vaccinations are 90% this FY16. Working on policy for next season.</p> <p>Planning outpatient influenza vaccinations for all applicable outpatients next season; develop policy and process.</p> <p>Inpatient Vaccinations: Influenza: 1Q 91.7% Pneumococcal: 1Q 95.8%</p> <p>Mayo Practice Associates vaccinations at: Influenza 46% Pneumonia 66%</p> |

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| <p>Priority #2 Substance Abuse</p> | <p>Data shows Piscataquis had a high rate for drug effected babies as a percentage of all live births</p> <p>Maine 7.8% Piscataquis 11.9% Penobscot 16% Somerset 12.2%</p> <p>Data shows Piscataquis County has a high rate of Opiate Poisoning Hospitalization per 100,000 population</p> <p>Maine 25.1 Piscataquis 29.8 Penobscot 25.7 Somerset 22.7</p> | <p>*Decrease the percentage of drug affected babies *Decrease the opiate poisoning rate *Increase education on opiate use, barriers to treatment, and control of controlled substances and prescriptions * Work with Chronic Pain collaborative to develop best practices with controlled substances *Increase the ability to support more Suboxone</p> | <p>Adults Teenagers Infants</p> <p>*Rural Area *Low Median Income</p> | <p>Short term: *Continue to participate in Community Opiate education and planning *Look into new models for Mayo Psychiatry and Mayo PCPs to expand access for opiate abuse treatment</p> <p>Long term: Decrease Piscataquis County's overall rate of drug effected babies to 8% Decrease Piscataquis County's Opiate poisoning hospitalization rate to 13%</p> | <p>4/19/16- Heroin Opiate Community Forum – 60 participants, worked with Angus King coalition, Help Hands with Heart, PPHC and Mayo. Work continues on initiatives.</p> <p>Screening questions are asked at PCP and in the hospital.</p> <p>Changing the practice model at Mayo Psychiatry and Counseling to increase the number of slots for psychiatrist and Mental Health Nurse Practitioner.</p> <p>Examining the possible expansion of Suboxone.</p> <p>The ED limits the amount of narcotics for acute and does not prescribe for chronic narcotic use.</p> <p>PMP (Prescription monitoring program) actively in use for all providers.</p> <p>Drug take back events coordinated with PPHC, April 30th and September annually.</p> <p>PPHC doing community outreach to retailers, policy work with retailers and schools at least monthly.</p> <p>Community Education on marijuana from PPHC with partner groups and coalition, and one for youth.</p> <p>Paper Tigers screening at Central Theatre in March, PPHC supported, and Mayo looking at re-screening in this summer.</p> <p>ETips still in use for reporting of criminal activity – anonymous.</p> <p>Chronic Pain collaborative attended by PCP medical staff and 2 education events</p> |
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| | | | | | <p>to full medical staff in Feb and March.</p> <p>PCP offices using Controlled substance agreements and evaluating policy against current evidence.</p> <p>Evaluating the ability to monitor for drug effects in babies in OB and keep families local.</p> <p>Share and promote with providers—the Diversion Alert that share monthly those who have new drug charges</p> |
| <p>Priority #4 Mental Health</p> | <p>Data shows Piscataquis has a high rate of Emergency Department use for Mental Health per 100,000</p> <p>Maine 1972.1 Piscataquis 2238.8 Penobscot 1830.4 Somerset 2073.6</p> | <ul style="list-style-type: none"> * Improve access to mental health providers * Increase access to mental health providers in PCP offices * Monitor and track mental health screening in the PCP offices for non-acute visit annually | <p>Adults Children Elderly</p> <p>*Rural Area *Low income median *Transportation</p> | <p>Short term: *Decrease access time for mental health appointments *Continue to incorporate mental health providers in the PCP offices</p> <p>Long term: Decrease Piscataquis County's overall rate of ED visits for Mental Health to 1900 per 100,000 population</p> | <p>Screening questions are asked at PCP and in the hospital. PQH-9 done in PCP offices.</p> <p>Changing the practice model at Mayo Psychiatry and Counseling to increase the number of slots for psychiatrist and Mental Health Nurse Practitioner.</p> <p>Paper Tigers screening at Central Theatre, PPHC supported, and Mayo looking at re-screening.</p> |