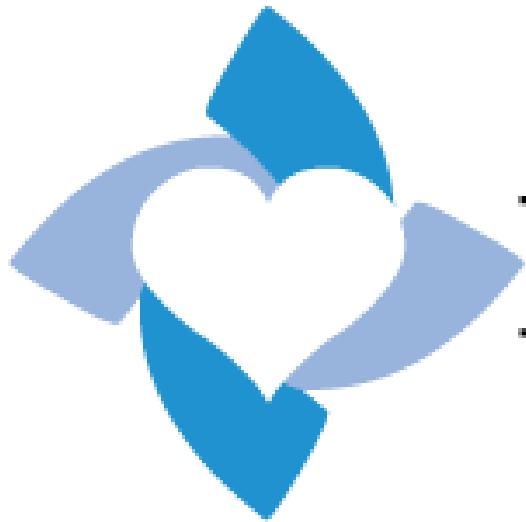


2015

Prepared by:



**Penn
Highlands
Healthcare**

IMPLEMENTATION PLAN

Introduction

In 2015, Penn Highlands Healthcare retained Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between November 2014 and May 2015. As a partnering hospital of a regional collaborative effort to assess community health needs; Penn Highlands Healthcare collaborated with hospitals and outside organizations in the surrounding region (Cameron, Clearfield, Elk, and Jefferson) during the community health needs assessment process.

Penn Highlands Healthcare provides residents with access to the region's best hospitals, physicians, nursing home, home health agencies, medical supply companies and other affiliates who believe that healthcare should be managed by local board members who live and work in the communities they serve.

By combining the best services from Brookville Hospital, Clearfield Hospital, DuBois Regional Medical Center and Elk Regional Health Center, Penn Highlands strives to provide exceptional quality, safety and service. These facilities are now known as Penn Highlands Brookville, Penn Highlands Clearfield, Penn Highlands DuBois and Penn Highlands Elk and are the largest employer in its hometown and is rooted deeply in the both the popular and economic culture of their communities. The vision is to be an integrated health care delivery system that provides premier care with a personal touch, no matter where one lives in the region.

Penn Highlands Healthcare services include:

- Acute Care
- (Medical/Surgical)
- Anesthesiology
- Behavioral Health (Seniors)
- Cardiac Rehabilitation
- Cardiopulmonary Services
- Case Management
- CT Scans
- Emergency Services
- Health Clinics/Information Management
- Heart Services
- Home Health Care/Nursing
- Hospitalist
- Imaging
- Laboratory Services
- Lung Services
- Mammography (Digital)
- MRI (Magnetic Resonance Imaging)
- Nutrition
- Occupational Therapy
- Oncology
- Pain Management
- PET Scans
- Physical Therapy
- Pulmonary Rehabilitation
- Radiology
- Senior Behavioral Health (Senior Transitions Unit)
- Sleep Center
- Speech Therapy
- Surgical Services (Inpatient and Outpatient)
- Swing Bed Program
- Ultrasound
- X-Ray

Methodology

Tripp Umbach facilitated and managed an implementation planning process on behalf of Penn Highlands Healthcare resulting in the development of an implementation strategy and plan to address the needs identified in their community health needs assessment.

Key elements of the implementation planning process included:

- Implementation Strategy Process Planning:** A series of meetings were facilitated by Tripp Umbach and the CHNA oversight committee consisting of leadership from Penn Highlands Healthcare. This process occurred from March until May 2015.
- Review of CHNA, Needs Identification, and Selection:** Tripp Umbach presented a brief overview of the CHNA findings and facilitated a discussion process during a work session held on April 6th, 2015 with hospital leadership from the four Penn Highlands facilities. Attendees were asked to review the community needs identified from the community forum as well as review the community resource inventory.. Attendees then participated in a discussion to determine which of the previously identified significant needs could be and which could not be addressed by one of the four Penn Highlands facilities. Once needs were selected, hospital leadership were asked to provide rationale for the needs that the hospital could not meet.
- Inventory of Internal Hospital Resources:** An online survey was developed based on the underlying factors identified as driving the significant health needs in the Penn Highlands Community Health Needs Assessment. The survey identified what programs and services are offered at one or more of the four Penn Highlands facilities that meet significant community health needs. This process took place during April 2015.
- Review of Best Practice Examples:** Tripp Umbach provided a review of national best practice resources which included resources from County Health Rankings and other valid national resources. Hospital leadership reviewed the best practice inventory. This process took place during April 2015.
- Committee Review of Evidence-Based Practices and Plan Development:** Tripp Umbach facilitated a review of strategy and evidence-based practices among hospital leaders during a meeting held on April 16th, 2015. Based on the evidence-based practices previously provided, hospital leadership reviewed and discussed the strategy and subsequent action steps needed to implement best practices to begin to address the health needs identified in their respective communities. Hospital leaders aligned needs with best practice models and available resources, defined action steps, timelines, and potential partners for each need to develop the accompanying implementation plan.
- Final Implementation Planning Report:** A final report was developed that details the implementation plan the health system will use to address the needs identified by the four Penn Highlands Healthcare facilities. This process took place during May 2015.

BROOKVILLE

Community Definition

The communities served by Penn Highlands Brookville include the following zip codes. The Penn Highlands Brookville primary service area includes 11 populated zip code areas (excluding zip codes for P.O. boxes and offices) where 80% of the hospital's inpatient discharges originated.

Table 1: Penn Highlands Brookville Hospital Community Zip Codes

Zip Code	City	County
16240	Mayport	Armstrong
16242	New Bethlehem	Clarion
16214	Clarion	Clarion
16255	Sligo	Clarion
15801	DuBois	Clearfield
16239	Marienville	Forest
15825	Brookville	Jefferson
15860	Sigel	Jefferson
15767	Punxsutawney	Jefferson
15864	Summerville	Jefferson
15829	Corsica	Jefferson

CHNA and Implementation Plan

Penn Highlands Brookville listens to community concerns, analyzes healthcare utilization and costs, explores access issues, and collaborates with and develops effective programs to improve the health of those in West Central Pennsylvania. Based on the above community health needs assessment findings and the prioritized needs, two community needs will be implemented and further explored.

Of the identified CHNA and prioritized health needs, Penn Highlands Brookville will focus on two of the community needs:

- 1) Access to Care
- 2) Nutrition and Wellness

The health needs not being addressed from the CHNA are still important for the community. However, Penn Highlands Brookville reported that these needs are being addressed to some degree by organizations, programs/initiatives operated by regional local community-based organizations locally. Through analysis and discussions resulting from a work session held with representatives from Penn Highlands Brookville, the following needs identified in the CHNA that will *not* be addressed are:

- 1) Drug and Alcohol services
- 2) Free Clinics
- 3) Navigation and Coordination

On April 6, 2015, Penn Highlands Brookville completed a work session facilitated by Tripp Umbach, where an implementation plan was discussed and concepts were developed for the needs selected. The implementation planning process included the following steps:

- 1) Select key community needs where the hospital will take a leadership role
- 2) Identify goals and key objectives that will be achieved through the hospital's leadership in the selected need areas
- 3) Develop inventories of internal hospital as well as external community resources already focused on the selected need areas
- 4) Develop specific strategies to be implemented by the hospital to achieve measurable community health improvement in selected need areas.

Short-term goals will be measured annually in each of the priority areas related to the program. Adjustments and modifications will be made to the program as issues emerge and develop. It is important to report that Penn Highlands Brookville will take the primary leader role in addressing the listed needs. Regional hospitals and other community organizations and healthcare providers will also provide supportive roles to other health and community issues as needed. The implementation Plan includes recommended programs and action steps for successful community needs execution.

1) Access to Care

Increasing access to healthcare is identified as a major community health priority by community leaders. Access to health care is an ongoing health need in rural areas across the United States. Apart from insurance issues, access to healthcare in the hospital services area is limited by provider to population ratios that cause lengthy wait times to secure appointments, location of providers, transportation issues, limited awareness of residents related to the location and eligibility of health programs as well as ways to be healthier. As the ACA has been implemented and the consolidation of health services has taken place across the country; this issue has worsened in many rural areas.

Key Objective

- ✓ Open two clinics in the Brookville service area. These clinics will provide the residents of the Penn Highlands Brookville service area with the services, hours of operation, and increased number of providers needed.

Services Already Being Offered

- Across the Penn Highlands Healthcare system: steps are currently being taken to recruit more providers and to increase the number of walk-in clinics and urgent care services.

NEED: Greater access Facility: Brookville Goal: Open additional primary care clinics in the Brookville service area Anticipated Impact: Increasing the services and providers in the service area					
Objectives	Annual Activity	Target Population	Evaluation Methods/Metric	Potential Partners	Planned Resource Commitment
Open two clinics in the Brookville service area	Year 1: Conduct Pro Formas for the two clinics. Year 2: Recruit providers and staff Year 3: Establish locations for the 2 clinics	All residents	Year 1: Measuring the activity of the first year and the completion of the first Pro Forma. Year 2: Measuring the activity of the second year and the completion of the newly recruited staff. Year 3: Measuring the progress of locating the two clinic locations.	Penn Highlands Healthcare	Practice management, Physician recruiters and human resources, the COO, marketing materials

2) Nutrition and Wellness

Community leaders identified lifestyle-related health concerns as a top health priority. Leaders focused discussions around the access residents have to healthy options as well as the impact to health outcomes. It was discussed as a major health need among stakeholders during one-on-one interviews and survey respondents indicated that they are facing healthy lifestyle problem in their communities.

Key Objectives

- ✓ Provide education and resources to inpatient and outpatient discharges
- ✓ Provide education and resources to clinical setting
- ✓ Perform risk assessments
- ✓ Community education

Services Already Being Offered

- Penn Highlands Healthcare system: Nutrition and diabetic education and consultation is being provided at each hospital.

NEED: More nutrition and wellness services for the community

Facility: Brookville

Goal: Provide education and awareness of nutrition and wellness resources

Anticipated Impact: Increasing the number of nutrition and wellness services for the community

Objectives	Annual Activity	Target Population	Evaluation Methods/Metrics	Potential Partners	Planned Resource Commitment
1. Provide education and resources to inpatient and outpatient discharges	Year 1: Review current materials to ensure leaders follow evidence based guidelines. Year 2: Revise and develop patient materials and education staff. Year 3: Ongoing analysis of efforts.	At- risk patients	Year 1: Document the completion of review of materials by leaders. Year 2: Document the materials and education staff. Year 3: Document review and analysis of efforts.	Senior centers, extension offices, Area Agency on Aging, Spirit of Women	Staff time.

2. Provide education and resources to clinical setting	<p>Year 1: Review current materials to ensure leaders follow evidence based guideline.</p> <p>Year 2: Revise and develop patient materials and education staff.</p> <p>Year 3: Ongoing review and analysis of efforts.</p>	At- risk patients	<p>Year 1: Mark the completion of review of materials by leaders.</p> <p>Year 2: Document the materials and education staff and formulate a database</p> <p>Year 3: Review and analysis of efforts</p>	Senior centers, extension offices, Area Agency on Aging, Spirit of Women	Staff time.
3. Perform risk assessment	<p>Year 1: Identify current measures and necessary additional measures</p> <p>Year 2: Build the program.</p> <p>Year 3: Review and assess the effectiveness.</p>	At- risk patients	<p>Year 1: Formulating a database of current and future measures.</p> <p>Year 2: Quantifying the progression of developed program</p> <p>Year 3: Document the review the effectiveness of the efforts.</p>	Senior centers, extension offices, Area Agency on Aging, Spirit of Women	Staff time.

4. Community education	<p>Year 1: Identify topics and review current programs.</p> <p>Year 2: Revise and implement programs.</p> <p>Year 3: Review and assess the effectiveness.</p>	At- risk patients	<p>Year 1: Create a database of programs.</p> <p>Year 2: Document revisions the programs</p> <p>Year 3: Document the review and analysis of efforts</p>	<p>Senior centers, extension offices, Area Agency on Aging, Spirit of Women</p>	Staff time.
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3) Summary of Community Health Needs Not Selected by the Hospital

Although the hospitals did not select these three community health needs as their focus in implementation planning, the hospitals will participate in the planning and implementation process as appropriate with other agencies who will play a lead role. The table below outlines the need areas not selected by the hospital, lead organizations, and reasons why these needs were not selected by the hospital to be included in their specific implementation plan.

Community Health Needs Not Selected by the Hospital

1. Drug and alcohol services: the program would be started from scratch, too big of an undertaking, and not enough funding exists.
2. Free clinics: charity care already exists in the region.
3. Navigation and coordination: it could be done as a system-level undertaking, but too big for individual facilities.

CLEARFIELD

Community Definition

The communities served by Penn Highlands Clearfield include the following zip codes. The Penn Highlands Clearfield primary service area includes 16 populated zip code areas (excluding zip codes for P.O. boxes and offices) where 80% of the hospital's inpatient discharges originated.

Table 2: Penn Highlands Clearfield Hospital Community Zip Codes

Zip Code	City	County
16866	Philipsburg	Centre
16830	Clearfield	Clearfield
16833	Curwensville	Clearfield
16881	Woodland	Clearfield
16843	Hyde	Clearfield
16836	Frenchville	Clearfield
16863	Olanta	Clearfield
16825	Bigler	Clearfield
16845	Karthaus	Clearfield
16855	Mineral Springs	Clearfield
16837	Glen Richey	Clearfield
16873	Shawville	Clearfield
16850	Lecontes Mills	Clearfield
16651	Houtzdale	Clearfield
16858	Morrisdale	Clearfield
16666	Osceola Mills	Clearfield

CHNA and Implementation Plan

Penn Highlands Clearfield listens to community concerns, analyzes healthcare utilization and costs, explores access issues, and collaborates with and develops effective programs to improve the health of those in West Central Pennsylvania. Based on the above community health needs assessment findings and the prioritized needs, two community needs will be implemented and further explored.

Of the identified CHNA and prioritized health needs, Penn Highlands Clearfield will focus on one of the community needs:

1) Access to Care (providers)

The health needs not being addressed from the CHNA are still important for the community. However, Penn Highlands Clearfield reported that these needs are being addressed to some degree by organizations, programs/initiatives operated by regional local community-based organizations locally. Through analysis and discussions resulting from a work session held with representatives from Penn Highlands Clearfield, the following needs identified in the CHNA that will *not* be addressed are:

- 1) Access to Care (transportation)**
- 2) Free Clinics**
- 3) Navigation and Coordination**
- 4) Drug and Alcohol**
- 5) Nutrition and Wellness**

On April 6, 2015, Penn Highlands Clearfield completed a work session facilitated by Tripp Umbach, where an implementation plan was discussed and concepts were developed for the needs selected. The implementation planning process included the following steps:

- 1) Select key community needs where the hospital will take a leadership role**
- 2) Identify goals and key objectives that will be achieved through the hospital's leadership in the selected need areas**
- 3) Develop inventories of internal hospital as well as external community resources already focused on the selected need areas**
- 4) Develop specific strategies to be implemented by the hospital to achieve measurable community health improvement in selected need areas.**

Short-term goals will be measured annually in each of the priority areas related to the program. Adjustments and modifications will be made to the program as issues emerge and develop. It is important to report that Penn Highlands Brookville will take the primary leader role in addressing the listed needs. Regional hospitals and other community organizations and healthcare providers will also provide supportive roles to other health and community issues as needed. The implementation Plan includes recommended programs and action steps for successful community needs execution.

1) Access to Care

Increasing access to healthcare is identified as a major community health priority by community leaders. Access to health care is an ongoing health need in rural areas across the United States. Apart from insurance issues, access to healthcare in the hospital services area is limited by provider to population ratios that cause lengthy wait times to secure appointments, location of providers, transportation issues, limited awareness of residents related to the location and eligibility of health programs as well as ways to be healthier. As the ACA has been implemented and the consolidation of health services has taken place across the country; this issue has worsened in many rural areas.

Key Objective

- ✓ Open new facility in Philipsburg (OP medical, surgical physicians, diagnostics).
- ✓ Open 2 walk-in clinics (Philipsburg and Clearfield).
- ✓ Offer 2 more customer-friendly and convenient outpatient services (easier access to lab, imaging and rehab services).

Services Already Being Offered

- Across the Penn Highlands Healthcare system: steps are currently being taken to recruit more providers and to increase the number of walk-in clinics and urgent care services.
- Penn Highlands Clearfield: A new facility is being planned in Philipsburg.

NEED: Improved access to care

Facility: Clearfield

Goal: To engage in an aggressive recruitment campaign for PCP's and mid-level specialists. Create 2 walk-in clinics (Moshannon Valley and Clearfield) to decrease the travel burden.

Anticipated Impact: Healthier communities, more people to receive preventive care as well as quicker access to providers when ill.

Objectives	Annual Activity	Target Population	Evaluation Methods/Metrics	Potential Partners	Planned Resource Commitment
1. Open new facility in Philipsburg (OP medical, surgical physicians, diagnostics)	Year 1: Assess and research best practices and market opportunity. Year 2: Construct the facility Year 3: Open and market	Geriatric population within the Clearfield and Moshannon Valley service area.	Year 1: Document best practices collected and reviewed. Year 2: Document progress of construction. Year 3: Measure the use of the clinic and document the	Penn Highlands Healthcare corporate offices, Penn Highlands Healthcare physician network.	\$6 million plus FTE's and equipment cost

	the facility.		marketing efforts.		
2. Open 2 walk-in clinics (Philipsburg and Clearfield)	<p>Year 1: Assess and research best practices and market opportunities for both facilities</p> <p>Year 2: Construction of the first facility.</p> <p>Year 3: Construction of the second facility and have both facilities fully operational.</p>	Geriatric population within the Clearfield and Moshannon Valley service area.	<p>Year 1: Measure the volumes of providers in the region. Also, determine feasibility of construction.</p> <p>Year 2: Measure the progress of construction.</p> <p>Year 3: Measure the number of people using the clinic.</p>	Penn Highlands Healthcare corporate offices, Penn Highlands Healthcare physician network.	Construction cost and new staff cost
3. Offer 2 more customer-friendly and convenient outpatient services (easier access to lab, imaging and rehab services)	<p>Year 1: Research best practices and market opportunity. Recruitment.</p> <p>Year 2: Create the first outpatient service to be offered.</p> <p>Year 3: Create the second outpatient service.</p>	Geriatric population within the Clearfield and Moshannon Valley service area.	<p>Year 1: Document the EBP and market opportunities identified in the area.</p> <p>Year 2: Document the first service created.</p> <p>Year 3: Document the second service.</p>	Penn Highlands Healthcare corporate offices, Penn Highlands Healthcare physician network.	Additional staff costs

2) Summary of Community Health Needs Not Selected by the Hospital

Although the hospitals did not select these four community health needs as their focus in implementation planning, the hospitals will participate in the planning and implementation process as appropriate with other agencies who will play a lead role. The table below outlines the need areas not selected by the hospital, lead organizations, and reasons why these needs were not selected by the hospital to be included in their specific implementation plan.

Community Health Needs Not Selected by the Hospital

1. Access to Care (transportation): too large of a problem that is beyond the scope of the hospital.
2. Free Clinics: charity care already exists in the region and the Affordable Care Act should help erode this problem as well.
3. Drug and Alcohol: the issue cannot be a burden for the whole health system.
4. Nutrition and Wellness: services are already being offered by the healthcare system.

DUBOIS

Community Definition

The communities served by Penn Highlands DuBois include the following zip codes. The Penn Highlands DuBois primary service area includes 25 populated zip code areas (excluding zip codes for P.O. boxes and offices) where 80% of the hospital's inpatient discharges originated.

Table 3: Penn Highlands DuBois Hospital Community Zip Codes

Zip Code	City	County
15834	Emporium	Cameron
16866	Philipsburg	Centre
15801	DuBois	Clearfield
16830	Clearfield	Clearfield
16833	Curwensville	Clearfield
16838	Grampian	Clearfield
15849	Penfield	Clearfield
15848	Luthersburg	Clearfield
15757	McGees Mills	Clearfield
16881	Woodland	Clearfield
16858	Morrisdale	Clearfield
15857	St Marys	Elk
15853	Ridgway	Elk
15846	Kersey	Elk
15823	Brockport	Elk
15845	Johnsonburg	Elk
15868	Weedville	Elk
15772	Rossiter	Indiana
15851	Reynoldsville	Jefferson
15767	Punxsutawney	Jefferson
15825	Brookville	Jefferson
15824	Brockway	Jefferson
15840	Falls Creek	Jefferson
15865	Sykesville	Jefferson
15864	Summerville	Jefferson

CHNA and Implementation Plan

Penn Highlands DuBois listens to community concerns, analyzes healthcare utilization and costs, explores access issues, and collaborates with and develops effective programs to improve the health of those in West Central Pennsylvania. Based on the above community health needs assessment findings and the prioritized needs, two community needs will be implemented and further explored.

Of the identified CHNA and prioritized health needs, Penn Highlands DuBois will focus on three of the community needs:

- 1) Access to Care
- 2) Nutrition and Wellness
- 3) Navigation and Coordination

The health needs not being addressed from the CHNA are still important for the community. However, Penn Highlands DuBois reported that these needs are being addressed to some degree by organizations, programs/initiatives operated by regional local community-based organizations locally. Through analysis and discussions resulting from a work session held with representatives from Penn Highlands Clearfield, the following needs identified in the CHNA that will *not* be addressed are:

- 1) Free Clinics
- 2) Drug and Alcohol

On April 6, 2015, Penn Highlands DuBois completed a work session facilitated by Tripp Umbach, where an implementation plan was discussed and concepts were developed for the needs selected. The implementation planning process included the following steps:

- 1) Select key community needs where the hospital will take a leadership role
- 2) Identify goals and key objectives that will be achieved through the hospital's leadership in the selected need areas
- 3) Develop inventories of internal hospital as well as external community resources already focused on the selected need areas
- 4) Develop specific strategies to be implemented by the hospital to achieve measurable community health improvement in selected need areas.

Short-term goals will be measured annually in each of the priority areas related to the program. Adjustments and modifications will be made to the program as issues emerge and develop. It is important to report that Penn Highlands DuBois will take the primary leader role in addressing the listed needs. Regional hospitals and other community organizations and healthcare providers will also provide supportive roles to other health and community issues as needed. The implementation Plan includes recommended programs and action steps for successful community needs execution.

1) Access to Care

Increasing access to healthcare is identified as a major community health priority by community leaders. Access to health care is an ongoing health need in rural areas across the United States. Apart from insurance issues, access to healthcare in the hospital services area is limited by provider to population ratios that cause lengthy wait times to secure appointments, location of providers, transportation issues, limited awareness of residents related to the location and eligibility of health programs as well as ways to be healthier. As the ACA has been implemented and the consolidation of health services has taken place across the country; this issue has worsened in many rural areas.

Key Objective

- ✓ Expand locations of services by adding a new clinic
- ✓ Create shorter waits for patients
- ✓ Recruit providers

Services Already Being Offered

- Across the Penn Highlands Healthcare system: steps are currently being taken to recruit more providers and to increase the number of walk-in clinics and urgent care services.

NEED: Improved access to care

Facility: DuBois

Goal: To improve access to scheduled and urgent services

Anticipated Impact: Increased availability of services and providers for people in the service area

Objectives	Annual Activity	Target Population	Evaluation Methods/Metrics	Potential Partners	Planned Resource Commitment
1. Expand locations of services by adding a new clinic	Year 1: Assess the market and establish needed services to be offered by the clinic Year 2: Construct the facility based on the first year study. Identify funding sources.	The underserved, rural population	Year 1: Document the needed services for the area. Year 2: Measuring the completeness of construction. Year 3: Measure the usage of the clinic.	Adagio	Construction and staffing costs.

	Year 3: Market the facility and create an analysis of success based off of the funding development s. Then develop the clinics .				
2. Create shorter waits for patients	Year 1: Recruit physicians Year 2: Redirect patient flow to the appropriate outlets for care. Year 3: Market the clinic.	The underserved, rural population	Year 1: Document the needed services for the area and proper candidates for hire. Year 2: Measuring the completeness of construction. Year 3: Measure the usage of the clinic.	Adagio, LECOM	Construction and staffing costs.
3. Recruit providers	Year 1: Assess the needed physicians by specialty. Year 2: Begin candidate recruitment. Year 3: Recruit fully.	The underserved, rural population	Year 1: Document the needed services for the area. Year 2: Quantify recruiting efforts. Year 3: Measure the number of physicians recruited.	Adagio, LECOM	Staff in recruiting office.

2) Nutrition and Wellness

Community leaders identified lifestyle-related health concerns as a top health priority. Leaders focused discussions around the access residents have to healthy options as well as the impact to health outcomes. It was discussed as a major health need among stakeholders during one-on-one interviews and survey respondents indicated that they are facing healthy lifestyle problem in their communities.

Key Objectives

- ✓ Maintain diabetic program
- ✓ Increase community awareness
- ✓ Increase screenings and early diagnosis of wellness-related conditions

Services Already Being Offered

- Penn Highlands Healthcare system: Nutrition and diabetic education and consultation is being provided at each hospital.

NEED: More nutrition and wellness programs and community education

Facility: DuBois

Goal: Maintain and promote current programs and community education

Anticipated Impact: Increased awareness and understanding by individuals on the benefits of healthy lifestyle choices.

Objectives	Annual Activity	Target Population	Evaluation Methods/Metrics	Potential Partners	Planned Resource Commitment
1. Maintain diabetic program	Year 1: Assess the effectiveness of the current program. Year 2: Explore the possibilities of additional programs based on the results of the first year study. Year 3: Implement new programs if deemed necessary.	Underserved, rural populations	Year 1: Document the need for additional programs in the area. Year 2: Quantify the number of potential new programs. Year 3: Measure the use of new programs if they are implemented.	Spirit of Women	Additional staff costs

2. Increase community awareness	<p>Year 1: Assess the effectiveness of the current program aimed at creating awareness.</p> <p>Year 2: Explore the possibilities of additional programs based on the results of the first year study.</p> <p>Year 3: Implement new programs if deemed necessary.</p>	Underserved, rural populations	<p>Year 1: Document the need for additional programs in the area.</p> <p>Year 2: Quantify the number of potential new programs.</p> <p>Year 3: Measure the use of new programs if they are implemented.</p>	Spirit of Women	Additional staff costs
3. Increase screenings and early diagnosis of wellness-related conditions	<p>Year 1: Explore ideas to use to promote additional screenings.</p> <p>Year 2: Promote annual wellness screenings and visits based on the results of the first year study.</p> <p>Year 3: Assess new measures (if adopted).</p>	Underserved, rural populations	<p>Year 1: Collect possible ideas and strategies to increase screenings.</p> <p>Year 2: Quantify the number of new wellness screenings.</p> <p>Year 3: Measure the use of new strategies if they are implemented.</p>	Spirit of Women	Additional staff costs

3) Navigation and Coordination

Individuals struggle with coordinating their various healthcare services and providers. Once again, because of the poor economic landscape of the region, people are dealing with inconsistent insurance, a blend of Medicaid and Medicare, suffer from a familiarity and comfort with the healthcare landscape, and do not receive the needed amount of information to understand their options.

Key Objectives

- ✓ Increase lung cancer screenings
- ✓ Increase awareness of programs offered
- ✓ Increase in breast cancer screenings and awareness

Services Already Being Offered

- Penn Highlands Healthcare system: Currently exploring and assessing the creation of navigators as a system-wide initiative.

NEED: Better healthcare navigation and coordination

Facility: DuBois

Goal: Maintain and grow volume in current program

Anticipated Impact: Increased ease and us of services due to better understanding of the healthcare network

Objectives	Annual Activity	Target Population	Evaluation Methods/Metrics	Potential Partners	Planned Resource Commitment
1. Increase lung cancer screenings	Year 1: Assess the need and opportunity for screenings within the community. Year 2: Begin to screen patients based on the results of the first year study. Year 3: Further market the program.	Underserved, rural populations	Year 1: Document the services identified. Year 2: Quantify the number of patients receiving screenings. Year 3: Measure the usage of the clinic and document utilization.	Penn Highlands Healthcare	0.5 FTE

2. Increase awareness of programs offered	<p>Year 1: Assess the awareness of the programs in its current state.</p> <p>Year 2: Create strategies to increase awareness of the programs offered based on the results of the first year study.</p> <p>Year 3: Further marketing of the programs and review of programs.</p>	Underserved, rural populations	<p>Year 1: Document the awareness of the programs already in place.</p> <p>Year 2: Quantify the reach of the new program (number of people).</p> <p>Year 3: Measure the effectiveness of the newly developed programs.</p>	Penn Highlands Healthcare	Marketing staff and costs
3. Increase in breast cancer screenings and awareness	<p>Year 1: Assess the need and opportunity for screenings within the community.</p> <p>Year 2: Begin to screen patients.</p> <p>Year 3: Further market the program.</p>	Underserved, rural populations	<p>Year 1: Assess the needed services for the area)</p> <p>Year 2: Quantify the number of patients receiving screenings.</p> <p>Year 3: Measure the usage of the clinic and effectiveness of additional marketing.</p>	Penn Highlands Healthcare	0.9 FTE

4) Summary of Community Health Needs Not Selected by the Hospital

Although the hospitals did not select these three community health needs as their focus in implementation planning, the hospitals will participate in the planning and implementation process as appropriate with other agencies who will play a lead role. The table below outlines the need areas not selected by the hospital, lead organizations, and reasons why these needs were not selected by the hospital to be included in their specific implementation plan.

Community Health Needs Not Selected by the Hospital

1. Free Clinics: there is already a shortage of physicians as is, thus it would be hard to staff the clinic.
2. Drug and Alcohol: not enough resources exist to handle the issue currently (staff/space/lack of funding).

Community Definition

The communities served by Penn Highlands Elk include the following zip codes. The Penn Highlands Elk primary service area includes 5 populated zip code areas (excluding zip codes for P.O. boxes and offices) where 80% of the hospital's inpatient discharges originated.

Table 4: Penn Highlands Elk Hospital Community Zip Codes

Zip	City	County
15834	Emporium	Cameron
15845	Johnsonburg	Elk
15846	Kersey	Elk
15853	Ridgway	Elk
15857	St. Marys	Elk

CHNA and Implementation Plan

Penn Highlands Elk listens to community concerns, analyzes healthcare utilization and costs, explores access issues, and collaborates with and develops effective programs to improve the health of those in West Central Pennsylvania. Based on the above community health needs assessment findings and the prioritized needs, two community needs will be implemented and further explored.

Of the identified CHNA and prioritized health needs, Penn Highlands Elk will focus on two of the community needs:

- 1) Navigation and Coordination
- 2) Access to Care

The health needs not being addressed from the CHNA are still important for the community. However, Penn Highlands Elk reported that these needs are being addressed to some degree by organizations, programs/initiatives operated by regional local community-based organizations locally. Through analysis and discussions resulting from a work session held with representatives from Penn Highlands Elk, the following needs identified in the CHNA that will *not* be addressed are:

- 1) Drug and Alcohol services
- 2) Free Clinics
- 3) Nutrition and Wellness

On April 6, 2015, Penn Highlands Elk completed a work session facilitated by Tripp Umbach, where an implementation plan was discussed and concepts were developed for the needs selected. The implementation planning process included the following steps:

- 1) Select key community needs where the hospital will take a leadership role
- 2) Identify goals and key objectives that will be achieved through the hospital's leadership in the selected need areas
- 3) Develop inventories of internal hospital as well as external community resources already focused on the selected need areas
- 4) Develop specific strategies to be implemented by the hospital to achieve measurable community health improvement in selected need areas.

Short-term goals will be measured annually in each of the priority areas related to the program. Adjustments and modifications will be made to the program as issues emerge and develop. It is important to report that Penn Highlands Elk will take the primary leader role in addressing the listed needs. Regional hospitals and other community organizations and healthcare providers will also provide supportive roles to other health and community issues as needed. The implementation Plan includes recommended programs and action steps for successful community needs execution.

1) Navigation and Coordination

Individuals struggle with coordinating their various healthcare services and providers. Once again, because of the poor economic landscape of the region, people are dealing with inconsistent insurance, a blend of Medicaid and Medicare, suffer from a familiarity and comfort with the healthcare landscape, and do not receive the needed amount of information to understand their options.

Key Objectives

- ✓ Define at-risk populations
- ✓ Determine delays in transition of care
- ✓ Develop navigation role

Services Already Being Offered

- Penn Highlands Healthcare system: Currently exploring and assessing the creation of navigators as a system-wide initiative

NEED: Better healthcare navigation and coordination

Facility: Elk

Goal: To provide support and information to help individuals navigate healthcare system

Anticipated Impact: Increased compliance and effective transition in use of needed services

Objectives	Annual Activity	Target Population	Evaluation Methods/Metrics	Potential Partners	Planned Resource Commitment
1. Define at-risk populations	Year 1: Gather demographic and health needs data. Year 2: Define at risk population and determine delay in transition care. Year 3: Based on evaluation of need, develop plans to address needs.	At risk and elderly populations	Year 1: Document demographic and health data related to at-risk populations. Year 2: Document care related issues. Year 3: Document plans to address.	Penn Highlands Healthcare and other local organizations	Additional staff

2. Determine delays in transition of care	<p>Year 1: Assess the current state of care</p> <p>Year 2: Establish what is causing the delays.</p> <p>Year 3: Implement solutions for problems causing delays in care.</p>	At risk and elderly populations	<p>Year 1: Assess and measure the factors causing delay in care.</p> <p>Year 2: Creating a database of factors that cause delays in care.</p> <p>Year 3: Measure the effectiveness of new strategies if they are implemented.</p>	Penn Highlands Healthcare	Additional staff
3. Develop navigation role	<p>Year 1: Determine feasibility of developing role.</p> <p>Year 2: Recruit and hire a navigator(s).</p> <p>Year 3: Pilot program.</p>	At risk and elderly populations	<p>Year 1: Document the need for navigators in the area.</p> <p>Year 2: Quantify the salary/number of new hires.</p> <p>Year 3: Document utilization of navigation program.</p> <p>Measure the use of new navigators if they are implemented.</p>	Penn Highlands Healthcare	Additional staff

2) Access to Care

Increasing access to healthcare is identified as a major community health priority by community leaders. Access to health care is an ongoing health need in rural areas across the United States. Apart from insurance issues, access to healthcare in the hospital services area is limited by provider to population ratios that cause lengthy wait times to secure appointments, location of providers, transportation issues, limited awareness of residents related to the location and eligibility of health programs as well as ways to be healthier. As the ACA has been implemented and the consolidation of health services has taken place across the country; this issue has worsened in many rural areas.

Key Objective

- ✓ Open a Q-Care clinic
- ✓ Offer a midlevel support provider
- ✓ Determine feasibility of telemedicine support

Services Already Being Offered

- Across the Penn Highlands Healthcare system: steps are currently being taken to recruit more providers and to increase the number of walk-in clinics and urgent care services.

NEED: Improved access to healthcare

Facility: Elk

Goal: Increase points of access and availability of providers and specialty services

Anticipated Impact: Improved access close to home

Objectives	Annual Activity	Target Population	Evaluation Methods/Metrics	Potential Partners	Planned Resource Commitment
1. Open a Q-Care clinic	First year: Study possible site locations and recruit providers. Second year: Develop funds for new facility. Third year: Based on outcomes of year 1 and 2, location identified.	Underserved rural populations	Year 1: Document findings of the study. Year 2: Document funds raised. Year 3: Document site location when determined.	Penn Highlands Healthcare	1.5 FTE provider 2.0 FTE's

2. Offer a midlevel support provider	<p>Year 1: Identify need and create a portfolio of possible new providers.</p> <p>Year 2: Hire additional provider(s) based on the outcomes of year 1.</p> <p>Year 3: Determine feasibility of expanding new providers to other long-term care facilities.</p>	Underserved rural populations	<p>Year 1: Assess and measure the need for additional services in the area.</p> <p>Year 2: Document the hires.</p> <p>Year 3: Measure the possibility of further expansion.</p>	Penn Highlands Healthcare	1.0 mid-level provide
3. Determine feasibility of telemedicine support	<p>Year 1: determine needed specialty.</p> <p>Year 2: Explore options, assess financial feasibility, locate technical support.</p> <p>Year 3: If evaluation is feasible, proceed with implementation.</p>	Underserved rural populations	<p>Year 1: Document the need for additional service in the area/</p> <p>Year 2: Document options, assess financial feasibility, locate technical support.</p> <p>Year 3: Document progress in development of the program.</p>	Penn Highlands Healthcare	Additional staff

4. Non-traditional hours	<p>Year 1: Determine where needs exist.</p> <p>Year 2: Identify available resources.</p> <p>Year 3: Based on feasibility, do a trial of expanded hours.</p>	Underserved rural populations	<p>Year 1: Document the need for additional hours in the area.</p> <p>Year 2: Document options and resources available to expand hours.</p> <p>Year 3: Utilization of date for the use of new hours if they are implemented.</p>	Penn Highlands Healthcare	Additional staff

3) Summary of Community Health Needs Not Selected by the Hospital

Although the hospitals did not select these three community health needs as their focus in implementation planning, the hospitals will participate in the planning and implementation process as appropriate with other agencies who will play a lead role. The table below outlines the need areas not selected by the hospital, lead organizations, and reasons why these needs were not selected by the hospital to be included in their specific implementation plan.

Community Health Needs Not Selected by the Hospital

1. Drug and alcohol services: not enough resources or reimbursement money exists to make the effort feasible.
2. Free clinics: charity care already exists in the region.
3. Nutrition and Wellness: the reimbursement/affordability process is too difficult and do not make the effort feasible.