**Appendix 2**

**Russellville Hospital**

**CHNA Implementation Strategy**

Note: As identified and explained in the CHNA report, Russellville Hospital has identified cancer, chronic disease management and substance abuse as the community health needs that will be targeted with interventions.

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| **#** | **Community Health Need** | **Target Population** | **Objective/Goal** | **Action Plan** | **Partnering Organization** | **Tracking Measurement** |
| 1-1 | Mental Health | Service Area Population | Complete appropriate mental health screening and provide resources to improve mental health outcomes.  | Care Team will initiate trigger for screening via assessments. Case Mgt will complete Social Determinants of Health Screening or PsychoSocial Assessment based on care team identified need.  | Internal: Employees and ED Physicians | Track number of triggers identified compared to number of completed mental health focused assessments.  |
| 1-2 | Substance Abuse | Service Area Population | Provide Patients Education on Substance Abuse Issues | Case management involvement in ER patient education and outpatient appointments if appropriate | Internal: Primary Care Providers; EmployeesExternal: Franklin County Health Department | Track education and appointments made to appropriate outside resources. |
| 2-1 | Chronic Disease Management | Service area population with undiagnosed cardiovascular problems | Increase community outreach to engage residents in education and screening for cardiovascular problems | Increase the number of outreach programs on hypertension and other cardiovascular health conditions | Internal: Physician Practices, Home Health AgencyExternal: Franklin County Cooperative Extension Office | Community Engagement Measured by Number of Screenings and Attendance.  |
| 2-2 | Chronic Disease Management | Service area population with diabetes | Improve awareness of diabetes and healthy weight control | Engage physicians and community in new diabetic infusion program | Internal: Physician PracticesExternal: Local Primary Care Providers | Number of outpatient diabetic infusions completed. |
| 3-1 | Wellness and Preventative Services | Service Area Population | Provide wellness and preventative services | Recruit Primary Care Physician for Rural Health Clinic | Internal: Physician Practices | Track Wellness and Preventative Service Appointments |