

MCH&HS Strategic Issues

MCH&HS has chosen three strategic issues to work on impacting from the local hospital and clinic level for the next 3-5 years. The process in which these issues were chosen was based on the recurrence of specific issues in Washington County. The strategic issues along with their objectives are listed below.

PRIORITY AREA 2: Mental Health/Behavioral Health/Substance Abuse

GOAL #1: Implement and manage controlled substance refills in a proactive approach to minimize prescription drug abuse in the Washington County area.		
Objective 1A: Decrease prescription drug abuse		
Baseline: No baseline		
Target: 100%- All patients who are prescribed a controlled substance by an MCH&HS employed provider will be enrolled in the program.		
PERFORMANCE MEASURES		
How We Will Know We Are Making a Difference?		
Short Term Indicators	Year	Anticipated Result
All new and current patients on a prescription controlled substance will sign the Medication Use Agreement Form with the help of their provider.	1-5	Education, participation
For patients that require a urine drug screen, the results will come back as "taking medication as prescribed".	1-5	Data Collection, participation

Update: 162 patients have been educated and enrolled in the program this year. 26 have been terminated; 26 have "retired" (off the medication or have moved).

2016 Community Health Improvement Plan

PRIORITY AREA 2: Mental Health/Behavioral Health/Substance Abuse

Goal #2: Expand Telehealth to include Behavioral and Mental Health Services by partnering with CHI.		
Baseline: In Washington County, the ratio of residents to mental health providers is 5,056:1 (County Health Rankings, 2015)		
Target: Improve accessibility to Mental Health Professionals in Washington County.		
PERFORMANCE MEASURES		
How We Will Know We Are Making a Difference?		
Short Term Indicators	Year	Anticipated Result
Continue collaborating with CHI professionals to implement Telehealth.	1	Education
Provide mental and behavioral health support for patients in the Washington County Area.	1-5	Implementation
Track Telehealth use	1-5	Data Collection

Update: Currently working with CHI on implementation. MCH&HS has hired a Licensed Mental Health Therapist.

PRIORITY AREA 3: Obesity/Cardiovascular Disease/Diabetes

Goal #3: Lower diabetic patient's A1C if greater than 9.		
Target: Each patient referred into the diabetes education program with an A1C > 9 will have improvement (decrease) in their A1C following education.		
PERFORMANCE MEASURES		
How We Will Know We Are Making a Difference?		
Short Term Indicators	Year	Anticipated Result
Measure the A1C of patients currently seen by our Dietician in our Diabetes Education Class.	1	Data Collection
Decrease a patient's A1C to lower than 9.	1-5	Data Collection, Education

Update: Data collected on 56 patients. 89% had an A1C of 7 or lower after class.