



Mayo Regional Hospital used the data from the shared CHNA (Community Health Needs Assessment) and developed a plan to identify 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 Chief Executive Office, the Vice President of Quality and Education, the lead paramedic in the Community Paramedicine project, nurse navigators from the primary care practices, the Vice President of Patient Care Services, the Director of Mayo Community Outreach, our Registered Dietician, an Occupational Health Nurse, and the Nurse Manager of our 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 and community engagement forums (November 2015, Spring 2016, Spring 2017) to discuss the 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, and considering 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. With this information, the team voted on the priority listings.

Mayo Regional Hospital's CHNA team developed a plan and shared this plan and some of the activities in the plan with Mayo Regional Hospitals Patient Multidisciplinary Safety Team, the Committee of Quality Care and Professional Performance (a meeting of board members and medical staff), the Patient Advisory Board and then got final approval from the Mayo Regional Hospital Board of Director's Quality of Care and Professional Performance on March, 27th 2017.

The 2017-2018 health priorities identified within this plan for Piscataquis County are:

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

2017-2018 Community Health Needs Assessment, Plan and Action

Unmet Needs	Measurability	Initiative	Target Population/ Barriers	Goal	Update on activities
<p>Priority #1 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>Decreasing Opioid poisoning rate</p> <p>Drug affected babies</p> <p>Medication assisted therapy</p> <p>Increasing alternative pain options.</p> <p>PMP Use/Policy</p> <p>Controlled Substance Agreements</p>	<p>Adults Teenagers Infants</p> <p>*Rural Area *Low Median Income</p>	<p>Short term: Have 10 events or classes about substance use prevention</p> <p>Goal Met</p> <p>Long term: Decrease Piscataquis County's overall rate of drug effected babies to 8% -- Goal Not Met</p> <p>Drug-affected infant reports per 1,000 births 2010 - 55.2 2017 - 132.2</p> <p>Decrease Piscataquis County's Opiate poisoning hospitalization rate to 13%</p> <p>Data not reported</p>	<p>2017 Year-end update</p> <p>Updated policy for NAS (Neonatal Abstinence Syndrome) 10-2017. New policy states, we can deliver moms that are in a stable MAT (Medication assisted therapy) programs.</p> <p>Education has been planned for provider/nursing in January 2018 with Dr. Brown. We currently have one patient established in MAT ready to deliver here.</p> <p>New SnuggleMe guidelines will be coming for implementation in Obstetrics.</p> <p>Prime for Life—Community outreach has been approved to teach in Guilford, Milo, Greenville, and Dexter high schools. Also, Dexter middle school (Ridgeview – JMG Students)</p> <p>7 Piscataquis students attended the 2 day MYAN (Maine Youth Action network) conference.</p> <p>Positive Action Groups continue in Guilford, Milo and Dexter. 7 Piscataquis positive action students attended the 2 day MYAN (Maine Youth Action network) conference. Lots of work on Substance use prevention, suicide prevention, bullying, LGBTQ competence and social/school climate.</p> <p>The Drug take back--- was the largest as a state in New England. Mayo placed advertisements in the Eastern Gazette and the Piscataquis Observer for 4 weeks prior to the October drug take back. Community Outreach continues to have positive working relationships with all police departments on this initiative.</p> <p>Narcan education was held for all the outpatient clinics and RHCs (Rural Health Clinics), and sheriff's office. Narcan is available to all of our provider offices. Hillary will reach out to other police departments to offer training for Narcan by EMS.</p> <p>Started MAT in Milo – 5 patients have enrolled so far. We are working to adapt a policy for MAT not to order opioids and benzodiazepam concurrently with marijuana use. The plan will be taper off this use on initiation into the program.</p>

2018 UPDATES:

January 1st - May 28, 2018

Successful Drug Take Back in Piscataquis County – Mayo had two advertisements in the local papers as well as in practices to solicit participation.

Community Outreach worked with Piscataquis Community Highschool to present an Every 15 Minutes mock car accident. The 15 minutes is the combo of drinking, texting and substance use. The event was very successful and included several community partners: EMS, Lary Funeral Home, Piscataquis County Court System, Piscataquis County Sheriffs Department, Piscataquis EPA, Guilford Fire Department, WABI TV5, Husson College, Guilford United Methodist Church, and many others.

Prime for Life was taught to Freshman students in Greenville, Milo, Dexter and Guilford. The substance use prevention curriculum focuses on goal based prevention

Substance Use Prevention social media campaigns were shared through Mayo's Facebook page.

Community Outreach hosted 2 RBS (Responsible Beverage Seller/Server) Trainings in April. One for on-premise retailers and one for off premise retailers. The purpose of this class is to educate sellers and servers on the risks associated with selling to underage patrons and to over intoxicated patrons. Great attendance at both trainings.

Community Outreach continued Positive Action Teams in Guilford, Milo and Dexter. The focus of these teams is Substance use prevention, suicide prevention, school/social climate, LGBTQ competency and other social needs at individual school levels.

June 1 – December 31 2018

Piscataquis County had another successful drug take back on October 28th. Mayo Community Outreach worked with 5 local police departments. Mayo advertised in the Eastern Gazette, Mayo Messenger and Piscataquis Observer to promote safe storage and disposal. We also used social media to promote these events and safe storage.

Staff have been working on a vaping presentation. Community Outreach is scheduled to present to staff and students in January on the dangers of vaping/JUULing.

Continued work with positive action teams. We have added Greenville consolidated school as a fourth. The students are planning a Piscataquis Positive Action Summit and finding sponsors for March 2019. The focus of these teams remains the same.

					<p>Prime for Life was taught at Greenville Consolidated school in December. We are also invited to teach another class in Greenville, at Dexter Regional Highschool, Ridgeview Middle School and Penquis Valley Highschool starting in January 2019.</p> <p>Mayo continues working to accept mothers who are in a stable MAT (medication assisted therapy) program for delivery at Mayo. We have had to delay inducting pregnant mothers in the MAT programs. We have a meeting in January to discuss the plan and milestones.</p> <p>The Obstetrics department is Changing the scale for NAS to Eat Sleep Console.</p>
Priority #2 Mental Health	Piscataquis has a high rate of Emergency Department use for Mental Health per 10,000	Increasing access to providers/ Telehealth.	<p>Adults Children Elderly</p> <p>*Rural Area *Low income median *Transportation</p>	<p>Short term: Develop more access to mental health providers</p> <p>Goal Met</p> <p>Long term: Decrease Piscataquis County's overall rate of ED visits for Mental Health to 190 per 10,000 population</p> <p>Mental health emergency department rate per 10,000 population</p> <p>2010-2011 382.1 2013-2014 353.8</p> <p>For Maine 166</p> <p>Goal Not Met</p>	<p>2017 Year-end update</p> <p>CHCS (Community Health and Counseling) contract was established for inpatient & outpatient needs.</p> <p>We have established a telemedicine contract with Acadia Hospital for Emergency Department patients and inpatients.</p> <p>We have reorganized the staffing model at MPC (Mayo Psychiatry and Counseling) to increase the volume of patients being seen.</p> <p>Active planning on Suboxone treatment integration in primary care is ongoing.</p> <p>2018 UPDATES:</p> <p>January 1st - May 28, 2018</p> <p>We are actively using the CHCS contract 3 hours a week (Monday, Wednesday, and Fridays)</p> <p>Planning a work with CHCS for communication about this new collaboration.</p> <p>We will now have 24/7 security (Started Jan 1 2018).</p> <p>Outpatient mental health consults are beginning to pick up in the practice settings.</p> <p>Mayo Psychiatry and counseling has transitioned from a Psychiatrist to PMHNP. The new model is going very well.</p> <p>NAMI (National Association of the Mentally Ill) Maine is coordinating a CIT (Crisis Intervention Training) program in the spring for first responders (Law Enforcement, EMT's, and Paramedics). RN's are not allowed to participate. Mayo EMS will send as many as possible to the training.</p> <p>We administered a Provider Burn-Out Survey using survey monkey. Community outreach is planning a Provider Resiliency conference in September to address these issues. Mental Health/Mindfulness sessions will be available for providers to help gain tips/tools to alleviate stress and burnout in healthcare.</p>

					<p>June 1 – December 31, 2018</p> <p>Shannon’s Positive Action Team in Milo is working on decreased Bullying/Mental Health/Stigma Prevention. The team administered a Survey Monkey and had over 130 respondents. They are working with school administrators to implement changes.</p> <p>Dexter Regional High School’s Positive Action Team – Held Respect week and focused on LGBTQ and decreased name calling/bullying as well as, mental health concerns/substance use concerns.</p> <p>We have hired another new provider at MPC who provides MAT. We are continuing to work on a model to increase access to the program. Milo Family Practice’s MAT program is still progressing and growing.</p> <p>The Provider Resilience conference was held on 9/25/18 and was very successful. Over 60 providers across the county from multiple agencies attended (SVH, HomeTown Health Center, Northwoods Healthcare, CA Dean, Mayo Regional, KBH and private practitioners). Mindfulness, burnout prevention and compassionate tapering of opioids were topics providers could choose as breakout sessions. Providers were engaged and look forward to future collaborations.</p> <p>We are using our CHCS Contract (Dr. Shaffer) frequently. Reports indicate at least 3 times weekly for inpatient, and Emergency department. We also had 37 outpatient cases in 2018.</p>
<p>Priority #3 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>	<p>Conduct forums</p> <p>Continue to improve access.</p> <p>Improve PCP availability</p> <p>Improve Hours of availability – later hours.</p> <p>Open Access – Maintain.</p> <p>CG-CAHPS score improvement</p> <p>Increase blood draws from CMH</p> <p>Decrease ER visits</p>	<p>ALL</p> <p>*Rural Area *Low income median *Transportation</p>	<p>Short term: To increase patient’s perception of access to > 60% Goal MET</p> <p>Long term: Decrease overall Rating for Access to Care 1:1000</p> <p>2017 18.3 per 100,000 Maine is 67.3 Not Met</p>	<p>2018 UPDATES:</p> <p>January 1st - May 28, 2018</p> <p>We have started looking into offering weekend hours for primary care offices. We are working on a cost analysis and also physician interest survey. Part of this process includes working collaboratively with other healthcare entities within Piscataquis to improve access to weekend Primary care across multiple organizations.</p> <p>Our patient Access scores for outpatient clinics are improving. We are up from previous years at 81%.</p> <p>We onboarded a new pain management provider (Dr. Herland). He has already done several cases in the Operating Room.</p> <p>Reconfigured scheduling models to better accommodate patients looking for same day access. We will continue to monitor.</p> <p>Jan – March – 79.8% April-May (incomplete) – 75%</p>

		<p>% of 4's and 5's coming to the ER</p>			<p>We are currently transitioning 5 Nurse Practitioner/PA's and 2 MD/DO's between June and September. We are actively recruiting to fill these positions. We are mindful this will impact our ability to provide better access. (3 good candidates have been identified – will continue to recruit)</p> <p>Phone issues have also been plaguing us for several months. We feel that this is hurting our CAHAPS Scores in access. Our IT Department is working to fix these concerns as soon as possible.</p> <p>June 1 – December 31, 2018</p> <p>Our goal was: The average CAPHS access score will be greater than 85% (Top Box Unadjusted) We ended the Fiscal year 17/18 with a score of 79%. We changed the goal to a more specific goal next year. Each practice will examine their own practice. Physician Practice goal: The average CAPHS for phone calls returned the same day during business hours- Goal is 60% or greater. Oct showed 61.4 and November 52.5, December is still not complete.</p> <p>Same Day Acute visits continued to be monitored monthly. We are seeing a trend of 93-95% fill rate. We will continue to monitor to ensure adequate access for patients.</p>
<p>Priority #4 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>Redevelop the inpatient assessment for readmissions.</p> <p>New nurse navigator primarily focusing on just hospital discharges.</p> <p>Work on UC calling practices to notify of readmission.</p> <p>Meet with Amy and Audra.</p>	<p>Adults</p> <p>*Rural Area *Low income median *Transportation *Patient/Family Participation</p>	<p>Short term: Keep readmissions under 8%</p> <p>Goal Met</p> <p>Long term: Decrease Piscataquis County's overall rate to 2012 15.6% 2014 14.8%</p> <p>Improving but Goal not met</p> <p>Decrease all cause readmission rates to 7% or less.</p> <p>7.8% for FY 17-18 Not Met but improving.</p>	<p>2017 Year-end update</p> <p>Care transitions committee has started targeted chart reviews. They are creating individualized plan for patients. Plans to reimplement LACE tools for high risk diagnoses. We are seeing down trending on readmissions and this is positive. Plans to develop re-engineered medication lists that will simplify and reduce med errors. RHC (Rural Health Clinics) will be giving COPD rescue kits to patients.</p> <p>We are now using Healthinfo net's predictive analytics in the primary care settings to pinpoint high risk patients.</p> <p>January 1st - May 28, 2018 We are continuing work on targeted chart reviews and individualized plans.</p> <p>Hospital is working to come up with a new process for patient discharges.</p> <p>Readmission rates are doing great (goal is less than 7%) : 2017—7.8%</p>

					<p>Members of the care transitions team (Hannah, Denise and Launa), attended a conference in Augusta about readmissions. Something they learned and are working to implement is surveying patients readmitted within 30 days.</p> <p>June 1 – December 31, 2018 The Care Transitions Team is planning to standardize report sheets from and to local facilities. We have begun inviting local facilities to meet quarterly.</p> <p>Readmissions Oct—13% Nov 2.7% Dec 7%</p>
<p>Priority #5 Limited Access to healthy foods</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>We will keep this.</p> <p>Farmers Market on site once a month. June-Sept.</p> <p>Mayo food cupboard collection.</p> <p>Check with Deb on CPSI & Allscripts. Get it in inpatient setting</p> <p>Check on WIC applications in practices for positive screens.</p> <p>Continue local food buying.</p>	<p>ALL</p> <p>*Rural Area *Attendance to educational training *Low income median *Transportation</p>	<p>Short term: Develop and maintain food insecurity screening and food resources in Milo</p> <p>Goal Met</p> <p>Long term: Maintain a 2% rate for Piscataquis County Data not Collected—</p> <p>Food Insecurity 2013 17% 2015 16.8%</p> <p>Goal not met-Small decrease</p>	<p>2017 Year-end update</p> <p>Meet with the Lets GO! Director, Em Walters to discuss plans to better serve our county in healthy eating and active lifestyle education.</p> <p>Work with Good Sheppard food bank is continuing. We are currently utilizing a grant from GSFb to address Emergency food needs in our Milo practice with plans to Dover-Foxcroft Family Medicine (DFFM) and the Emergency Department in coming months.</p> <p>Validated food insecurity questions have been added to the EMR (electronic medical record) for Medical Assistants to ask upon intake at each patient visit in primary care. This allows us better data tracking.</p> <p>Plans to add validated food insecurity screening question to our inpatient medication record, intake form so we can better track and address food insecurity.</p> <p>Community Outreach has provided education to staff and community members on food cupboard needs and proper donations.</p> <p>We continue to partner with Piscataquis Healthy Food For All and their initiatives to ensure Piscataquis County residents have access to healthy foods.</p> <p>Mayo helped to support and plan a free Thanksgiving dinner in Guilford at the United Methodist Church. This was headed up by our infection preventionist, Kirsty Pratley.</p> <p>January 1st - May 28, 2018</p> <p>Good Shepard pilot started at Dover-Foxcroft Family Medicine as well as Emergency Department in March.</p> <p>Signed an MOU with EMHS to work on their new project "SPAN" which is a potential 5-year grant focusing on healthy eating and active lifestyle, breast feeding education and physical activity.</p> <p>Work to educate and connect our financial counselor with information pertaining to food pantries and other</p>

				<p>resources has been done. This allows her to better serve patients who express needs outside of financial assistance with medical bills.</p> <p>June 1 – December 31, 2018</p> <p>We were awarded an expansion of the Lets GO contract which allows us one full time Let's GO! Coordinator to work on healthy living and active lifestyle education throughout the county. Workplan goals for year 1 include: engagement of 3 school districts and 12 child care centers. Development of policies to support those initiatives.</p> <p>Food Cupboard—Successful Gadget Drive. Enough gadgets were collected to provide for 3 food cupboards. Our Registered Dietician, Whitney, is at local food cupboards and featured in their newsletters for healthier food choices. She is also answering nutrition related questions in a blog each month. Mayo is promoting this work on our social media platforms.</p> <p>Work to develop a proposal to maintain and expand the food insecurity program to the rest of our primary care practices is underway.</p> <p>United Way has a grant program, Bold Goals 2020. Hillary Starbird, from Community Outreach has attended the mandatory trainings to apply. Our plans are to write the grant to address food insecurity work.</p>	
<p>Priority #6 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>	<p>IDEAS DISCUSSED:</p> <p>Evaluate Core Educational Resources</p> <p>Employee based physical activities MRH based (Wellness Committee)</p> <p>Work on community piece</p> <p>Dietary consults for children/adults regardless of ability to pay.</p> <p>Obesity screening in the offices.</p> <p>In school classes</p>	<p>Adults Children</p> <p>*Rural Area *Attendance to educational training *Low income median *Transportation</p>	<p>Short term: Be involved with 5 employee or community events</p> <p>Goal Met</p> <p>Long Term: Decrease overall Piscataquis Obesity Rate to below 30%</p> <p>Goal Not Met— 2011 32% 2016 35.1%</p>	<p>2017 Year-end update</p> <p>See Let's Go work above – directly relates to obesity with healthy eating and active lifestyle education.</p> <p>Community 3K during annual townwide Boonanza—in October— we engaged 31 participants and raised \$1170 for the Piscataquis Regional YMCA scholarship program.</p> <p>Partnership with the PRYMCA on employee incentives to increase employee wellness.</p> <p>Mayo's annual Wellness week was successful—walking trail promotion and mapping. We encouraged staff to walk on breaks. We had 48+/- employees report walking during breaks each day! (great participation)</p> <p>January 1st - May 28, 2018</p> <p>Engagement of 8 childcare centers and 2 engaged schools in Let's GO programming so far.</p> <p>We purchased water bottles for a childcare in Milo that expressed a goal of drinking more water.</p> <p>Active Play Training has been scheduled for our childcare center directors (6 CEU's offered) with Dr. Kraft. This training is free to the center directors and a great opportunity for networking.</p>

		<p>Evaluate wellness credit incentive and fitness center direct withdrawal</p> <p>Kitchen portions (PICH) Roasted Veggies, measure portions, etc.</p> <p>Posting nutritional facts for food in the cafeteria – WW points.</p> <p>Weight Watchers (with incentives)</p>		<p>We held the annual March of Dimes walk – encouraged staff participation.</p> <p>Move in May – Employee wellness program was held and once again great participation among teams/staff.</p> <p>June 1 – December 31, 2018</p> <p>Wellness week in September was very successful—Participation in events throughout the week was 293. That is about 2/3 of our staff. We highlighted local walking trails and incentivized staff to utilize them, offered healthy recipes and snacks, a water station featuring different items to infuse your water and encourage healthier drink choices. Staff had great feedback.</p> <p>In October we cosponsored the annual BooNanza 3K. We had 30 participants and raised over \$500 for the Piscataquis Regional YMCA Scholarship fund.</p> <p>Let’s Go screening in the primary care setting is being planned. We have Dr. Hamlin of Milo Family Practice as the physician champion. Our first meeting with Let’s Go and practice administrators is scheduled in January ‘19.</p> <p>Working to organize a Cooking Matters program for our patients with Piscataquis Regional Food Center.</p> <p>Working with Northern Light Health on the sweetened beverage coalition.</p>
--	--	--	--	--

<p>Priority #7 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>Offer more in outpatient setting.</p> <p>TdAP for dads in households. (Look into reimbursement issue)</p> <p>Improve employee and inpatient vaccinations</p> <p>Develop and offer vaccinations to adults in households of newborns and young children</p> <p>Offer flu to outpatient</p> <p>Evaluate drive thru flu clinic.</p> <p>Increase Flu and Pneumonia vaccine in PCP offices</p>	<p>Adults Children</p> <p>*Rural Area *Low income median *Transportation</p>	<p>Short term: Meet the staff flu at 90% or above and patients at 95%</p> <p>Goal Met for staff</p> <p>91.3% for patients Goal not met</p> <p>Long term: Increase Piscataquis County's overall rate to 37%</p> <p>2016 40.1%</p> <p>Goal Met</p>	<p>2017 Year-end update</p> <p>New policy for new staff, influenza vaccines are mandatory unless medical or religious exemption is signed by a clergy member or medical provider.</p> <p>92.7% of hospital inpatients received the flu vaccination during peak flu season (Oct-March).</p> <p>MPA Practices- Influenza vaccinations for those 6 months and older 49% Pneumococcal Vaccine for those 65 or older—67%</p> <p>January 1st - May 28, 2018</p> <p>100% of staff received a vaccination or signed a declination</p> <p>91.3% (421/461) of hospital inpatients received the flu vaccination during peak flu season (Oct-March). (95% or above was our goal)</p> <p>June 1 – December 31, 2018</p> <p>Education was done at the December department leaders meeting regarding the mandated employee influenza vaccination policy.</p> <p>We are at 99.2% compliance and 91% of staff have been vaccinated with influenza.</p>
----------------------------------	---	---	---	---	---