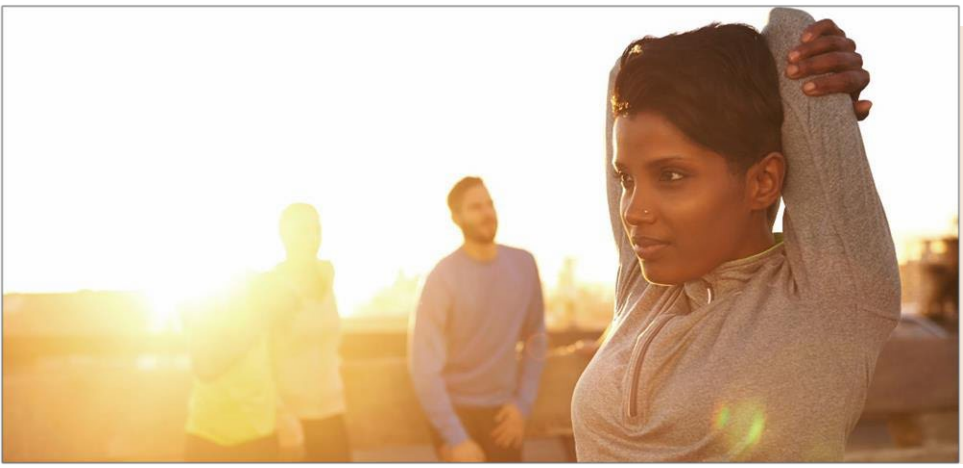
Tillamook Regional Medical Center

2017 Community Health Plan
(Implementation Strategy)
2016 Update/Annual Report

Table of Contents

Adventist Health Overview

Tillamook Regional Medical Center is an affiliate of Adventist Health, a faith-based, nonprofit, integrated health system headquartered in Roseville, California. We provide compassionate care in more than 75 communities throughout California, Hawaii, Oregon and Washington.



OUR MISSION:
Living God's love by inspiring health, wholeness and hope.

OUR VISION:
Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

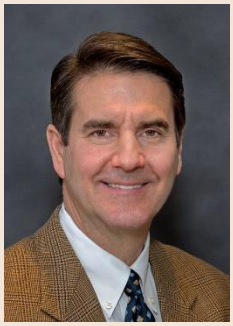
Adventist Health entities include:

- 20 hospitals with more than 2,700 beds
- More than 260 clinics (hospital-based, rural health and physician clinics)
- 15 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Workforce of 32,900 includes more than 23,600 employees; 5,000 medical staff physicians; and 4,350 volunteers

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.



Dear Friends and Colleagues,

Living WELL is a key focus of the health care services provided by Adventist Health throughout Tillamook County and into Lincoln County.

More than just a catch phrase, Living WELL seeks health for the whole person—physical, mental and spiritual. It promotes positive lifestyle choices that support optimal health, prevent or reverse illness and effectively manage chronic disease.

Through the Community Health Needs Assessment process completed September of 2016, we looked at what the clinical and demographic data showed were top areas of concern for Tillamook County. Then we, factored in what the community said about their health needs and priorities through the Columbia Pacific Coordinated Care Organization (CCO) survey. The four key areas identified through this process are:

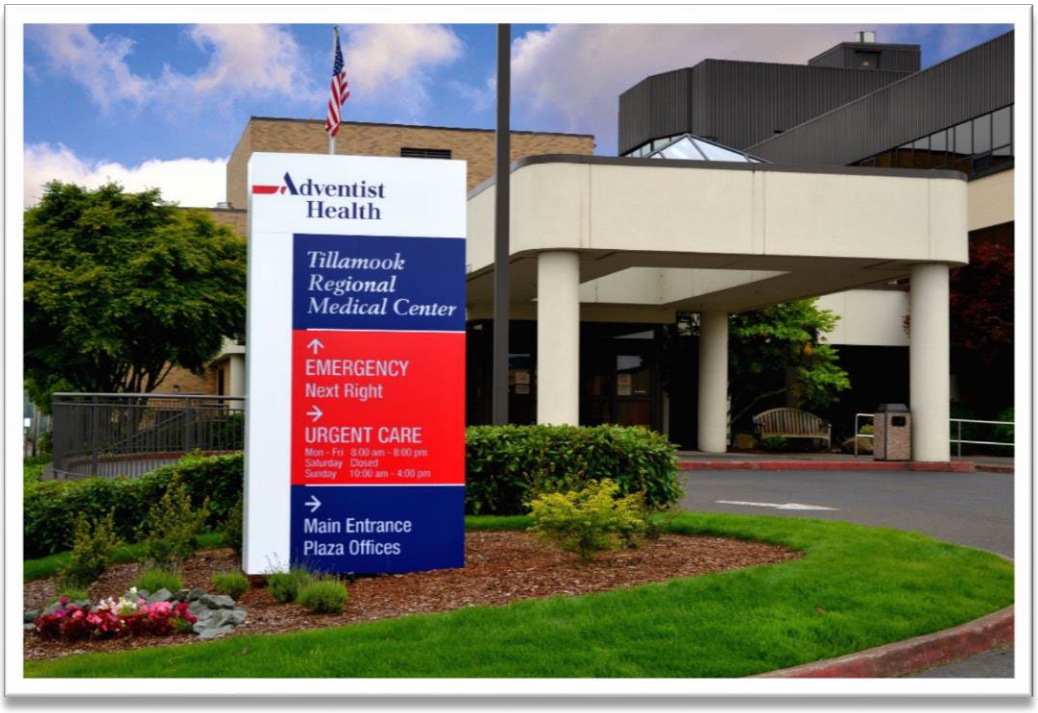
1. Access to Healthcare
2. Chronic Disease Prevention
3. Behavioral Health
4. Children's Health

This Community Health Plan outlines the interventions Adventist Health will be taking in the coming year and beyond to address these four focus areas in order to promote Living WELL to those we serve. In some of these interventions, Adventist Health is the community leader; in others, we are active partners with community groups and organizations. Our ultimate goal is to help create a healthier, more vibrant and resilient community.

May you enjoy Living WELL,

David Butler, MBA
President & CEO

Hospital Identifying Information



Number of Beds: 25

Mailing Address: 1000 Third Street Tillamook, Oregon 97141

Contact Information: David Butler, President & CEO

Joyce Newmyer, Chair, Governing Board

Existing healthcare facilities that can respond to the health needs of the community:

Manzanita Primary, Specialty and Urgent Care
Manzanita , Oregon

Tillamook Medical Plaza
Tillamook, Oregon

Women's and Family Health
Tillamook, Oregon

Bayshore Medical – Pacific City
Pacific City, Oregon

Bayshore Medical – Lincoln City
Lincoln City, Oregon

Community Health Development Team

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments:https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx or AdventistHealth.org/communitybenefit

Invitation to a Healthier Community

Fulfilling AH 's Mission

Where and how we live is vital to our health. We recognize that health status is a product of multiple factors. To comprehensively address the needs of our community, we must take into account health behaviors and risks, the physical environment, the health system, and social determinant of health. Each component influences the next and through strategic and collective action improved health can be achieved.

The Community Health Plan marks the second phase in a collaborative effort to systematically investigate and identify our community's most pressing needs. After a thorough review of health status in our community through the Community Health Needs Assessment (CHNA), we identified areas that we could address through the use of our resources, expertise, and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission, "to share God's love by providing physical, mental and spiritual healing."

Identified Community Needs

The results of the CHNA guided the creation of this document and aided us in how we could best provide for our community and the most vulnerable among us. As a result, Tillamook Regional Medical Center has adopted the following priority areas for our community health investments for 2017-2019:

- Access to healthcare
- Chronic disease prevention (with an emphasis on senior care)
- Behavioral health (with an emphasis on substance abuse treatment)
- Children's health

Additionally, we engage in a process of continuous quality improvement, whereby we ask the following questions for each priority area:

- Are our interventions making a difference in improving health outcomes?
- Are we providing the appropriate resources in the appropriate locations?
- What changes or collaborations within our system need to be made?
- How are we using technology to track our health improvements and provide relevant feedback at the local level?
- Do we have the resources as a region to elevate the population's health status?

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly though, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities we all want for ourselves and our families.

Community Profile

How our community is defined

Tillamook Regional Medical Center's service area is all of Tillamook County, which contains three geographic areas:

- North
- Central
- South

In addition to serving patients at the hospital, patients are also served at the five rural health clinics in our network.

Demographics of the community

In the primary service area, the current year population is 25,269. In 2010, the Census count in the area was 25,257. The rate of change since 2010 was 0.01% annually. The five-year projection for the population in the area is 25,477 representing a change of 0.16% annually from 2015 to 2020. Currently, the population is 50.6% male and 49.4% female. The largest growth in population has been in the Nehalem service area, with a 6.2% change in 2015.

The largest age group is comprised of persons aged 45-64 years, with a median age of 49.2 compared to the US median age of 37.9. The population is primarily composed of individuals who identify as White (89.8%) and the smallest group is composed of individuals who identify as Pacific Islander (0.3%) followed by African Americans (0.5%). In terms of ethnicity, 12.2% of the population is of Hispanic origin. The diversity index measures the probability that two people from the same area will be of a different race or ethnic groups. On a scale of 0 to 100 the primary service area has a diversity scale of 39.2; compared to 63 for the U.S. as a whole.

English is the dominant language spoken in the service area. The percent of the population older than five years old that speaks English less than "very well" is low in the primary service area at 6% for Nehalem, 0.5% for Cloverdale, and 2.8% for Tillamook.

39.7% of the 18,688 housing units in the area are owner occupied, 18.7%, renter occupied, and 41.5% are vacant. Currently, in the U.S., 55.7% of the housing units in the area are owner occupied, 32.8% are renter occupied, and 11.6% are vacant. The annual rate of change in housing units since 2010 is 0.98%. Median home value in the area is $215,738, compared to a median home value of $200,006 for the U.S. In five years, median value is projected to change by -0.93% annually to $205,881.

The median income for all households is $43,037 annually, $50,153 for families, $55,344 for married-couple families, and $26,588 for non-family households. The mean income is $53,181 for households, $62,517 for families, and $24,647 for non-family households. Income by race/ethnicity shows that African Americans represent .6% of the population, yet constitute the largest portion of low-income households in the County. Persons of two or more races and Hispanic/Latinos comprise the second and third largest portions of low-income households.

Priority Areas Identified

The 2016 Community Health Needs Assessment (CHNA) identified numerous indicators and input from community members to describe our community's health status. From this analysis, the following priority needs were identified:

- Access to healthcare
- Chronic disease prevention
    - With an emphasis on senior care
- Behavioral health
    - With an emphasis on substance abuse treatment
- Children's health

Community Health Needs Assessment Overview

Link to final CHNA report

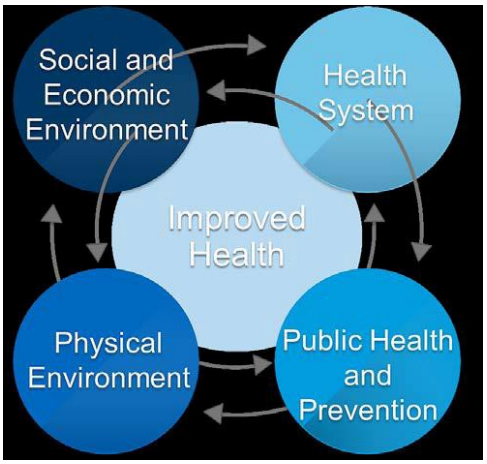
The Governing Board officially approved the Community Health Needs Assessment (CHNA) and it was adopted by the Adventist Health Board of Directors on October 18, 2016. The final report was made publicly available on December 31, 2016.

The complete CHNA is available at:

https://www.adventisthealth.org/trmc/pages/about-us/community-benefits.aspx

Methodology for CHNA

CHNA Framework



Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. Our hospital is transitioning from process evaluation-based system to a more inclusive and regional focus of metrics. This requires being in alignment with statewide and national indicators, such as Healthy People 2020 and The County Health Rankings & Roadmaps. The domains used in this assessment encompass the same type of national and state community health indicators. We recognize that health status is a product of multiple factors. Each domain influences the next and through systematic and collective action improved health can be achieved.

Secondary Data Sources

Secondary data sources included publicly available state and nationally recognized data sources. Data on key health indicators, morbidity, mortality, and various social determinants of health were collected from the Census, Centers for Disease Control and Prevention, Community Commons, Nielsen, and various other state and federal databases. The quantitative data includes County specific data, and if available, data disaggregated to primary service area has been provided. When feasible, health metrics have been further compared to benchmarks, such as Healthy People 2020 objectives and State estimates. Please see Appendix B for a complete listing of data sources.

Primary Data Sources

To validate data and ensure a broad representation of the community, Tillamook Regional Medical Center engaged our community partners to conduct a community health survey. Questions from the survey focused on the use of and access to healthcare services, visions of a healthy community, and priority community needs. In addition, Tillamook Regional Medical Center conducted key informant interviews and focus groups to gather

more rich data and aid in describing the community. Results of the qualitative analysis can be found later in this document.

Data Limitations and Gaps

It should be noted that the survey results are not based on a stratified random sample of residents throughout Tillamook County. The perspectives captured in this data simply represent the community members who agreed to participate and have an interest in health care. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

Community Voices

Community Engagement

In order to assure broad community input, we utilized our Civic Advisory Board to help guide the Hospital through the assessment process. The Civic Advisory Board included representation from the hospital, public health, business and civic leaders, and organizations that represent low-income, minority, and other underserved populations.

The Civic Advisory Board met several times in 2016 (both internally and as part of the Community Health Improvement Planning Initiative for Tillamook County). They reviewed the primary and secondary data, helped define the Priority Issues to be addressed by the hospital, and helped develop the Community Health Plan (implementation strategies) to address the Priority Issues.

Outside Consultants

In addition to gathering input from the Community Health Needs Assessment Committee, Tillamook Regional Medical Center also consulted with leading experts in the field of public health. HC2 Strategies, Inc. worked collaboratively with Tillamook Regional Medical Center for data collection and analysis, strategy selection, and the creation of this final report.

Identified Priority Needs from 2016 CHNA

Identified Needs

Access to Health Services

Goal

Increase coverage and access to health care services for the medically underserved.

Objective

Improve top priority health care access issues through connecting uninsured individuals with health insurance and financial assistance resources, recruiting and maintaining adequate numbers and types of healthcare providers, and providing services at the most appropriate level of care with navigation and follow up as needed.

Interventions:

1. Provide uninsured individuals with assistance for obtaining health insurance information and/or coverage and access to financial assistance as needed, through clinic care coordinators and financial counselors.
2. Reduce medically underserved area designations through recruiting primary and specialty care providers identified as needed in the community, including but not limited to: family medicine, occupational health, internal medicine, otolaryngology/ENT, orthopedics, urology, hematology and oncology.
3. Strengthen access to primary care services and prevent hospitalizations and readmissions through improved follow-up for patients discharged from emergency and inpatient hospital services.
    a. Enhance patient-centered primary care home services for AH Medical Group (AHMG) clinics through:
        i. Extension of primary care appointments beyond standard 8-5 business hours.
        ii. Follow up of all patients seen in Emergency Department.
        iii. Enhance nurse navigator role for all cancer patients for the Tillamook Community to strengthen primary care linkages to specialty care.
    b. Work with community health and human services partners to strengthen follow-up for patients not seen through AHMG
4. Provide urgent care services with availability beyond standard 8 am to 5 pm business hours to provide appropriate level of care patients with acuity levels 3-5; provide community education about which services to access for appropriate level of care.

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Increase availability and access to health care.	% of persons with health insurance.	100% of persons are insured.	Insurance coverage.	Patients
	% of persons with a medical home.	85% of persons assigned to a medical home	Access to a Primary Care Provider	Patients
Increase in Urgent Care Utilization	Urgent Care visits	Increase Urgent Care utilization by 5%	Urgent Care visits	EPIC
Expand Urgent Care hours	Urgent Care hours at the Plaza	Expand to cover 26 hours/week	Urgent Care hours	Internal

Community Partners

Partner Organization	Role in Addressing Priority Need
Tillamook County Health Department	Primary Care Provider (FQHC)
The Rinehart Clinic	Primary Care Provider (FQHC)

Identified Needs

Behavioral Health

Goal

Increase access to mental health care resources and services.

Objective

Improve top priority access points through recruitment, screening, education and community awareness.

Interventions:

1. Provide consistent screening in emergency department and primary care settings for: depression; abuse and neglect; suicide.
    a. Baseline screening in every primary care setting with assessment by provider and linkage or referral for services as identified: Depression PHQ9 or PHQ2; abuse and neglect.
    b. Screening in emergency department for suicide risk, with assessment by provider and linkage or referral for services as identified.
2. Address identified behavioral health professional shortage through recruitment of full time MSW/LCSW with expertise in behavioral health, addictions, post-traumatic stress disorder (PTSD), other chronic conditions.
3. Offer Community Wellness Education and Outreach, such as Depression Recovery Program, an evidenced based lifestyle intervention program which identifies causes and interventions for depression in both young and seniors.
4. Collaborate with community health and human service partners to strengthen coordination of services to people with behavioral health concerns and/or drug, alcohol addictions. Examples: meetings with Tillamook Family Counseling Center and community multi-disciplinary teams; work with NW Disability & Senior Services; Faith in Action volunteer and Wellspring respite care services; Positive Youth Development Coalition, which has a focus area of suicide prevention for middle school and high school students.

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Conduct screens on ED and Primary Care patients	Number of screens completed	100% of patients screened	Screens completed	Cerner / EPIC
Increase access to behavioral health services in community	Number of behavioral health providers	Add two (2) full-time providers	Providers hired	Medical affairs
Provide access to a community depression and recovery course	n/a	10 community members participate	Number of persons completing course	Program data

Community Partners

Partner Organization	Role in Addressing Priority Need
Tillamook Family Counseling Center	Mental Health Services Provider
NW Senior and Disability Services	State contractor to deliver services to seniors and adults with physical disabilities
Positive Youth Development Coalition	Community-led organization for suicide prevention for middle school and high school students

Identified Needs

Children's Health

Goal

Increase access to health care services for children in the Tillamook Community.

Objective

Address top priority children's health needs through early identification of risks, treatment of identified concerns, and education and outreach to parents and children.

Interventions:

1. Continue leadership of annual, communitywide School Readiness for Tillamook County Kids (formerly Multi-modular Preschool Exams) provided at no cost to all Tillamook County children ages 2-6 years that screens 12 areas of health and development.
2. Enhance health of children by using evidence-based guidelines for primary care well child visits provided to include screenings for body mass index (BMI), immunizations, nutrition, and dental (initial fluoride and linkage with dental services as identified).
3. Collaborate with community health and human service partners to strengthen health related services to children and adolescents. Examples: Healthy Families, 4H, YMCA, Positive Youth Services Team.

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Conduct school readiness exams for Tillamook County children	Number of screens completed	100% of patients screened	Screens completed	Program data
Increase access to behavioral health services in community	Number of pediatric patients served in Primary Care setting	Increase number of pediatric patients by 10%	Pediatric patient visits	EPIC

Community Partners

Partner Organization	Role in Addressing Priority Need
Northwest Regional ESD	Education Service District
Oregon Health and Science University (OHSU)	Medical School
Tillamook County Health Department	Primary Care Provider (FQHC)
Tillamook Family Counseling Center	Mental Health Services Provider
CareOregon	Health Plan Provider
Oregon State University Extension Office	Community Partner
Tillamook School District No. 9	School District

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Identified Needs

Prevention of Chronic Disease

Goal

Reduce the impact of chronic disease and increase the focus on prevention in Tillamook Community.

Objective

Meet chronic health prevention needs identified by strengthening access to care, enhancing the continuum of care, supporting care coordination and navigation, and providing community wellness education that supports healthy lifestyle choices.

Interventions:

1. Strengthen the continuum of primary care services throughout Tillamook County in order to prevent, arrest/manage, and even reverse symptoms of chronic disease.
    a. Expand and enhance access to health care services (see prior section)
    b. Grow clinic-based care coordination services, including identification of patients with health risks that would benefit from care management plans.
    c. Offer clinic-based group wellness education sessions.
2. Strengthen the continuum of specialty care services for preventable and chronic diseases such as cardiovascular, cerebrovascular (stroke), cancer.
    a. Expand cardiovascular prevention and treatment services offered to address: Congestive Heart Failure (CHF) clinic; INR coagulation clinic (also addresses stroke risk).
    b. Expand cancer screening, prevention and treatment services offered to address: access to cancer screening such as mammography; navigation of and access to treatment services offered locally and regionally; support services for patients undergoing treatment.
3. Community Health & Wellness Outreach
    a. Provide community health and wellness outreach through clinic-based care coordinators.
    b. Provide evidence-based community wellness education and screenings through the hospital, including:
        i. Complete Health Improvement Program (CHIP) twice for community; begin corporate program for one local employer (fee; financial assistance)

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ii. Living Well with Chronic Disease self- management program quarterly (no charge).

iii. Monthly Wellness Screenings for cholesterol/blood sugar assessments around the county, as well as at Huckleberry Health Fair held annually at the Tillamook County Fair (low cost & no charge).

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Increase chronic disease care management	Number of patients with chronic disease management plans	100% of patients with chronic disease also have a care management plan	Number of care management plans	EPIC
Increase access to specialty care services	Number of patients who had specialty clinic visit	Increase number of patients by 10%	Patient visits	Program data
Increase the number of community wellness programs	Annual number of programs and participants	Increase number of programs and participants by 10%	Programs and participants	Program data

Community Partners

Partner Organization	Role in Addressing Priority Need
Tillamook Seventh-day Adventist Church	Local church
Rinehart Clinic	Primary Care Provider (FQHC)
Tillamook County Health Department	Primary Care Provider (FQHC)
Tillamook County Year of Wellness	Community Wellness Coalition

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Making a difference: Evaluation of 2014-2016 CHP

Tillamook Regional Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment. The Implementation Strategy addressed the following health needs through a commitment of community benefit programs and resources: access to health services, behavioral health, children's health and prevention of chronic diseases. To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs addressed in the 2014-2016 Community Health Plan.

Access to Care

Access to healthcare was identified both from analysis of the secondary data and mentioned by those surveyed through key informant interviews, focus groups, and the online survey. In addressing, "access to healthcare" we intend to be broad in how we define and address this need. Access isn't simply limited to physical locations and primary care services, but also to patient outreach, education, and integrated care. As we begin to strategize on ways to address this need, we will build upon previous efforts to expand access to care as well as think through how we can better utilize integrated care models.

The hospital provided financial assistance through free and discounted care for health care services, consistent with Tillamook Regional Medical Center's financial assistance policy. To address health care access issues, the hospital also offered information and enrollment assistance in low-cost insurance programs. The hospital also implemented a program to aid in completing applications for the Oregon Health Plan.

In 2014, Tillamook Regional Medical Center recruited specialty providers including internal medicine, urgent care, orthopedic surgery, otolaryngology, podiatry and urology. The hospital also extended primary care hours beyond the normal 8 to 5 schedules; an additional 14 hours of primary care time was added to the weekly schedule. This investment allowed community members better access to health care services.

In 2015, Tillamook Regional Medical Center continued its investment to ensure that specialty care providers were available to community members. Providers who specialized in pain management, internal medicine, urgent care, orthopedic surgery, audiology, urology and family medicine. The hospital also invested in a full-time urgent care at Rural Health Clinic (RHC) locations. This allowed community members the ability to access health care services for issues that did not require an Emergency Department visit. As a result of this investment, 14,310 patients were served in Urgent Care. This is in addition to another 10,116 being served in the Emergency Department. The hospital also extended primary care hours another 26 hours/week. This investment continued to make it easier for community members to receive care at times outside of traditional health care hours.

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2016 Accomplishments:

Providers available – Primary and Specialty Care	Cardiology, Family Medicine, General Surgery, Internal Medicine, Nephrology, Obstetrics/Gynecology, Oncology, Ophthalmology, Orthopedic Surgery, Otolaryngology/ENT, Podiatry, Urgent Care, Urology
Provider Specialties Recruited	Pain Management; Internal Medicine/Urgent Care; Orthopedic Surgery; Audiology; Urology; Family Medicine
Increase in Urgent Care & Emergency Department Utilization	10,116 patients served, Emergency Department; 14,310 patients served, Urgent Care
Expansion of primary care hours available beyond 8-5	26 hours/week (excludes urgent care)

Behavioral Health

Tillamook Regional Medical Center recognizes the importance of whole person care and in turn is committed to leading the way to increase access to services for behavioral health as well as drug and alcohol addictions that will improve health outcomes in these areas for our communities.

In 2014, Tillamook Regional Medical Center began conducting comprehensive screening for behavioral health issues including suicide risk, depression, abuse and neglect. This screening took place in both the emergency department and primary care clinics. In the first year of the screening, the Emergency Department conducted 313 screens and resulted in 313 referrals. 1,734 screens were completed in the RHC setting, resulting in 209 referrals. In 2015 there were 334 screens and 334 referrals in the Emergency Department. 9,139 screens (unique patients) were conducted in the RHCs resulting in 391 referrals. The early identification of potential behavioral health risks resulted in referral that lead to early interventions.

Tillamook Regional Medical Center hired a total of three (3) full-time Licensed Clinical Social Workers to work within the RHC system. This investment allowed community members to seek behavioral health services in the privacy of the RHC setting and at all the Tillamook and Lincoln county RHC locations.

The hospital hosted a comprehensive depression recovery program that was available for all community members. The 2014 program had 21 community members participate and 7 in 2015.

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2016 Accomplishments:

Screening and Referral	Emergency Department: 334 screens; 334 referrals AH Clinics: 9,193 screens (unique patients); 391 referrals
Professional Services	Two (2) additional full-time LCSW hired, with services available in Manzanita, Tillamook, Pacific City and Lincoln City
Education and Outreach	1 Depression Recovery classes provided for 7 participants

Children's Health

Creating a lifetime of good health needs to begin early. By concentrating on children's health, we are working upstream to instill healthy behaviors early and ensure successful development. As we begin to strategize on ways to address this need, we must capitalize on current efforts and look for more meaningful ways to support our community partners.

Tillamook Regional Medical Center recognizes that our children are our future and is committed to improving the health of all children living in the region. For more than 30 years, Tillamook Regional Medical Center has made a significant investment in the community by leading the annual School Readiness Exams. Children from 2 – 6 are invited to attend the annual event to obtain comprehensive screening to ensure their readiness to attend school. These screening are provided at no charge. In 2014, 194 children were screened with 228 referrals for professional services and in 2015 109 children were screened, resulting in 215 professional service referrals.

During 2014, Tillamook Regional Medical Center made investments in its pediatric primary care services. 4,563 unique patients were served in the RHCs and 5,036 in 2015.

2016 Accomplishments:

School Readiness for Tillamook County Kids	109 children age 2-6 years served; 215 referrals made for professional services
Pediatric Services	5,038 pediatric patients served (non-duplicated)

Prevention of Chronic Disease

Chronic diseases contribute to the top three causes of death in our County and have a profound effect on the quality of life for our residents. For example, 29.8% of adults in Tillamook County reported suffering from high blood pressure, 47.7% reported having high cholesterol, and 32.5% reported poor AIC control (diabetes). In comparison, 27.7% of Oregon adults reported having high blood pressure, 31.8% reported high cholesterol, and 21.8% reported poor AIC control.

Tillamook Regional Medical Center has made investments in chronic disease care coordination services, specialty care services and community wellness education and outreach.

Care coordination services in the RHC setting resulted in 647 care management plans for patients with a chronic disease in 2014 and 739 in 2015.

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The specialty clinic saw 3,421 patients in 2014 and 13,697 in 2015.

Tillamook Regional Medical Center has hosted the Huckleberry Health Fair during the annual Tillamook County Fair for more than 30 years. The fair features more than 30 booths with local health resource information, heart-healthy food, and wellness screening. The hospital also sponsors the Complete Health Improvement Project (CHIP), a healthy lifestyle medicine program that encourages healthy eating and exercise.

In 2014, Tillamook Regional Medical Center sponsored 115 community wellness events reaching more than 2,050 community members. In 2015, 116 community wellness events were hosted, reaching more than 2,181 community members.

2016 Accomplishments:

Chronic disease care coordination services	739 patients with care management plans
Continuum of specialty care services	13,697 specialty clinic visits; 2,080 mammograms
Community wellness education & outreach	Community wellness education and outreach events totaled more than 115, reaching more the 2,050 people

Strategic Partner List

Tillamook Regional Medical Center supports local partners to augment our own efforts, and to promote a healthier community. Partnership is not used as a legal term, but a description of the relationships of connectivity that are necessary to collectively improve the health of our region. One of our objectives is to partner with other nonprofit and faith-based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region, and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region.

Community Partners

• Emergency Volunteer Corp of Nehalem Bay	• Medical Reserve Corp of Nehalem Bay
• NW Regional Education Service District	• Tillamook Commission on Children and Families
• Neah-Kah-Nie School District 56	• North County Food Bank - Nehalem
• Nestucca Valley School District 101	• Marie Mills, Inc.
• Tillamook School District 9	• Oregon Employment First, Tillamook County EF Team
• Tillamook Adventist School	• Tillamook Family Counseling Center
• Northwest Regional Education Service District	• WorkSource Oregon
• Tillamook Early Learning Child Care Center, INC	• Medical Reserve Corps of Nehalem Bay
• Head Start Child and Family Development Program	• Tillamook County Emergency Communications District
• Clatsop Community College	• Tillamook County Emergency Management
• Tillamook Bay Community College	• Tillamook County United Way
• Community Action Resource Enterprises (CARE, Inc.).	• Beaver Community Church
• Oregon Food Bank (OFB)- Tillamook County Services	• Calvary Bible Church
• Food, Education, Agriculture Solutions Together	• Covenant Community Church
• First Christian Church	• Food Roots
• Living Water Fellowship	• The ARC Tillamook County
• Nehalem Bay United Methodist Church	• Oregon State Police Department—Tillamook Worksite
• Pacific Coast Bible Church	• US Coast Guard Station-- Tillamook Bay
• Rockaway Community Church	• Nehalem Bay House
• Sacred Heart Parish	• Nehalem Valley Care Center
• St. John's United Church of Christ	• Northwest Oregon Regional Housing Center
• St. Peter Lutheran Church	• Community Action Team Inc. (C.A.T.)
• Tillamook Christian Center	• NorthWest Senior & Disability Services
• Tillamook Church of the Nazarene	• Oregon Department of Human Services, Self Sufficiency Office
• Tillamook Seventh-day Adventist Church	• Oceanside Chapel

• Tillamook United Methodist Church	• Mid-Valley Behavioral Care Network
• Bizeau Dentistry	• Rinehart Clinic
• Sandcreek Dental	• Pacific City-Nestucca Chamber of Commerce
• Tillamook Bay Dental	• Tillamook County Charities
• The Rinehart Clinic	• Tillamook Area Chamber of Commerce
• Coastal Health Center	• Tillamook County Family YMCA
• Tillamook County Women's Resource Center	• Tillamook High School Sports & Activities
• Tillamook County Futures Council	• Tillamook Drug & Alcohol Prevention Coalition
• Tillamook County United Way	• Medical Teams International
• Cascade Pacific CCO	• Tillamook Serenity Club
• Healthy Start of Tillamook	• 4-H Tillamook County
• Bay City Fire Department	• Positive Youth Development Coalition
• Garibaldi Fire Department	• Tillamook Fire District
• Nehalem Bay Fire & Rescue District	• Manzanita Police Department
• Nestucca Rural Fire Protection District	• Rockaway Beach Police Department
• Netarts Oceanside Fire District	• Intercommunity Health - CCO
• Rockaway Beach Fire Department	• Tillamook County Sheriff's Office
• Tillamook Police Department	• Kiwanis Club of Tillamook
• Tillamook County Year of Wellness	• Helping Hands

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Community Benefit Inventory

Tillamook Regional Medical Center knows working together is key to achieving the necessary health improvements to create the communities that allow each member to have safe and healthy places to live, learn, work, play, and pray. Below you will find an inventory of additional interventions taken from our Community Benefit Inventory for Social Accountability (CBISA) software and documented activities.

Year 2016-Inventory

Activities	Number of Programs	Individuals Served
Community Health Improvement		
Community Health Education Courses	12	1,298
Health Professions Education		
AHA Training Center	223	1,210
Health Professions Internships	6	40

Connecting Strategy and Community Health

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

1) The distribution of specific health statuses and outcomes within a population;
2) Factors that cause the present outcomes distribution; and
3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
2) Improve care quality and patient safety and
3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing and we believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

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Financial Assistance Policies

Adventist Health (AH) facilities exist to serve patients. They are built on a team of dedicated health care professionals – physicians, nurses and other health care professionals, management, trustees, and volunteers. Collectively, these individuals protect the health of their communities. Their ability to serve well requires a relationship with their communities built on trust and compassion. Through mutual trust and goodwill, Adventist Health and patients will be able to meet their responsibilities. These principles and guidelines are intended to strengthen that relationship and to reassure patients, regardless of their ability to pay, of AH's commitment to caring.

The purpose of this policy is to enact and ensure a fair, non-discriminatory, consistent, and uniform method for the review and completion of charitable emergency and other Medically Necessary care for individuals of our community who may be in need of Financial Assistance.

More can information can be found by accessing our link,

https://www.adventisthealth.org/trmc/pages/patients-and-visitors/financial-services/financial-assistance.aspx

Community Benefit & Economic Value for Prior Year

Our community benefit work is rooted deep within our mission, with a recent recommitment of deep community engagement within each of our ministries.

We have also incorporated our community benefit work to be an extension of our care continuum. Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low-income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

Valuation of Community Benefit

Year 2016

NORTHWEST MEDICAL FOUNDATION OF TILLAMOOK
DBA TILLAMOOK REGIONAL MEDICAL CENTER

Charity Care and Other Community Benefit	Net Community Benefit	% of Total Cost
Traditional charity care	1,952,362	2.69%
Medicaid and other means-tested government programs	-	-
Community health improvement services	252,663	0.35%
Health professions education	-	-
Subsidized health services	-	-
Research	-	-
Cash and in-kind contributions for community benefit	71,317	0.10%
Community building activities	3,244,732	4.48%
TOTAL COMMUNITY BENEFIT	**5,521,074**	**7.62%**

Medicare	Net Cost	% of Total Cost
Medicare shortfall	3,739,740	5.16%
TOTAL COMMUNITY BENEFIT WITH MEDICARE	**9,260,814**	**12.78%**

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Appendices

Glossary of terms

Medical Care Services (Charity Care and Un-reimbursed Medicaid and Other Means Tested Government Programs)

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or portion of the services. Charity Care does not include: a) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing care to such patients; b) the difference between the cost of care provided under Medicaid or other means-tested government programs, and the revenue derived there from; or c) contractual adjustments with any third-party payers. Clinical services are provided, despite a financial loss to the organization; measured after removing losses, and by cost associated with, Charity Care, Medicaid, and other means-tested government programs.

Community Health Improvement

Interventions carried out or supported and are subsidized by the health care organizations, for the express purpose of improving community health. Such services do not generate inpatient or outpatient bills, although there may be a nominal patient fee or sliding scale fee for these services.
Community Health Improvement – These activities are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs.

Subsidized Health Services – Clinical and social services that meet an identified community need and are provided despite a financial loss. These services are provided because they meet an identified community need and if were not available in the area they would fall to the responsibility of government or another not-for-profit organization.

Financial and In-Kind Contributions – Contributions that include donations and the cost of hours donated by staff to the community while on the organization's payroll, the indirect cost of space donated to tax-exempt companies (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies. Financial and in-kind contributions are given to community organizations committed to improving community health who are not affiliated with the health system.

Community Building Activities – Community-building activities include interventions the social determinants of health such as poverty, homelessness, and environmental problems.

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Health Professions Education and Research

Educational programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty. It does not include education or training programs available exclusively to the organization's employees and medical staff, or scholarships provided to those individuals. Costs for medical residents and interns may be included.

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal)

Community Health Needs Assessment and Community Health Plan Coordination Policy

Entity:

☒ **System-wide Corporate Policy** **Corporate Policy No. AD-04-006-S**
☒ **Standard Policy** **Department: Administrative Services**
☐ **Model Policy** **Category/Section: Planning**
Manual: Policy/Procedure Manual

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

DEFINITIONS

1. Community Health Needs Assessment (CHNA)**:** A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

   A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.

3. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:

   - Improve access to health care services
   - Enhance the health of the community
   - Advance medical or health care knowledge
   - Relieve or reduce the burden of government or other community efforts

   Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:
Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS

PURPOSE:

The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.

2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.

3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.

4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.

5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.

6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.

2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:

    a. A description of the hospital's community and how it was determined.

    b. The process and methods used to conduct the assessment.

    c. How the hospital took into account input from persons who represent the broad interests of the community served.

    d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.

    e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.

4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).

5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.

6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)
References: **Replaces Policy: AD-04-002-S**
Author: **Administration**
Approved: **SMT 12-9-2013, AH Board 12-16-2013**
Review Date:
Revision Date:
Attachments:
Distribution: **AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors**

2017 Community Health Plan

This community health plan was adopted on April 20, 2017, by the Adventist Health System/West Board of Directors. The final report was made widely available on May 15, 2017.

CHNA/CHP contact:

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Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx