

Rural Health Network Development (RHND)

Grant: D06RH27789 Start Date: 09/01/2016 End Date: 08/31/2017 Report Date: 09/30/2017

Organization: SAMARITAN NORTH LINCOLN HOSPITAL

Demographics

Program Activities by Type

Number of People Served By the Program	Number
<p>Please provide the total number of people who were served by the activities of your program over the past budget year. This number represents the total number of people served by all of the activities outlined in your work plan (Attachment 1 of your application) and includes all direct clinical (if applicable) and non-clinical people served by the program. Please provide information on race, ethnicity, and age. Where possible, please obtain and report on patient reported race. If the total number that is Hispanic or Latino is zero (0), please put zero in the appropriate section. Do not leave any sections blank. There should not be a N/A (not applicable) response since all measures are applicable. The totals for each section (number of people served by the program, number served by ethnicity, number served by race, number served by age group) should be the same.</p>	
Number of people served by the program	126,963

Number of people served by ethnicity	Number
<p>Number of people served by ethnicity (Hispanic or Latino/Not Hispanic or Latino) is defined as: • Hispanic or Latino origin includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other Hispanic, Latino or Spanish origin (i.e. Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard etc.)</p>	
Hispanic or Latino	10,448
Not Hispanic or Latino	108,621
Unknown	7,894
Total	126,963

Number of people served by race	Number
American Indian or Alaska Native	2,824
Asian	1,473
Black or African American	8,887
Native Hawaiian/Other Pacific Islander	2,538
White	107,076
More than one race	4,165
Unknown	0
Total	126,963

Number of people served by age group	Number
Children (0-12)	0

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Adolescents (13-17)	0
Adults (18-64)	102,950
Elderly (65 and over)	24,013
Unknown	0
Total	126,963

Direct Clinical Services

If your program provides direct clinical services, please fill out the following table. Numbers provided here are based only on the number of people receiving direct clinical services funded through this grant program. Information collected in this table provides an aggregate count of the number of people receiving clinical services through your program. Please provide information on race, ethnicity, and age. Where possible, please obtain and report on patient reported race. If the total number that is Hispanic or Latino is zero (0), please put zero in the appropriate section. Do not leave any sections blank. There should not be a N/A (not applicable) response since all measures are applicable. The totals for each section (number of people served by the program, number served by ethnicity, number served by race, number served by age group) should be the same.

Direct Clinical Services are defined as a documented interaction between a patient/client and a clinical or non-clinical health professional that has been funded with ORHP grant dollars. Examples of direct services include (but are not limited to) patient visits, counseling, and education.

Direct Services	Number
Number of people receiving direct clinical services by the program	1,355

Number of people served by ethnicity	Number
Number of people served by ethnicity (Hispanic or Latino/Not Hispanic or Latino) is defined as: <ul style="list-style-type: none"> • Hispanic or Latino origin includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other Hispanic, Latino or Spanish origin (i.e. Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard etc.) 	
Hispanic or Latino	29
Not Hispanic or Latino	1,272
Unknown	54
Total	1,355

Number of people served by race	Number
American Indian or Alaska Native	8
Asian	19
Black or African American	7
Native Hawaiian/Other Pacific Islander	0
White	1,258
More than one race	7

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Unknown	56
Total	1,355
Number of people served by age group	Number
Children (0-12)	0
Adolescents (13-17)	0
Adults (18-64)	727
Elderly (65 and over)	602
Unknown	26
Total	1,355

Insurance Status/Coverage

If your program provides direct clinical services, please fill out the following table. Individuals should only be counted once.

Insurance Status	Number
Number of uninsured people <i>Uninsured is defined as those without health insurance.</i>	753
Number of people covered through Medicare <i>Medicare is defined as Federal insurance for the aged, blind, and disabled (Title XVIII of the Social Security Act).</i>	602
Number of people covered through Medicaid <i>Medicaid is defined as State-run programs operating under the guidelines of Titles XIX (and XXI as appropriate) of the Social Security Act.</i>	0
Number of people covered by both Medicare and Medicaid (Dual Eligible)	0
Number of people covered through the Children's Health Insurance Program (CHIP) <i>The Children's Health Insurance Program (CHIP) provides primary health care coverage for children.</i>	0
Number of people covered through other state-sponsored insurance or public assistance program <i>Other state-sponsored or public assistance program includes State and/or local government programs.</i>	0
Number of people covered by private insurance <i>Private insurance is health insurance provided by commercial and not for profit companies. Individuals may obtain insurance through employers or on their own.</i>	0
Unknown	0
Total	1,355

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Staffing

Please provide the number of clinical and non-clinical positions funded by this grant. Please indicate a numerical figure. There should not be a N/A (not applicable) response since all questions are applicable.

Clinical Staff is defined as a provider or non-provider that has direct contact with the patient (doctor, nurse, technician) or is a staff member whose job supports the clinical service provided (billing, check-in receptionist).

Non-Clinical Staff is defined as anyone who does not have contact with a patient and does not support a clinic visit (ex: program administrator, secretary, IT support person).

Number of positions funded by grant dollars

Number of positions funded by grant dollars	Full-Time	Part-Time
Clinical	0	0
Non-Clinical	1	4

Demographics Form Comments

Is Demographics Form Complete?

Y

Demographics Form File Attachment

File Name	File Type	File Size	Upload Date

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Sustainability

Sustainability

Please provide information about the contribution by network members and the network's sustainability efforts.

In-Kind Services	Number
How many of the network members have provided the following in-kind services during this budget period?	
Goods (Ex: equipment, food)	8
Services (ex: meeting space)	1
Staff support	8
Expertise (ex: legal, business, website/marketing development)	8
Other - Please Specify:	

Network Policies and Procedures	Number
How many network policies or procedures were created during this budget period:	0
How many network policies or procedures were amended during this budget period:	0
How many network policies or procedures were implemented during this budget period:	2
As a result of being part of the network, how many network member organizations were able to integrate joint policies/procedures within their respective organizations during this budget period?	0

Sustainability After Funding Ends	
Does the network have a written long-range strategy (3-5 years) for obtaining future network revenue and economic self-sufficiency	Yes

Will the activities of the Network/Consortium continue to operate after the Federal grant funding period?	
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All (100%)	
Most (50-99%)	✓
Some (less than 50%)	
None	

Impact

Information collected in this table provides an aggregate count of the number of people targeted within the service area, which may or may not be the total population residing within the service area. Please indicate a numerical figure or DK for do not know, if applicable.

Exception: For "Number of new programs/services implemented by the network this year - as a result of grant funding from the Rural Health Network Development Program" you must enter a numerical figure.

Impact	Number
Number of people in the target population <i>Denotes the number of people your program is trying to serve (not necessarily the number of people who availed themselves of your services). For example, if the network focuses its mission on serving a particular population such as migrant and seasonal farm workers, then the migrant and seasonal farm workers may be a subset of the total population within the service area.</i>	27,330
Number of people in the target population with access to new or expanded programs/services this year as a result of network activities funded by the Rural Health Network Development Program	DK
Number of new programs/services implemented by the network this year - as a result of grant funding from the Rural Health Network Development Program	3
<i>Use the HRSA's Economic Impact Analysis Tool (http://www.raconline.org/econtool/) to identify your ratio.</i>	
What is your ratio for Economic Impact vs. HRSA Program Funding?	2.10

Type(s) of new and/or expanded services provided by the network as a result of the Rural Health Network Development grant funding Please check all that apply. (At least one required)	
Cardiovascular Disease (CVD)	

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Case Management	
Diabetes / Obesity Management	
Elderly / Geriatric Care	
Emergency Medical Services (EMS)	
Health Education	✓
Health Literacy / Translation Services	
Health Promotion / Disease Prevention	✓
Maternal and Child Health/Women's Health School Board	
Mental / Behavioral Health	
Nutrition	
Oral Health	✓
Pharmacy	
Substance Abuse Treatment	
Telehealth / Telemedicine	
Transportation	
Workforce	

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Type(s) of new and/or expanded services provided by the network as a result of the Rural Health Network Development grant funding	
Please check all that apply. (At least one required)	
Primary Care	
Other Specify:	
None Explain:	

Are discounted services currently available as a result of the activities conducted by your network	
Please check all that apply. (At least one required)	
None	
Limited	
Moderate	
Significant	✓

Sustainability Form Comments

Is Sustainability Form Complete?	Y
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Sustainability Form File Attachment			
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Network

Network Infrastructure

Please provide information about the network members and network operations. Network members are defined as members who have signed a Memorandum of Understanding or Memorandum of Agreement or have a letter of commitment to participate in the network.

Non-Profit Organization	Number
Please check all that apply (at least one Non-Profit Organization or For-Profit Organization is required)	
Area Health Education Center (AHEC)	
Behavioral/Mental Health Organization	
Community College	
Community Health Center	1
Critical Access Hospital	3
Faith-based Organization	
Free Clinic	1
Health Department	3
Hospice	
Hospitals	2
Migrant Health Center	
Private Practice	1
Rural Health Clinics	
School District	2
Social Services Organization	2
University	2
Other - Specify: OORH, IHNCCO, SHS Inc., Siletz Tribe, Capitol Dental	5
Total	22

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For-Profit Organization	Number
Please check all that apply (at least one Non-Profit Organization or For-Profit Organization is required)	
Critical Access Hospital	
Hospice	
Private Practice	
Rural Health Clinics	
Other - Specify:	
None	✓
Total	0

Meeting Type	Number
Indicate the total number of full-member (all members that signed MOU, MOA, or letters of commitment) network meetings conducted during the reported budget year by meeting type (At least one is required))	
Meeting conducted face-to-face	9
Meeting conducted via teleconference	
Meeting conducted via webinar	
Meeting conducted in a manner not listed above	

Number of Meetings	Number
Number of meetings conducted in any manner that were attended by at least 75% of board members	8

Network Benefits

Please provide information about the overall Network benefits that have occurred during the current budget year. Please refer to the detailed definitions and examples in answering the following measures.

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Network Changes	Type of Change
During the current budget year, assess the following overall Network benefits (check one answer for each type of network change) The "Other" field is optional. If checked, add an explanation for "Other" in the Comments field at the bottom of this page	
Financial Cost Savings	No Change
Access to Educational Opportunities	Increased
Access to Equipment	No Change
Access to Subject Matter Experts	Increased
Understanding of community health needs	Increased
Other	2

Network Collaboration

Please provide information about collaboration and/or integration among the network members. Refer to the activities listed in the project workplan for this project period.

Project Workplan	Number
How many activities from the project workplan were initiated by at least two or more network members	13
How many activities from the project workplan were completed by at least two or more network members	8

Network Assessment

Please provide information regarding the network's assessment during this project period.

Network Assessment	
Does the network include a process or tool to assess effectiveness of network performance?	Y

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<p>If yes, how is network performance assessed?</p>	<p>The Healthy People 2020 Coalition Self-Assessment Survey guided the evaluation of our network performance. Data regarding network performance were collected via surveys completed by network members and our evaluator's systematic observations. Findings and recommendations for improving network performance have been provided in each annual evaluation report.</p>
<p>Are network performance measures and outcomes disseminated in writing to member at least annually</p>	<p style="text-align: right;">Y</p>
<p>Does the network include a process or tool to assess effectiveness of network director?</p>	<p style="text-align: right;">Y</p>
<p>If yes, how is the network director assessed?</p>	<p>Healthy People 2020 Coalition Self-Assessment Survey includes a section on leadership. The criteria for effective leadership as measured in this survey have guided the assessment of the network director's performance. Information regarding the network director's performance has been gathered through surveys completed by Coalition members, observations conducted by the evaluator, and annual employee performance reviews.</p>

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Did the network meet its program objectives:	
All (100%)	
Most (50-99%)	✓
Some (less than 50%)	
None	

Network Form Comments	

Is Network Form Complete?	Y
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Network Form File Attachment			
File Name	File Type	File Size	Upload Date

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Environment and Technology

Health Information Technology

Type(s) of technology implemented, expanded or strengthened through this program	
Please select all types of technology implemented, expanded or strengthened through this program. At least one is required.	
Computerized provider order entry (CPOE)	
Electronic entry of prescriptions/e-prescribing	
Electronic medical records	
Health information exchange (HIE)	
Draft Journal articles submitted for peer review	
Telehealth / Telemedicine	
None	✓
Other - Specify:	

Have your organization and/or any of your organization's providers attested to Meaningful Use	
Please select all that apply. At least one is required.	
Stage 1	
Stage 2	
Stage 3	
None	✓

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Attested to Meaningful Use	Type of Change
If no stages were selected above, answer the following: Is your organization and/or providers planning to attest in the next 12 months?	No
If no stages were selected above, answer the following: Is your organization and/or providers planning to attest in the next 12 months?	False

Quality Improvement

Please report on quality improvement activities and initiatives implemented, expanded or strengthened through this program.

Participation in Accountable Care Organization (ACO)	
Is your organization participating in an ACO? If yes, please check all that apply and at least one is required. An Accountable Care Organization (ACO) is a group of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to Medicare patients.	
Medicare Shared Savings Program	
Advanced Payment ACO Model	
Pioneer ACO Model	
Non-Medicare ACO	
None	✓

Participation in Medical Home	
Is your organization participating in a Medical Home or Patient Centered Medical Home (PCMH) initiative	No

If yes, have you achieved or are you pursuing certification or recognition?	
If yes, please check all that apply and at least one is required.	
National Committee for Quality Assurance (NCQA)	
Accreditation Association for Ambulatory Health Care (AAAHC)	

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The Joint Commision	
State/Medicaid Program	
Other - Specify:	
None	✓

<p>Care Coordination Activities</p> <p>Check all that apply and at least one is required. Care coordination is defined as the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.</p>	
Referral tracking system	
Patient support and engagement	
Integrated care delivery system (agreements with specialist, hospitals, community organizations, etc. to coordinate care)	
Case management	
Care plans	
Medication management	
Other - Specify:	
None	✓

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Participation in Quality Initiatives	
Participation in Partnership for Patients	No
Participation in Million Hearts	No
Critical Access Hospitals: Participation in Medicare Beneficiary Quality Improvement Project (MBQIP)	No
Other Quality Initiatives	No

Environment and Technology Form Comments

Is Environment and Technology Form Complete?	Y
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Environment and Technology Form File Attachment			
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Measures

Clinical Measures

National Quality Forum (NQF) Measures	Numerator	Denominator	Percent
If applicable, enter information into the Numerator and Denominator for the NQF Measures below. Please use your health information technology system to extract the clinical data requested. Please refer to the specific definitions for each measure.			
Percentage of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user	0	100	0.00 %
Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	0	100	0.00 %
The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year	0	100	0.00 %
The percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result <100 mg/dL OR patients who have a LDL-C result >=100 mg/dL and have a documented plan of care to achieve LDL-C <100mg/dL, including at a minimum the prescription of a statin	0	100	0.00 %
The percentage of patients 18 - 75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is less than 8.0% during the measurement year	0	100	0.00 %
Percent of adult patients, 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C less than 100 mg/dL	0	100	0.00 %
Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement year	0	100	0.00 %
Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter	0	100	0.00 %
Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B(HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates	0	100	0.00 %

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Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	0	100	0.00 %
Assesses how many preventive dental visits during the previous 12 months	0	100	0.00 %
Assesses if children age 1-17 years have had a toothache, tooth decay or cavities in the past 6 months	0	100	0.00 %

Optional Measures

Optional Measures	
Is your program addressing an NQF not provided in the table above?	N
If yes, please provide the information in the field below	

Program Initiative

Please fill out the following table regarding your program's initiative

Program Initiative	
Does your program focus on an initiative not covered by these measures	No
If yes, what is your program's initiative?	

Program Initiative	
Does your program focus on an initiative not covered by these measures	N
If yes, what is your program's initiative?	

Measures Form Comments	

Is Measures Form Complete?	Y
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Measures Form File Attachment			
File Name	File Type	File Size	Upload Date