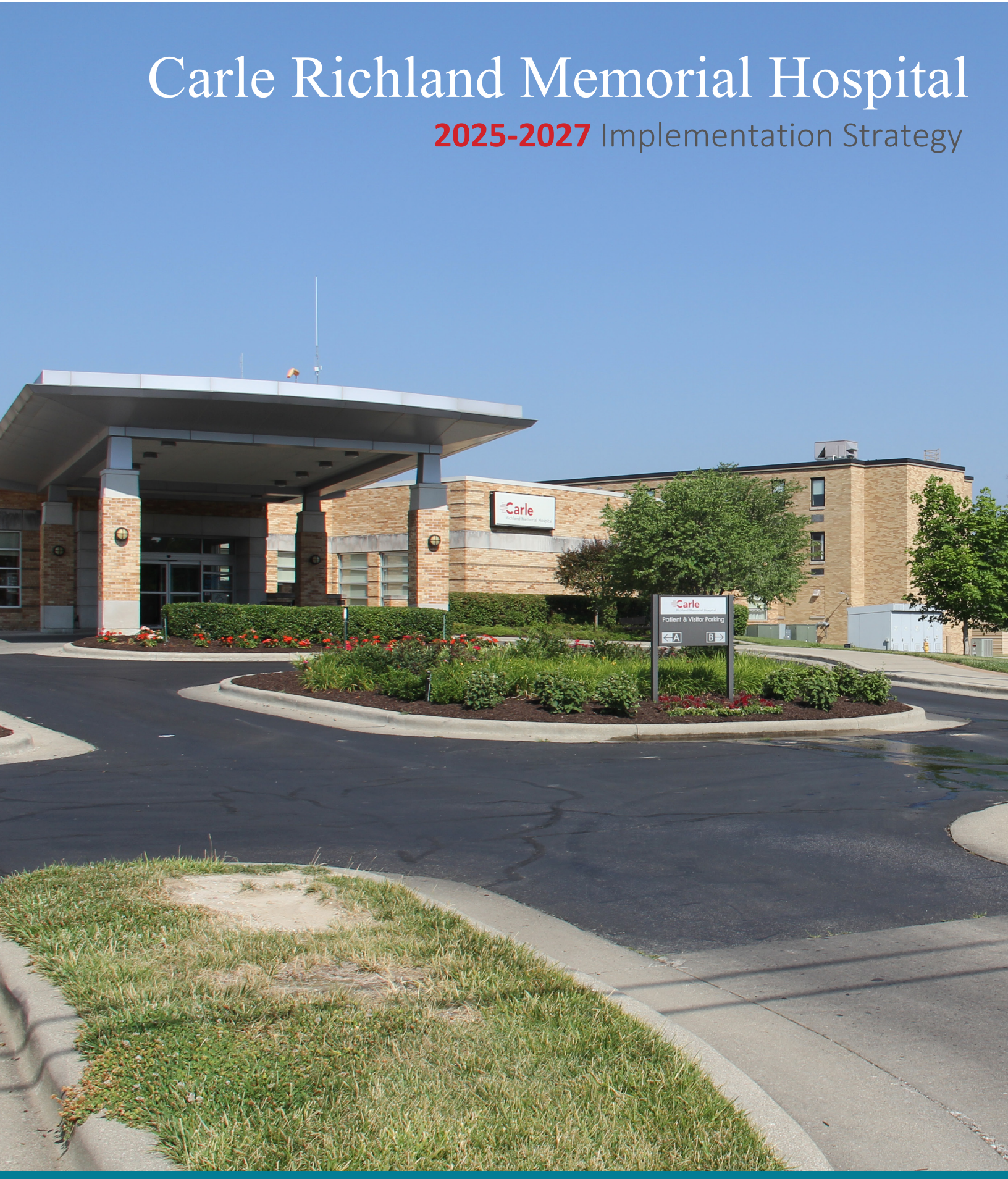
Carle Richland Memorial Hospital

2025-2027 Implementation Strategy



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Introduction

Successor to the Olney Sanitarium, opened by Dr. George T. Weber in 1898, Richland Memorial Hospital opened its doors on July 16, 1953. It began its relationship with Carle Foundation Hospital in 2014 as a clinical affiliate. In 2016, Carle Health and Richland Memorial began exploring full integration to increase access to healthcare services and providers in southeastern Illinois.

The board of directors voted unanimously to approve the integration, which became official on April 1, 2017.

The facility is now known as Carle Richland Memorial Hospital. Administration, management, and operations remain local with resources and oversight provided by Carle Health, to remain aligned with our mission and vision. In 2018, a formal agreement was made to provide air ambulance services to the county.

Implementation Strategy

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Richland Memorial Hospital in April 2024. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered the potential internal and external resources available to address the prioritized needs.

The group then considered each of the prioritized needs. For each of the three priority areas, the actions the hospital intends to take were identified along with their anticipated impact, the resources the hospital intends to commit to, and the external collaborators the hospital plans to cooperate with to address the need.

The plan will be evaluated by periodic review of measurable outcome indicators with annual review and reporting.

Goals and Actions

The group addressed the needs with the following strategies:

1. Access to Care

Everyone in the region has access to the resources and providers they need to improve their health, including primary and specialty care for physical and mental health needs.

Actions the hospital intends to take to address the health need:

- Increase screening opportunities with a primary focus on common cancers and chronic diseases.
- Develop targeted education that shows the incidence, risks, and available screenings for cancer and chronic diseases.
- Develop additional support groups exploring the need for chronic disease and cancer support groups.
- Continue to support the Jasper and Lawrence County Health Departments in their efforts to address mental health needs.
- Continue the efforts to recruit social workers to improve access to mental health resources.
- Ensure we are leveraging the Carle Health resources to assist with these actions.

Indicators that support this priority:

From Primary Data:

- The primary opportunity and aspiration identified was access to mental health resources.

From the Community Survey:

- 86.21% of respondents identified access to providers in the community as the top choice in "things that help make us healthier."
- Chronic disease/management was identified by 71.92% of the community survey participants as one of the community's most important health concerns.
- Access to healthcare was identified as very important by 86.21% of the survey participants when asked about the importance of community resources.
- Over 90% of the survey participants stated they had someone they considered their provider, and 95% stated they had seen their primary care provider within the last year.
- 44% of participants stated they had not participated in any cancer screenings within the last 12 months.

From Secondary Data:

- Access to mental health providers was 283.3 providers per 100,000 population: falling below the state and national norm.
- A larger than average number of people self-report their physical health as poor or fair (17.8%) as well as a larger percentage than normal report having 14 or more days in the past 30 that their physical health was not good (13.2%).
- Clinical care and prevention: cancer screenings (breast/mammogram, cervical, and GI) were all under the state and national norms, and Core Preventative Services for both males and females were under the state and national norms.
- Cancer incidence of all types was higher than the state or nation at 476.3 cases/100,000 population. Incident rates for lung cancer were significantly higher (74.3 cases/100,000 population) than the state or national norm as were rates for colorectal and prostate cancer. The overall mortality rate for cancer (167.7 per 100,000) was also higher than the state or nation.
- The area reports higher than normal access to primary care providers (physician plus advanced practice providers) and 79.0% of adults over age 18 have had one or more visits with their primary care provider within the past year.
- Rates of suicide (18.3/100,000 population) were higher than normal compared to the state and nation.

Anticipated impacts of these actions:

- People residing in the service area will have a greater understanding of the risks of cancer and chronic disease and what they can do to improve their health.
- Residents will have greater access to free and low-cost cancer screenings with an overall goal of early detection to produce better outcomes.
- Patients needing primary or specialty care can receive those in the Richland service area or within the Carle Health resources. This includes physical and mental health services.
- People who are diagnosed with cancer will have adequate knowledge, support, and resources.

Programs and resources the hospital plans to commit to address the health need:

- Entity Senior Leadership
- Primary Care Medical Staff
- Behavioral Health Providers
- Education Department
- PR/Marketing Resources

Planned collaboration between the hospital and other facilities or organizations:

- Jasper and Lawrence County Health Departments
- Carle Health resources for providers and educational resources

Primary Care Physician Tim Garrett celebrates 40 years of serving his local community.

2. Addressing Social Service Needs and Gaps

Everyone in the region will easily find help and access to agencies and providers to meet their social needs.

Actions the hospital intends to take to address the health need:

- Continue to develop the scope of the Community Health Initiatives Committee. This group includes both the board and leaders. The goal will be to create awareness of community health concerns and appropriation of resources accordingly.
- Investigate ways to improve social service access for our employees. A daily pay option is available. Investigate ways to provide food from the Cafe for food-insecure employees (at a low cost).
- Support local agencies that address social service needs, like Giving Hope Food Pantry. Investigate budgeting dollars for this and leveraging social media channels to raise awareness of these agencies and solicit potential donors.
- Continue to support one-time assistance for needs (prescriptions, transportation, etc.) for patients.
- Leverage the 340B program to assist uninsured patients with high-cost medications.
- Carle Health will continue to recruit mental health providers to ensure resources are available for telehealth coverage.

Indicators that support this priority:

From Primary Data:

- Social concerns (housing, transport, access to healthy foods) and networking with partners made the top 5 list of opportunities identified by the onsite meeting participants.
- Improving community resources and coordination/knowledge of social needs, including addiction/homelessness and affordable housing, were among the top five aspirations identified by the onsite meeting participants. One participant stated, “We have big city needs in a small town,” when discussing homelessness and mental health/addiction.

From the Community Survey:

- 9% of participants have sought and used a food pantry in the past while another 7% state they needed that help but for some reason did not receive it.
- 2.41% of participants sought and received treatment in mental health/behavioral programs and another 23.4% needed this help but did not receive it.
- 59.59% of participants identified Basic needs: food, clothing, and transportation as one of the community’s most important health issues.

- 15% of the participants reported that in the past 12 months, they needed a prescription they could not afford.
- Almost 20% of the participants stated they had sought or needed help with paying bills in the past year.

From Secondary Data:

- A larger than normal percentage of the population (18.12%) have a disability. This is higher than the state or national averages.
- 21.44% of the community has an income under $25,000 and another 24.35% are under $49,000.
- 13.37% of the population lives below 100% of the federal poverty level ($30,000 for a family of four) which is higher than the state or national norm. Almost 48% of children are eligible for free or reduced lunch and 15.28% of the population receive SNAP benefits.
- 10.71% of the area has experienced food insecurity and a small part of the service area is defined as a food desert.
- Access to grocery stores as a source of healthy foods is significantly lower than the state or national norms at 6.60 establishments/100,000 population. Approximately 9% of the community must travel more than 20 miles to access food/groceries.
- The overall area deprivation index which ranks communities based on a scale of 1 (least level of deprivation) to 100 is 78 which is higher than the state (50) or nation (46).
- Substandard housing – those lacking complete plumbing 0.65% and those without complete kitchen facilities (6.27%) were significantly higher than the state or national norms.

Anticipated impacts of these actions:

- Patients will understand where to access resources within the community to meet their needs.
- Patients will be able to afford their medications needed or find assistance to help pay for those they cannot.
- The Carle Richland Memorial Hospital employees will be healthier (physically, emotionally, and financially) so they can effectively care for their patients.
- Social service agencies will be able to support patient needs.

Programs and resources the hospital plans to commit to address the health need:

- Entity Senior Leadership
- Department Leaders
- Pharmacy Staff
- Pharmacy 340B Staff
- Food Service Leaders
- PR/Marketing Team
- Philanthropy

Planned collaboration between the hospital and other facilities or organizations:

- Telehealth resources from Carle Health
- Managed Care Organizations that have covered lives in the service area

3. Improved Health Knowledge and Literacy

The community members will have better personal knowledge about the tools and tactics for healthier living. They will also have improved knowledge of the resources available within the community, including those internal to Carle Richland and other community partners.

Actions the hospital intends to take to address the health need:

- QR codes are being added to patient educational documents that take them to additional videos explaining their condition, care, and treatment. This is starting in med/surg and ED. Investigate other areas where this could be beneficial. Educate nursing staff to ensure the importance of this additional education is reinforced with patients.
- Investigate partnerships with Managed Care Organizations (MCO) to educate their covered lives on disease conditions, health improvement/prevention strategies, and the benefits available to them for completing health screenings.

- Leverage the Healthfest, held annually in October, to provide educational materials and free or low-cost screenings for chronic diseases and cancer.
- Investigate a partnership with local schools utilizing employees to provide students with education on the benefits of diet and exercise, strategies to improve their physical and mental health, chronic diseases, and management, as well as exposure to health careers and job opportunities at Carle Richland Memorial Hospital.
- Support and participate in the inner agency group meeting in the community to ensure agencies understand what each does and the priorities they are working on. This will potentially reduce duplication of services and allow more agency collaboration. The group recommends the development of a resource guide that would assist agencies and patients/residents in finding needed resources.

Indicators that support this priority:

From Primary Data:

- Health literacy and education were among the top five priority areas in the onsite community groups.
- Mental health, community resources, and building healthy families were all identified in the onsite groups' aspirations.

From the Community Survey:

- Almost 25% of participants stated they needed help with their health insurance over the past year.
- Chronic disease management was noted as one of the top five most important community health issues by 71.92% of participants.
- In numerous categories of social service needs, participants reported they needed help or tried to find help for their need but could not find it.
- Obesity and lack of exercise opportunities were identified as the top six community health issues.
- Prevention services – such as violence and abuse prevention – were identified as very important community health resources.

From Secondary Data:

- A larger than state or national percentage of the population is a tobacco user/current smoker (18.5%).
- 11.39% of the community does not have access to a computer (higher than the state and nation) and only 80.43% of the community has high-speed internet access which is significantly lower than the state and national average. 18.4% of households report no or slow internet.
- Teen birth rates were significantly higher than the state or national norms.
- Rates of cancer incidents referenced above indicate there is still a need for additional prevention services, as well as education on living a healthier life.

Anticipated impacts of these actions:

- Patients can easily access additional information about their care and treatment post-discharge from the hospital.
- Residents of the service area will be more aware of the resources available at Carle Richland Memorial Hospital and in the community.
- Patients will be able to easily access the resources they need.
- Students will have a better understanding of ways to stay healthy both physically and emotionally. They will also have a better awareness of health careers and opportunities within Carle Richland Memorial Hospital.
- Agencies will work together to maximize resources and minimize unnecessary duplication.

Programs and resources the hospital plans to commit to address the health need:

- Chief Executive Officer
- Department Managers
- Primary Care Medical Staff
- IT Staff
- Nursing Services Staff

Planned collaboration between the hospital and other facilities or organizations:

- Carle Health IT Resources
- Other Health and Social Service Agencies in the Olney Community
- Local Schools

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Carle Richland Memorial Hospital | 800 E. Locust St. | Olney, IL 62450| (618) 395-2131