

COMMUNITY HEALTH NEEDS IMPLEMENTATION PLAN May 2016

Mission Statement

To improve the health status of the people of North Hawaii by improving access to care and providing high quality services at a reasonable cost.

Community Health Needs Assessment

<u>Approach</u>

The Healthcare Association of Hawaii (HAH) partnered with Healthy Communities Institute (HCI) to conduct a Community Health Needs Assessment (CHNA) for Hawaii. The 2015-2016 Hawaii County Community Health Needs Assessment (CHNA) report was developed through a collaborative process and provides an overview of the health needs in Hawaii County.

The most severe health needs, based on the overlap between quantitative data (indicators) and qualitative data (interviews), include access to health services; children's health; disabilities; immunizations & infectious diseases; mental health & mental disorders; respiratory diseases; and substance abuse. Other significant health needs are based on strong evidence from either quantitative or qualitative data, and span a range of topic areas.

North Hawaii Community Hospital will focus on "Access to Care" as it was selected as a system-wide priority by The Queen's Health Systems.

Prioritization Process

In the 2015 study, the CHNA identified 20 areas of community health needs. The Queen's Health Systems recognizes the importance of these needs and has supported efforts to address many of them. It is also recognized that there are health needs that QHS will not directly be addressing for various reasons. One of the major themes presented in the 2015-2016 report is "Access to Care." Hawaii County has significant unmet healthcare access needs due to provider shortages, limited oral health services and coverage, and inadequate coordination in mental health care. Residents also face substantial rates of poverty and challenges in transportation, further exacerbating access issues.

Overarching Goal

To promote and improve access to care for the people of Hawaii, specifically Hawaii Island, through outreach to underserved families, education, technology, and physician recruitment in the areas of primary care, OB/GYN, and general surgery.

Objectives

- 1. Improve access to underserved populations by increasing the number of new patients and decreasing wait time for first appointments.
- 2. Increase physician recruiting, specifically for primary care, OBGYN and general surgery.
- 3. Shorten the length of time between diagnosis of cancer and initiation of treatment.
- 4. Increase translation services to improve cultural competency and to strengthen care.

Strategies

Objective 1: Improve access to underserved populations by increasing the number of new patients and decreasing wait time for first appointments.

Strategies	Time Frame
Create a multi-faceted communication plan to reach underserved areas (media, face- to-face, speakers bureau, ads, other)	2016
Research feasibility of an additional Bus stop to be located closer to hospital	2017
Initiate expanded hours in the primary care clinics	2016
Increase patient volume by offering routine physicals for youth and adolescents	2016
Increase opportunities for new OB patients and earlier prenatal care (research data on patient behavior)	2017
Address the un-insured: apply for Quest, assisted by Patient Access	2016
Increase use of new technology (MyChart [®] /CARE*Link) to enhance service delivery	2016

Objective 2: Increase physician recruiting, specifically for primary care, OBGYN and general surgery.

Strategies	Time Frame
Utilize state-wide recruitment source; coordinate through Queen's Health Systems.	2016
Increase use of national on-line job postings, physician-to-physician recruiting and professional recruiting firms.	2017

Objective 3: Shorten the length of time between diagnosis of cancer and initiation of treatment	
Strategies	Time Frame
Research and assess reasons for delays in initiation of cancer treatment and identify barriers and opportunities (i.e., initial staging, physician referral, access to local infusion center)	2016
Communicate cancer program services to physician providers	2017

Objective 4: Increase translation services to improve cultural competency and to strengthen care.

Strategies	Time Frame
Research the Hawaii Island population to determine the number of individuals who speak little or no English, have impaired vision, are deaf or hearing impaired and / or have limited comprehension skills in order to identify needed translation services	2017
Identify resources to meet the needs of the limited English proficiency population and other target audiences to provide health information in various languages. This may	2018

include: in-person interpreters, video remote interpreting and over-the-phone interpreters.	
Communicate and educate workforce in the types of translation services available and how to determine which service is the best match for the specific patient.	2018