

George L. Mee Memorial: Implementation Plan

INTRODUCTION

ABOUT GEORGE L. MEE MEMORIAL HOSPITAL

Southern Monterey County Memorial Hospital was founded in 1941. The original 22 bed facility was replaced with a new hospital on a new site in 1962. The legal name was retained but now became known as Southern Monterey County Memorial Hospital dba George L. Mee Memorial Hospital. The hospital provides primary health care and access to comprehensive health services in a professional and caring environment. The vision of Mee Memorial Hospital is to be Southern Monterey County's healthcare resource, providing high quality service through direct care, education, and cooperative effort. Located in King City, California, Mee Memorial has 94 licensed beds and is the only hospital within 50 miles.

A new two story section was built adjacent to the 1960's facility in 2001 and is the core of the Mee Memorial Medical System in Southern Monterey County. Also included are comprehensive Rural Health Clinics in King City and Greenfield. In 2007, the second floor of the hospital, which had been "roughed in" during the initial construction, was finished to increase the number of beds to 119. Subsequently 25 of the beds in the 1960s section of the hospital were delicensed, bringing the current licensed bed capacity to 94. Throughout the changes and growth, Mee Memorial continues to provide all the residents of South County with highly personalized care, state-of-the-art medical technology and a knowledgeable professional staff. Strong community support continues led by a committed Board of Trustees, the dedicated Mee Memorial Service League, and the Mee Memorial Foundation which was established in 1969 and over the decades has raised several million dollars for the hospital.

The Foundation's mission is to "equip, modernize, update and make the hospital aesthetically pleasant." The Mee Memorial Service League is a dedicated group of men and women who volunteer to aid with community health care and support the Mee Memorial facilities.

COMMUNITY SERVED

Mee Memorial defines the hospital's Primary Service Area (PSA) as residents who account for 70–80% of total patient volume. The PSA includes the facility zip code and geographically adjacent zip codes in which Mee Memorial has a strong market presence. Mee Memorial's PSA accounts for 91% of the hospital's inpatient discharges and 77% of ER visits. The PSA consists of the following seven zip codes:

- 93930 King City
- 93927 Greenfield
- 93450 San Ardo
- 93932 Lockwood
- 93928 Jolon
- 93954 San Lucas
- 93426 Bradley



Listed below is a table of demographic information for the PSA. Key highlights include:

- The total population for the PSA in 2014 was 39,621 with a projected growth of 8.1% by 2019;
- Median age is 28.5;
- 81.2% of the PSA is Hispanic;

Insurance status for Monterey County is based on 2014 OSHPD data. 23.8% of Monterey County is uninsured. 40.4% of individuals discharged from a hospital in Monterey County are self-pay. In Monterey County, Hispanic residents were three times as likely to be uninsured versus white residents. The Hispanic population had the greatest number of uninsured at 25.1%, followed by other races at 23.4%, Asian/Pacific Islander at 12.7, and finally White at 8%. The payer mix at Mee Memorial is comprised of primarily government payers. In 2015, 52.4% of charges were paid by Med-Cal and 22.24% of charges were paid by Medicare. 8.05% of charges were either self-pay or uncompensated care.

For the purposes of the CHNA and implementation plan process and to obtain key health indicator data Mee Memorial utilized Nielsen Claritas, the U.S. Census Bureau and the Monterey County Community Need Assessment. Key health indicators are defined as: poverty, educational attainment and health insurance coverage.

APPROACH TO IMPLEMENTATION PLAN

Mee Memorial worked with an outside consulting firm, Moss Adams, LLP (Moss Adams) to develop both the CHNA and implementation plan. Mee Memorial worked with Moss Adams to collect demographic and market area information, interview community members and prioritize key community health needs. The process began by reviewing prior market assessment reports and various other studies/reports produced by or for Mee Memorial within the past two years. Moss Adams then worked to analyze current demographic data for the service area population, including population size and growth projections, age distribution, racial and ethnic diversity, socioeconomic factors and health status indicators. In conjunction with Moss Adams, Mee Memorial utilized these key findings to develop a prioritized list of community health needs and create the CHNA and respective implementation plan.

Moss Adams utilized the following data sources to complete the report.

- Mee Memorial market data
- Previously conducted Mee Memorial Strategic Plans
- Community member interviews conducted by Mee Memorial Hospital
- The Nielsen Company
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- U.S. Department of Health and Human Services
- County Health Rankings
- Office of Statewide Health Planning (OSHPD)

The Mee Memorial implementation plan was developed based on identified needs and short-term and long-term strategic goals for Mee Memorial. The implementation plan aligns with and expands upon current organizational strategies and programs. The

implementation plan will be filed with the Internal Revenue Service using Form 990 Schedule H.

PURPOSE OF IMPLEMENTATION PLAN

This implementation plan was developed to comply with the requirements described in section 501(r) (3) of the Internal Revenue Code. The implementation plan describes Mee Memorial's plan of action in response to the needs identified during the 2015-2016 CHNA. A copy of this report as well as the CHNA will be published on the Mee Memorial website.

The following community health needs will be discussed in the Implementation Plan:

1. Chronic Disease Management

- a. Diabetes, blood pressure, obesity
- b. Asthma services and education

2. Access to Health Care Services

- a. Insurance partnering
- b. Long wait times in the clinics with overflow into the ER
- c. Outreach: Access to diagnostic testing and screening – Mammograms, colonoscopy, STD etc.
- d. Poison/Anti Venom Control
- e. Access to outpatient services
- f. Specifically, the anticipated building of a new Mee Memorial outpatient clinic

3. Primary Care Physician Shortage

4. Lack of Care Coordination Between Hospital, Clinic and Providers

- a. Actively implemented electronic health records, substantially improving the coordination of care.

5. Cultural Competency – Indigenous Population

IMPLEMENTATION PLAN COLLABORATORS

The following individuals worked with Mee Memorial to identify the community health needs that the hospital will work to improve and to develop the implementation plan:

Mee Memorial:

1. Melissa Grindstaff, Community Awareness Coordinator
2. Ken Hritz, Chief Operating Officer
3. Fred Binczewski, Director of Revenue Cycle
4. Stephen Tully, Ph.D., MSW, BA, Social Services Manager, Mee Memorial Hospital Social Services

External Individuals:

5. Lilia Chagolla, Central California Alliance for Health (CCAH)
6. Janet Buttgereit, PCIC Safety Manager, Buttgereit, Pettit & Davis
7. Dr. Daniel Moirao, State Administrator, South Monterey County Joint Union High School District
8. Sharon Riley, Kinship Center, SoMoCo
9. Theresa Rouse Ed.D., Superintendent, King City Union School District
10. Amy Phillips, Public Affairs Officer, U.S. Army Garrison Fort Hunter Liggett
11. Jenna Arroyo, HR Manager, Rava Ranches

PROCESS AND CRITERIA USED

In accordance with IRS requirements, Mee Memorial identified health needs that included requisites for the improvement or maintenance of health status in both the community at large and in particular parts of the Mee Memorial PSA. Mee Memorial also identified measures and resources that are currently available or will be available to the medically underserved population.

Through the demographic analysis of Mee Memorial's PSA it was reinforced that a large number of people within the community have limited financial resources, are of child bearing age, potentially linguistically isolated and primarily of Hispanic origin.

Additionally, it was revealed that there will be a 22.5% projected increase in individuals over the age of 65 by 2019. Due to these key demographic indicators, Mee Memorial seeks to continue their focus on serving vulnerable and underserved individuals and providing high quality, efficient health care services.

The following criteria were used to prioritize the community health needs. Criteria were determined based on industry best practices and feedback provided to Mee Memorial by the Monterey County Department of Public Health:

- Alignment with facility's strengths/priorities/mission
- Magnitude – number of people impacted by problem
- Opportunity for partnership
- Addresses disparities of subgroups
- Existing resources and programs to address problem
- Solution could impact multiple problems
- Importance of problem to community
- Consequences of not intervening

HEALTH NEEDS MEE MEMORIAL IS WORKING TO IMPROVE:

CHRONIC DISEASE MANAGEMENT

GOAL: *Reduce barriers to access for chronic disease management.*

The Mee Memorial population includes many individuals with chronic illnesses. These individuals are managed medically by primary care physicians, internal medicine physicians, obstetric/gynecological, and pediatric medical staff, along with physician assistant and nurse practitioner staff. However, Mee Memorial has identified that increased coordination between all parties needs to be implemented in order to ensure patient satisfaction and quality of care. The measure that will be used to monitor this is increased referrals and use of specialty care resources.

Currently, patients with diabetes receive referrals to the Mee Memorial diabetes program which provides education and encouragement toward healthy behaviors, including medication management and blood glucose management. The hospital staff includes two registered dietitians, one of whom is a Certified Diabetes Educator (CDE). These dietitians provide consultation to regional bariatric surgery programs (obesity surgery) patients as well as Chronic Kidney Disease (CKD) patients in the Mee Memorial dialysis center. Further, access to chronic disease management has been enhanced through other avenues including:

- Creation of a Call Center to facilitate scheduling of patients;
- Aggressive schedule management, which includes calling patients to inform them of cancellations;
- Recruitment of a cardiology group that created a cardiology clinic at Mee Memorial to address chronic cardiac conditions.

ACCESS TO HEALTH CARE SERVICES

GOAL: *To improve access to inpatient and outpatient health care services at Mee Memorial and ensure that patients receive the right care at the right time.*

At Mee Memorial, over 52% of patients are either Medi-Cal or California Alliance for Health (CAAH) patients. Further, these patients account for 86.8% of patient days. Mee Memorial

is committed to improving access to outpatient services to reduce use of the Emergency Department (ED) as a primary source of health care. Mee Memorial will focus on the following measures to show increased access to care:

1. Percent of population with insurance coverage
2. Reduced wait times in clinic and ED
3. Increased use of diagnostic testing
4. Reduced barriers to accessing care

Currently, Mee Memorial is working to reduce wait times in the clinics. This has been addressed as a primary barrier to accessing care. Clinic management is working to develop a strategy and is continuously monitoring variances in door to physician time. Further, the clinics have increased the availability of walk-in hours and have demonstrated a capture rate of over 95%. Increased diagnostic testing is being addressed through the implementation of an outpatient Electronic Medical Record (EMR) which includes triggers for health maintenance items such as osteoporosis screen and mammograms at an appropriate age.

Additionally, the clinic facilities are in need of expansion. Mee Memorial has preliminary plans to expand the Greenfield Clinic and to replace the King City Clinic when funds can be raised.

PRIMARY CARE PHYSICIAN SHORTAGE

GOAL: *Reduce barriers to accessing primary care services at Mee Memorial.*

Mee Memorial has identified that there is a primary care physician shortage in the PSA. Mee Memorial will use the measure of increased primary care visits in order to monitor access to primary care services.

The hospital has recently signed an agreement with a hospitalist company which will enable the primary physicians to stay in the clinics and care for outpatients, instead of running to the hospital to admit and manage inpatients. Additionally, the hospital is

aggressively recruiting for providers and has been successful in recently contracting with an OB/GYN physician, a Pediatrician, and a Physician Assistant.

CARE COORDINATION

GOAL: *Improve coordination between hospital, clinics and providers.*

Mee Memorial has identified that improving care coordination is a great need in the community. The hospital has recently redesigned the outpatient case management program. A new position has been added to this program, active recruitment is ongoing, the goal for this individual is to improve coordination between health care providers, the hospital and clinics and improve patient satisfaction. Mee Memorial will use the measures of increased outpatient visits and reduced readmissions to monitor performance. Further, the hospital has recently implemented an EMR and this has already substantially improved the coordination of care.

CULTURAL COMPETENCY – INDIGENOUS POPULATION

GOAL: *Increase cultural competency overall at Mee Memorial.*

The patient population of Mee Memorial is comprised of over 80% Hispanic individuals as well as a large majority of indigenous populations. Increased cultural competency has been identified as a key need for Mee Memorial. The measures that the hospital will use to address this need are increased linguistic services and increased patient satisfaction scores.

Currently Mee Memorial is staffed with a Limited English Proficient (LEP) Title VI Coordinator, Annette Hayes who works with members of the LEP Community Advisory Board and in partnership with Natividad Medical Foundation's Indigenous Interpreting + program. Further, Mee Memorial has a service with multi-lingual dictionaries, called Linguee and interpreter services through CCAH. A patient experience team has been created to improve the entire patient experience. This team will work closely with Human

Resources to improve employee education on customer satisfaction which occurs primarily during new employee orientation, but will now be ongoing.

REMAINING COMMUNITY NEEDS

The remaining community needs that were identified during the process will only be addressed either through partnership. Additionally, below there is a list of needs that Mee Memorial will not address. Due to resource constraints, Mee Memorial has chosen to focus on the five needs previously addressed.

Needs Being Addressed through Partnership Only:

1. Behavioral health services
 - a. Mental health services
 - b. Substance Abuse programs
2. Youth health education
 - a. High teen pregnancy rate
 - b. Sex Education
 - c. General health classes for teens – eating habits, exercise etc.
 - d. Parental education classes
3. Injuries – both to self and accidental injuries at work
4. Specialist physician shortage – specifically oncology, dialysis, cardiology, OBGYN
5. Translational services – specifically indigent dialects (Oaxacan, Triqui etc.)

Needs the Hospital Will Not Address:

1. Home health services for elderly and disabled
2. Lack of inpatient dialysis
3. Dental/Vision Care