2019 - 2021

Upson Regional Medical Center

Community Health Improvement Implementation Strategy

To Address Significant Community Health Needs

Table of Contents

Overview

Upson Regional Medical Center (URMC) is a 115-bed not-for-profit community hospital located in Thomaston, Georgia. In 2018, the hospital conducted a Community Health Needs Assessment (CHNA) to identify the health needs of Upson County, Georgia. The CHNA defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of the community served by Upson Regional Medical Center.

This document is the URMC Implementation Plan outlining how the hospital plans to address significant health needs in the community. Many of the action items are continuations of previous CHNA implementation plans. This report is made widely available to the community via Upson Regional Medical Center's website, www.URMC.org.

Community Health Improvement/ Implementation Plan 2019 – 2021

To successfully make our community healthier, it is necessary to have a collaborative venture which brings together all of the care providers, citizens, government, schools, churches, not-for-profit organizations and business and industry around an effective plan of action. The CHNA is contained in a separate document and posted on URMC's website, www.urmc.org.

Based on the results of the CHNA, URMC has selected three of the identified significant health needs to address.

1. **Poverty & Jobs**
2. **Access to Primary Care and Mental Health**
3. **Obesity & Chronic Diseases**

Priority 1: Poverty & Jobs

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Raise internal minimum wage to $11/hour for all employees	Increased staff retention, increased recruitment of qualified staff, and more individuals with higher incomes in the community.	Budgeted funds increase	Turnover rates	
Work-based learning interns	Expose high school students to the work environment of hospital activities involving direct patient care and roles that support patient care activities.	Existing hospital staff train students in specific jobs assigned	Turnover rates	Upson Lee High School Pike County High School
Salary market adjustments for designated staff	Increased staff retention, more individuals with higher incomes in the community.	Budgeted funds increase	Turnover rates	
Growth of business creating additional jobs in community	More jobs created	Budgeted staffing funds	Number of new hires	
Nurse Residency Program	More jobs created through a program to yield better prepared new or inexperienced nurses	Budgeted funds	Number of new hires	Community Colleges, and State Colleges

Priority 2: Access to Care

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide additional access points for walk-in care for the community. Develop Rural Health Clinic (RHC) as a resource for underserved and underinsured population. Explore telemedicine for primary care resource.	Addition of walk –in primary care resources to include telemedicine for primary care will increase the access of care through convenience and ease of access, lessen times between on-set of symptoms and treatment, resulting in positive impact for community health. RHC as a community resource will allow ease of access for underserved and underinsured populations, developing a fiscally responsible alternative to Emergency Department utilization for primary care needs.	Increase staff budget and increased operational and technical support.	Improved community health and outcomes. Decrease non-emergent visits to ED. Improved Patient Satisfaction scores.	Georgia Department of Community Health

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Expansion of patient centering approach to obstetrical community care. In coordination with local Department of Public Health, promotion and expansion of Pregnancy Centering classes offered by education of additional staff resources as "Class Facilitators", assess strategy, capacity and sustainability of the project through Georgia's Centering Pregnancy Incentive Pilot Project	Promote social relationships between patients for increased support; educate patients regarding importance of prenatal care compliance, increase appointment capacity by creation of group appointment approach. Increased compliance and education of community will result in improved prenatal care, improved birth outcomes and positive patient satisfaction.	Staff education and certification. Minimal supply costs for facilitation	Improved compliance with prenatal care. Improved birth outcomes and newborn health	Upson County Department of Public Health Georgia Department of Community Health Georgia State University March of Dimes
Physician and APP recruitment for specialist and primary care. Expanding the community access to care. This should include Population Health and Chronic care management Provider resource	Increase appointment availability for primary care, implementation of population health, chronic care management, incorporating transition of care will positively impact community health through compliance and lessen readmissions and frequency of use of ER resources	Increase cost associated with staff and provider resources.	Improved compliance with prenatal care. Improved birth outcomes and newborn health. mproved healthcare compliance for chronic conditions and outcomes. Decrease non-emergent visits to ED. Decrease readmission rates and length of stay.	

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Establish "Silver Care", as an inpatient hospital mental health unit. Develop mental health resource for the unique challenges of treatment and care for communities' aging population.	Meet needs of community to improve quality of life for aging population by being able to provide care and mental health services not previously addressed within the service area.	Increase cost associated with staff and provider resources. Hospital renovation costs to ensure compliance and safety requirements involved with care of the patient population.	Improved mental health of community seniors.	

Priority 3: Obesity & Chronic Disease

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide monthly diabetes education on disease management and nutrition	Diabetes requires daily care and attention/compliance by the patient in addition to healthcare providers providing medical oversight. More than many pharmacological therapies, diabetes education is fundamental and improves A1c (a laboratory measure of blood glucose control) by as much as 0.76% and CDE discusses patients' recent results and levels of control.	Budgeted Certified Diabetes Educator (CDE), RN and a Registered Dietitian Nutritionist.	Increase in quality of life, changes in A1c results, reduced ER visits and reduced hospitalizations.	Area physician offices, Upson County Health Department, area dental offices, and locally owned pharmacies.
Provide blood glucose screenings at community health fairs	Identify individuals who may have pre-diabetes or diabetes and refer to medical providers and diabetes education services based on screening results.	Budgeted Certified Diabetes Educator (CDE), RN or designee.	Increase in quality of life, reduced ER visits and reduced hospitalizations.	Upson County Health Dept. Gordon State College and University, Southern Rivers Energy

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide insulin to uninsured/underserved patients.	Patient assistance program for the uninsured or underinsured person with diabetes who requires insulin therapy.	Utilize 340b program to provide insulin for persons in need of insulin therapy. Blood glucose meters, strips, supplies, and insulin syringes are also available as needed for persons with diabetes.	Improved disease management, delayed or prevented disease complications, decreased hospital admissions and readmissions	Pharmaceutical Vendors provide syringes and supplies for blood glucose monitoring.
Provide resources to online health education resources via www.urmc.org	The URMC website provides information about our free diabetes classes and the professionals providing diabetes care and education services.			
Provide an evidenced based weight management education class (Core 4)	Provide education for healthy weight loss and other nutrition information	Budgeted supplies and staff of Registered, Licensed Dietitian/Nutritionist.	Improved glucose control, blood pressure, and digestive health	Area physician offices
Provide healthy eating education material at community health fairs with special emphasis on weight management and chronic conditions.	The anticipated impact would be improved weight status and eating habits.	Budgeted supplies and staff of Registered, Licensed Dietitian/Nutritionist	Improved glucose control, blood pressure control, hydration, and digestive health.	Upson County Health Department Southern Rivers Energy

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Nutrition for a Healthy Start provides education for obesity and/or excessive weight gain during pregnancy	The anticipated impact would be for participants to learn healthy strategies for nutrition during pregnancy that lead to a safe and healthy delivery. Gestational diabetes, hypertension, large babies, increased risk for C-section are discussed.	Budgeted Registered Dietitian Nutritionist.		Upson Women's Services.
Cardiac CT scan for Coronary Calcium Studies	Heart Scan coronary CT program designed to identify those at high risk for heart disease	Deep discounted global fee for technical and professional fees	Improved heart disease, reduced ER visits, and unscheduled hospital visits.	
Conduct blood pressure checks at community events.	Blood pressure screening at Southern Rivers Energy event each year.	Budgeted staff	Improved heart disease	Upson County Health Department Southern Rivers Energy

URMC does not intend to address the following health needs in the 2019 – 2021 CHNA Implementation Plan due to resource limitations and lack of expertise to address such needs effectively:

1. **Personal Responsibility/Education**
2. **Child Health**
3. **Substance Abuse**