Strategic Plan 2017-2021

Quality Health Care, Close to Home

April 2017

SYRINGA
HOSPITAL & CLINICS

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Syringa Hospital & Clinics

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Acknowledgements

The planning team would like to thank and acknowledge the following individuals who assisted with development of this Strategic Plan:

Syringa Hospital District Board: Al Bolden, Chairman; Paula Calcaterra, Strategic Planning Committee Chair; Steve Didier, Vice Chairman; Twila Hornbeck, Secretary/Treasurer; Gunther Williams, Trustee; Jo Hardy, Trustee; Ted Sellitti, Trustee.

SHC Leadership Team: Betty Watson, Interim CEO, and CFO; Darla Anglen-Whitley, HIT Director; Bill Spencer, Facilities Director; Lauren Wilson, Director of Quality; Michelle Schaeffer, Director of Clinic Operations; Yvonne Hoiland, Revenue Cycle Director; Katy Eimers, Human Resources Director; Alex Frei, Chief Nursing Officer.

SHC Medical Staff: Daniel Griffis, MD, Chief Medical Officer; James Dardis, MD; Julie Hammatt, DNP, FNP-C; Mark Imus, FNP; Tema Jessup, DO; Brett Johnson, DO; Beth Monsebroten, FNP; Matthew Told, DO; Nathan Winder, PA-C; Derek Wynn, PA-C.

Support Team: Special thanks to Dina Cervantes, SHC Executive Assistant, for planning meeting logistics, document reproduction, and general insights; and to Dana Greig, SHC Marketing/Community Relations Coordinator, for assistance with photos and graphics. *Patient photos (cover and page 19) used by permission.*

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Strategic Plan Summary

Strategic Initiatives and Goals

Strategic plans are a team effort, and this Strategic Plan for Syringa Hospital & Clinics (SHC) is no exception. Over a period of seven months, the SHC Board worked with the hospital leadership team and medical staff to identify priorities and set goals that will continue enhancing the quality and availability of health care for the residents of Idaho County and the surrounding region.

The team developed three *Strategic Initiatives*. To achieve the Initiatives, they established nine goals and thirty-three actions that will be implemented over the next three to five years (2017-2021). The nine Goals are as follows (see page 9 for full list of Actions):

Initiative 1: Enhance the Patient-Centered Experience.

- Goal 1.1: The patient will always come first as measured by continuous monitoring of patient experience scores and through clinical transformation.
- Goal 1.2: Achieve patient care excellence through continuous pursuit of ongoing training and certifications.
- Goal 1.3: Achieve certification as a Level IV Trauma Center, then Stroke and STEMI certification.

Initiative 2: Prepare to Succeed and Prosper in Changing Times.

- Goal 2.1: Articulate a strategy to explore and understand future payment models.
- Goal 2.2: Acquire equipment and technology to maintain and enhance physical plant to improve patient care.
- Goal 2.3: Attract and retain the highest quality support and health professionals.

Initiative 3: Improve Community Engagement and Networking.

- Goal 3.1: Continuous evaluation of SHC's response to the ongoing healthcare needs of the District.
- Goal 3.2: Leverage local and regional partnerships and resources to clearly identify community health needs and creatively implement solutions.
- Goal 3.3: Enhance internal and external communications and community outreach.

Planning Purpose and Process

A Strategic Plan is an organization's "road map" to reach a specific destination. It begins with an identification of the current situation and trends, including outside factors that reflect opportunities and challenges. Next is development of a vision for the future in 3-5 years, identification of specific goals and actions to achieve the vision, and defining ways to measure results.

Syringa's previous Strategic Plan was developed in 2012. Since that time, Syringa has completed many of their goals and actions, including recruitment of five new medical staff, a $3.1 million remodel of the hospital and clinics, acquisition of additional property for expanded facilities and services, opening the VA Clinic, remodeling and expansion of the Kooskia Clinic, and recognition as one of the *"Most Wired Hospitals"* in the nation for five consecutive years.

The Syringa Hospital Board initiated this current Strategic Plan process in September 2016, having completed the hospital remodeling project, and anticipating the retirement of the CEO in 2017. Input was gathered from SHC leadership team members and medical staff in the spring and fall of 2016. The planning process included a series of joint meetings with the board, leadership team, and medical staff from September 2016 to March 2017, along with input from SHC employees.

"Strategic planning for the future is important for any organization, but with the rapidly changing health care environment, it is an indispensible activity for all health care providers. Hospitals in particular can't wait for every uncertainty associated with national reform to be resolved before they act, because the only certainty is that more change is coming. Identifying the steps necessary to be ready for these reforms, and making the necessary investments in new programs or services, or in restructuring existing programs and services, is the only way hospitals can remain viable and contribute towards the goals of our evolving health care system." (CHH)

Syringa Hospital & Clinics Overview

Services and Facilities

Syringa Hospital & Clinics began in 1939 as Grangeville General Hospital, supported by community subscriptions. It was owned and operated by the City of Grangeville until July 1975, when it became a public nonprofit institution owned and operated by the SGH District and governed by a seven-member elected Board of Trustees. Tax revenues account for approximately 3% of the annual operating budget.

"For over 75 years, Syringa Hospital & Clinics has been supported by community residents in the 8,000 square miles of Idaho County covered by the Syringa Hospital District. Our employees are dedicated to improving the health, safety, quality, and value of healthcare for patients."

Syringa Hospital & Clinics consists of a 15-bed acute care hospital, 24-hour emergency room, birthing center, medical clinics in Grangeville and Kooskia, Grangeville walk-in clinic, physical therapy, hospice program, and support for cancer, caregivers, diabetes, etc.

Syringa is a federally-designated Critical Access Hospital. The Clinic is in process of Patient-Centered Medical Home (PCMH) designation. The clinics in Grangeville and Kooskia are designated Rural Health Clinics, and SHC hosts a veterans' VA Community Partnership Clinic in Grangeville to serve the county's 1,877 veterans. In 2016, SHC achieved a *"Most Wired Hospital"* award for the fifth consecutive year for their leadership in implementation of electronic health records (EHR).

SHC offers primary and preventative care, emergency services, inpatient/outpatient surgeries, women's health and obstetrics, lab services, radiology, pain management, colonoscopy, cardiology, diabetes management, behavioral health, veterans' services, social services, hospice care, asthma/COPD care, physical therapy, childbirth education, discharge planning, financial planning, Medicare benefits counseling, cancer resource center, and prescription assistance.

SHC patients are served by five physicians, five mid-level practitioners, a surgeon, two nurse anesthetists, four physical therapists, two PT assistants, a pharmacist, a cardiologist, a psychiatrist, and a specialist in adolescent psychiatry. SHC supports comprehensive partnerships with visiting radiologists, and pediatric and adult mental wellness providers. Mobile digital mammography services are available each month, and high-resolution MRI services are available weekly.

Mission, Vision, and Values

Our Mission: *"Syringa Hospital & Clinics provides and coordinates high quality health care services."*

Our Vision: *Our Vision is to be recognized for our leadership and commitment to:*

- *Clinical Excellence*
- *Financial Strength and Viability*
- *Diverse Services*
- *Competent, Committed, Caring Health Care Team*
- *Community involvement and Outreach*
- *Regional Partnerships*

The organization's Vision reflects what it seeks to achieve, and is driven by its Mission. The Mission defines "why" it exists, "what" it does, and "for whom". The Mission and Vision, in turn, are founded on the organization's Values (see next page).

Our Values: *Our values guide our behavior and communication, how we conduct business. They're an expression of what's in our heart!*

Our Values spell ***S-E-R-V-I-C-E****. We achieve our mission and vision by providing EXCELLENCE in…*

Safety: Patient safety is our first priority. We ensure a safe and healthy work environment, speak up and take action when needed for patient, workplace, and personal safety.

Empathy: We show compassion and understanding with patients, visitors, and co-workers. Patients and their family members feel confident with the care they receive.

Respect: We treat our patients, staff, visitors and each other with respect. We treat others how we would like to be treated and be sensitive to the roles and responsibilities of others.

Value: We work together as a team to deliver the highest quality of care. We constantly strive to improve the delivery of care through performance improvement.

Integrity: We are trustworthy and transparent in all our dealings, and portray a professional and positive attitude at all times. We honor patient and employee privacy.

Communication: We are team players, offer assistance, are active and engaged listeners, and create a positive, professional workplace that fosters the best possible patient care.

Exceed Expectations: We always "go the extra mile" to provide the best possible care and service. We are a "can do" rather than a "can't do" organization.

Recent and Upcoming Improvements

It is important for organizations to be visionary—to anticipate future needs and prepare to meet them for the people they serve. To that end, in FY2016, Syringa Hospital & Clinics completed the following:

- Addition of two medical staff (a physician and a midlevel)
- Purchase of new Infant Care Center and patient beds
- $3.1 million remodel project Phase I, including;
  - Better parking and access (new entrance, reception, waiting areas)
  - HVAC system improvements, Operating Room upgrade
  - New elevator to allow indoor access from the Clinic to the lab, inpatient rooms, and other hospital services
  - Remodeled space for a Cardinal Health 340B pharmacy *(the federal 340B pharmacy program enables health care organizations that care for underserved people to purchase outpatient drugs at discounted prices, saving money for both the hospital and patients)*
  - Acquisition of a former physician's office and relocation of medical records to that building
  - Remodel and relocation of SHC business/administrative offices to the Webb Building

In 2017-2018, the following will be completed:

- Affiliation agreement with Kootenai Health in Coeur d'Alene, providing continuing clinical cardiology services, options for additional specialist and telemedicine services, cost savings in purchasing equipment and supplies, education for trustees and staff, and recruitment/operations/administrative support
- Phase II remodel of the Grangeville Clinic
- Designation of SHC as a Level IV Trauma Center and Stroke/ STEMI Center.

Situation Assessment

This section is a "snapshot" of key demographic, economic, and health trends in Idaho County over the past 1.5 decades. See Appendices A and B for more details.

Idaho County Population and Economic Trends

Compared to statewide figures from 2000 to 2015, Idaho County's population has grown at a slower rate, is older, and less ethnically diverse (though more diverse than it was in 2000), as Table 1 below shows:

Summary and Implications

- The number of jobs in Idaho County grew by only 25% in 35 years (+1,500), while the statewide job growth was 104% in the same time period.
- Key industry sector jobs declined in Idaho County, such as farming, manufacturing, and government, much of which was due to automation and consolidation. Manufacturing alone declined by 769 jobs, or 64% (primarily wood products mills), while manufacturing grew statewide by 19%.
- Manufacturing and government jobs tend to be higher family wage jobs, with medical benefits, so the loss of those jobs significantly impacts the health care sector.

TABLE 1: POPULATION TRENDS 2000-2010-2015

Population Trends	2000 Pop'n	2015 Pop'n	Change 2000-2015	% Change 2000-2015	Median Age 2000	Median Age 2015	Hispanic Pop'n 2000	Hispanic Pop'n 2015	Am. Indian Pop'n 2000	Am. Indian Pop'n 2014
State of Idaho	1,293,953	1,654,930	+360,977	+28%	33.2	35.9	7.9%	12.2%	1.4%	1.3%
Idaho County	15,511	16,272	+761	+5%	42.3	49.6	1.6%	3.5%	2.9%	3.2%

Households*	Married HH 2000	Married HH 2010	Female HoH 2000	Female HoH 2010	Kids in HH 2000	Kids in HH 2010	Alone 65+ HH 2000	Alone 65+ HH 2010	Vacant Units 2000	Vacant Units 2015
Idaho County	60.8%	55.7%	6.3%	6.6%	27.3%	23.6%	11.7%	12.8%	19.3%	21.8%

* HH = Household; Female HoH = Female Head of Household (no husband present).

Key Idaho County Economic Statistics:

- Number of jobs (2015): 7,591 (an increase of nearly 1,500 since 1980)
- Annual average wage per job (2014): $35,909
- Entrepreneurship is alive and well in Idaho County! In 2014, the self-employment rate was 42.8% (ranked 7th of 44 counties)
- Unemployment rate (September 2016): 4.5%
- Employers (including SHC) report a lack of qualified candidates for jobs in local industries
- Many youth leave Idaho County for higher education and higher-paying jobs
- More Idaho County residents are high school graduates than the statewide average (fewer dropouts prior to graduation), but fewer residents have college education than statewide.
- The Idaho County services sector grew by 1,111 jobs, or 125%, including many entrepreneurial services, which was good news. However, many of these jobs tend not to include health insurance benefits.
- SHC jobs require additional education beyond high school, so opportunities exist to work with local high schools (Health Occupations Student Association, or HOSA) and Idaho colleges to increase local coursework, and to "grow local" employees in internships, training, etc.

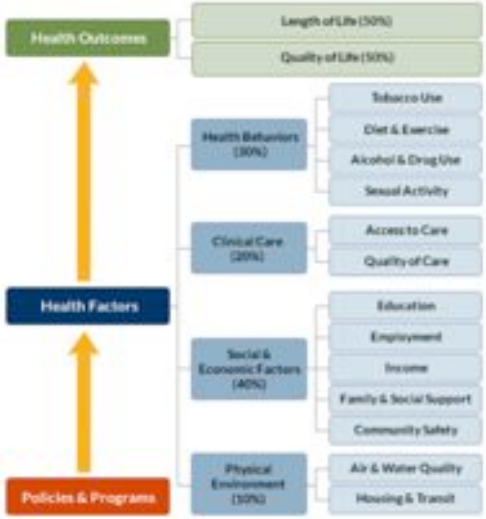
Is housing affordable?

- In 2016, the Fair Market Rent for a 2-bedroom rental in Idaho County was $658 per month.
- A household income of $26,320+ per year could afford a 2-bedroom rental at Fair Market Rent.
- The housing wage for a 2-bedroom unit was $12.65 per hour, which is the same as 1.2 full-time minimum-wage jobs.

National Health Care Industry Trends

The following are some key national health industry trends affecting Syringa Hospital & Clinics *(see Appendix B for more details)*:

- The trend toward consolidation, affiliation, and formation of networks will continue as competition increases.
- There will be more for-profit facilities, mail-order pharmacies, and more chain competition for outpatient services (CVS, Walgreens, etc.).
- Consumers will be "shopping around" and expecting more (information, technology, etc.).
- Small hospitals that are unable to compete will close.
- Changes in national health care policy and insurance programs will reduce inpatient days and increase moves toward population health management and Urgent Care (vs. ER).
- Transparency will increase in pricing and patient health information.
- Family Practice doctor shortages will continue to increase, particularly in rural areas.
- Health care will continue to grow more expensive, and the system more aggressive about patient preventative care and health management to curtail costs.
- National health care policy and funding will continue to be a moving target, requiring small hospitals to do all they can to form strategic partnerships to strengthen their financial and competitive positions.
- Small hospitals will continue to face increasing costs and declining reimbursements, so a critical strategy for success is to focus on population health and quality standards to achieve designations that incent reimbursement supplements.



Idaho County Resident Health and Wellness Trends

Of Idaho's 44 counties, in 2016 Idaho County ranks 21st in Health Outcomes (a measure of length and quality of life), and ranks 32nd in Health Factors (a measure of weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment, *countyhealthrankings.org/Idaho, see graphic*).

Some key Idaho County health findings from State of Idaho Vital Health Statistics and Risk Factors Reports in 2014 *(see Appendix B):*

- Idaho County has a lower birth rate than the statewide average, and declining number of live births. One quarter were out-of-wedlock births. About 1-in-5 births were at SHC.
- Idaho County has a higher rate of people of working age on disability—nearly double the statewide rate, and a higher proportion of people with no health insurance (2,226 people, including 385 children).
- The County has a very low rate of Medicare Advantage participation (4.2%, versus statewide 33%), because many supplemental plans are not available locally. Idaho County has nearly double the rate of preventable Medicare hospitalizations than statewide.
- More than a quarter of Idaho County residents get no exercise (28%). About one-third of residents are obese, so unsurprisingly, Idaho County has higher rates of diabetes, high blood pressure, and death from heart disease than statewide.
- Idaho County's suicide rate is significantly lower than statewide (though higher than the U.S. average). However, a recent increase in suicides among young adults has occurred.
- Idaho County residents—including teens — are more likely to be tobacco users and binge drinkers, with a higher rate of excessive drinking than statewide (excessive drinking is more than 1 drink per day for women, or >2 drinks for men).

- While the incidence of breast cancer in Idaho County is consistent with the state average, breast cancer *deaths* in Idaho County are higher than the national average—a pattern consistent with other types of cancers—perhaps in part because less than two-thirds of Idaho County women age 50+ get mammograms.

- Similarly, Idaho County residents are significantly less likely to get colonoscopies than the state average, and have a higher rate of colorectal cancers (SHC performs approximately 4-6 colonoscopies per week).
- Idaho County's incidence of tuberculosis is 15 cases per 100,000 population, 15 times the target rate.
- Residents in north central Idaho are less likely to wear seatbelts, which typically causes a higher rate of injury accidents—the motor vehicle traffic death rate is more than double the state average.

Summary and Implications

- Lack of health insurance and high deductibles result in higher acuity and delayed treatment, as evidenced by higher death rates from curable diseases.
- SHC could capture more market share in births.
- Economic stresses in the county (lack of family-wage jobs with benefits, stagnant wages) contribute to poor health behaviors, lack of preventive care and screenings, and lower health outcomes.
- More promotion of SHC's Medicare counseling could assist some patrons in accessing more benefits.
- Improved education, and perhaps grant funding for health screenings, could improve both population health outcomes and Syringa's bottom line.
- SHC can play a key role in encouraging physical activity through its outreach programs.
- Certain segments of the population need more face-to-face social connectivity for mental health reasons, offering an opportunity for SHC to partner/ collaborate with other organizations.
- Substance abuse education and referrals are key aspects of SHC population health needs.

Recommended:
150 minutes (2.5 hours of moderate exercise weekly
75 minutes (1:15 hours) of high intensity exercise weekly

Syringa Hospital & Clinics Services Trends

Over the past decade, Syringa Hospital & Clinics have experienced steady growth in patient services. Specific trends by service area include these areas of growth from 2006 to 2016:

- Acute patient days increased by 206 (20%)
- ER visits increased by 338 (12%)
- Ambulance runs increased by 227 (81%)
- Grangeville Clinic visits increased from 374 in its first year open (2006) to 11,482 in 2016—a 2,970% increase
- Kooskia Clinic visits increased from 482 in 2003 to 1,483 in 2016—a 208% increase
- Physical Therapy visits increased by 4,850 since 2006—a 197% increase
- Lab tests increased by 70,609 (109%)
- CT scans increased by 399 (42%)
- MRI exams increased by 224 (202%)
- Ultrasound exams increased by 283 (60%)
- X-ray exams increased by 1,240 (62%)
- Grangeville VA Clinic had more than 1,100 visits in 2016
- Hospice visits rose from 488 in 2003 to 2,898 in 2016—a 494% increase
- The number of people employed by Syringa (full-time equivalent) increased from 76 in 2006 to 130 in 2016

The number of swingbed patient days, deliveries, and surgeries declined from 2006 to 2014, but have increased since 2014 due to the addition of more medical providers at Syringa Hospital & Clinics (new physicians and midlevels, and a new surgeon).

Financial Trends

SHC total revenue in Fiscal Year (FY) 2016 was about $20.3 million *(see sidebar, next page)*, including inpatient and outpatient services (95% of revenue), contributions (1-2%), district tax revenue (2-3%), and interest income.

Expenditures are approximately equal to revenues, including a total of nearly $6 million in bad debt and contractual (Medicare/Medicaid, commercial insurance) write-offs—nearly 30% of total expenses.

As is common for most hospitals, salaries and wages are half of the operating expenditures (52%), benefits 13%, professional fees 5%, supplies 9%, utilities 2%, other purchased services (IT services, maintenance, repairs) 10%, depreciation/rent/lease 5%, insurance and interest .9%, and other direct expenses (travel, course fees, and professional dues) 2%.

SHC operating revenue increased by 33% from FY11 to FY16, and operating expenses increased 29%. Inpatient revenue grew by 39%, outpatient revenue 50%, but contractual/bad debt write-offs grew 92%.

During the same period, salaries/wages grew by 32% (in large part due to the addition of five medical providers and support staff), benefit costs increased 37%, and purchased services 71%. Professional fee expenses decreased 18%, and interest expenses dropped 32%.

The overall net loss of ($57,577) was partially mitigated by district taxes collected and contributions and grants received.

SHC FY2016 Income & Expenses

INCOME	($ million)
In/Outpatient revenue	$19.32
Other Operating revenue	.12
Less Contractual/Bad debt	(5.92)
Total Operating Revenue	**$13.52**
EXPENSES	
Salaries & wages	$ 7.55
Benefits	1.90
Professional fees	.76
Supplies	1.24
Utilities	.22
Purchased services—other	1.51
Lease/rent/depreciation	.78
Insurance & interest	.13
Other direct expenses	.35
Total Operating Expenses	**$14.44**
Net Operating Income (Loss)	**($ .93)**
NON-OPERATING REVENUE	
Property tax revenue	$ .52
Contributions	.35
Interest/Misc. income	.01
Total Non-Oper'tg Revenue	**$ .88**
Total Net Income (Expense)	**($ .06)**

Ongoing Opportunities and Challenges

Ongoing opportunities and challenges for SHC include the following:

- Completion of Phase II remodeling
- Recruitment of additional EMT staff
- Mitigate increasing costs and requirements for new technology
- Address the increase in regulations/requirements and future changes in federal health care regulations and programs
- Continued increases in federal reporting requirements, which requires more staff and overhead costs
- No increase in net income despite increased volumes due to reimbursement reductions resulting in increased write-offs
- Recruitment challenges (competition for staff from other hospitals)
- Need for incident preparedness (disasters)
- Increase market share of OB patient days and deliveries
- Address ER vs. Urgent care cases
- Work with other rural hospitals to advocate for Medicaid/insurance solutions for gap population
- Community perceptions due to past controversies that have been resolved successfully ("long memories")
- Increased need for utilization of specialty care (e.g., surgeon, cardiologist from Heart Clinics NW)
- High Medicare/Medicaid useage and health data reporting requirements
- Changes in funding for veterans' care
- Opportunities for more local outpatient surgeries

SHC Partnerships

Syringa Hospital & Clinics is just one piece of the overall health care and wellness system in Idaho County. SHC partners and collaborates with the following organizations to provide comprehensive services to the population it serves:

Medical Services: St. Joseph's Mobile Mammography, Heart Clinics Northwest, Dentists, Eye Care, Chiropractors, Catalyst/Valley Medical Center, Dr. Germain Child Psychiatry Services, Lifeflight

Pharmacies: Irwin Drug, Arnzen Drug (Cottonwood, Kamiah), Cardinal Health, McCall Drug, big box/mail order

Other Health-Related Services: Home Health Care Agencies, Human Needs Council, Idaho County Travelers' Fund, Massage Therapists, North Central Public Health Dept., Idaho Dept. of Health & Welfare, North Central Health Coalition, Region II Time-Sensitive Emergency (TSE) Council, Grangeville Health & Rehab Center, Meadowlark Homes

Wellness/Education: Groaners Fitness, The Gym, School Districts 242/243/244/304, Sts. Peter & Paul School, Summit Academy, Camas Prairie Home Schoolers, University of Idaho Extension, Hope Center (Grangeville and Kamiah)

SHC Points of Distinction/Competitive Advantage

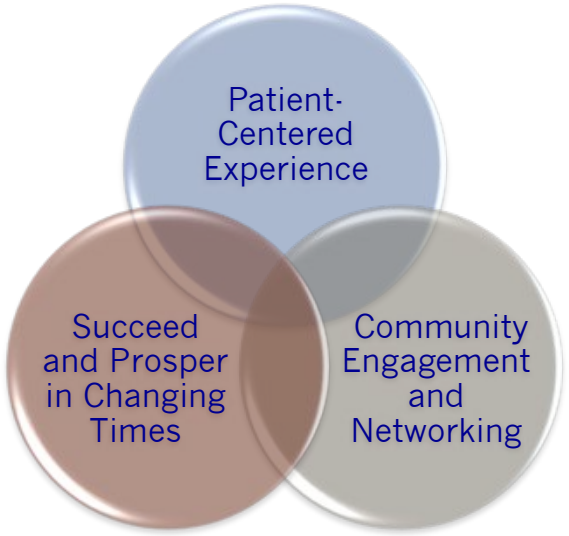
During development of this Strategic Plan, the SHC team did an assessment of their key Strengths, Weaknesses/Challenges, Opportunities, and Threats (SWOT), *see Appendix C for details*. They identified the following SHC Points of Distinction or Competitive Advantage:

- Locally owned and controlled
- Tax supported, fiscally sound
- Increased capacity
- Leading in IT—"*Most Wired Hospital*"
- Location (central in county, largest population base)
- Specialists serving locally
- Experienced and well-qualified leadership and staff
- Balanced physician-midlevel provider mix
- Strong Foundation Board leadership for fundraising—Thrift Shop is consistent contributor
- The only Hospice in the area
- Personalized care – close to home
- High quality CAT scan equipment

Strategic Initiatives, Goals, and Actions

The Syringa team identified three Strategic Initiatives—broad focus areas, or themes—each with goals and actions to accomplish its Mission and Vision from 2017 to 2021. The Strategic Initiatives form the overall strategic framework of the Plan.

1. **Enhance the Patient-Centered Experience**: Syringa will provide the best patient experience in the region, from scheduling to medical care to billing. Committed staff will demonstrate care of the patient and family at all stages of the patient experience.
2. **Prepare to Succeed and Prosper in Changing Times**: Syringa will make strategic fiscal decisions and fully understand the changing health care market, patient engagement environment, and the needs of all employees.
3. **Improve Community Engagement and Networking**: Syringa will be engaged in community activities, networking, and relationship-building that promote the health and wellness of hospital district residents.



Implementation Table

SHC goals are SMART goals: **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and **T**ime-related. The Implementation Table below lists Goals and Actions for the three Strategic Initiatives, along with benchmarks, or targets, to measure each action, and responsibility and timeline for implementation (years noted represent hospital fiscal year). Priority 1 indicates an action requiring significant time investment, and priority 4 indicates less time investment.

Strategic Initiative 1: Enhance the Patient-Centered Experience

Goal / Action	Priority	Benchmark / Target	Who	2017	2018	2019
Patient experience improvements:						
1.1 The patient will always come first as measured by continuous monitoring of patient experience scores and through clinical transformation.		Inpatient Hospital CAHPS and Syringa Clinics CG-CAHPS[1] monitored quarterly with intervention focused on three highest priorities. Metric: Priority analysis <40.	QD, LT, BD	12/31		
1.1.1 ED, OPD, PT develop tool consistent with Health-Stream, collect data, submit analysis to QD	1	Intervention focused on 3 lowest measures. Metric target: rating will be greater than 80%	QD, LT, BD	12/31		
1.1.2 Complete PCMH transition	1	Receive certification	CD, SHIP, MED		9/30	
1.1.3 Explore creation of a PFE Committee	2	Initiate training, determine degree of PFE involvement, invite patient to PI report during CAH annual PI review at BD meeting	QD, LT, BD	10/31		
1.1.4 Address care for veterans	3	Determine best model to care for veterans	CEO, CFO, CD, MED		9/30	9/30
1.1.5 Review Population Health benchmarks	4	Select one area of population health to focus on	HIT, SHIP, QD			9/30
Training objectives:						
1.2 Achieve patient care excellence through continuous pursuit of ongoing training and certifications	1	Compile and maintain staff education and certifications.	LT	9/30		
1.2.1 Assess and evaluate educational opportunities	1	Prioritized list of educational needs	LT, BD		4/30	
1.2.2 Evaluate DNV accreditation	3	Decide to pursue or not	QD		9/30	
Time Sensitive Emergencies:						
1.3 Achieve certification as a Level IV Trauma Center, then Stroke and STEMI certification.						
1.3.1 Finalize Level IV Trauma designation	3	Receive state certification	CNO	7/31		
1.3.2 Complete Stroke and STEMI certification	2	Receive state certification	CNO	9/30		

KEY TO CODES: ***BD****=SHC Board,* ***CAH****=Critical Access Hospital,* ***CD****=Clinic Director,* ***CEO****=Chief Exec Officer,* ***CFO****=Chief Financial Officer,* ***CNO****=Chief Nursing Officer,* ***Cte****=Committee,* ***ED****=Emergency Dept.,* ***HIT****=Healthcare Information Technology,* ***LT****=Leadership Team,* ***MED****=Medical Staff,* ***OPD****=Operating Dept.,* ***PCMH****=Patient-Centered Medical Home,* ***PFE****=Patient & Family Engagement,* ***PI****=Performance Improvement,* ***PT****=Physical Therapy,* ***QD****=Quality Director,* ***SHC****=Syringa Hospital & Clinics,* ***SHIP****=Statewide Health Improvement Partnership,* ***STEMI****=ST-segment Elevation Myocardial Infarction.*

[1] Hospital CAHPS is Consumer Assessment of Healthcare Providers and Systems, and Syringa Clinics CG-CAHPS is Clinician and Groups CAHPS.

Strategic Initiative 2: Prepare to Succeed and Prosper in Changing Times

Goal / Action	Priority	Benchmark / Target	Who	2017	2018	2019
New payment models; financial, revenue, budget, and purchasing:						
2.1 Articulate a strategy to explore, understand and move towards future payment models.						
2.1.1 Conduct Operational Assessment	1	Conduct and receive assessment report	CFO	8/31		
2.1.2 Track federal and state healthcare law changes	3	Ongoing	CFO	12/31	12/31	12/31
2.1.3 Optimize KH purchasing contract	2	Evaluation of all purchasing contracts is complete	CFO		3/30	
Facilities, technology, and equipment:						
2.2 Acquire equipment and technology to maintain and enhance physical plant to improve patient care.						
2.2.1 Finish Phase II construction	1	Receive certificate of occupancy	FD	10/31		
2.2.2 Develop Capital Equipment Plan (CEP)	1	Capital Equipment Plan complete	PC, CFO, CEO, LT	8/31		
2.2.3 Review/update Master Site Plan	1	Develop a task force to address update	PC		4/30	
2.2.4 Evaluate relationship with EHR	1	Perform cost/benefit analysis	HIT			1/31
Recruitment and retention:						
2.3 Continue to develop an exciting and vibrant work environment to attract and retain the highest quality support and health professionals.						
2.3.1 Recruit a new CEO	1	Hire new CEO by 9/30/17	BD, HR, LT, MED	9/30		
2.3.2 Evaluate nursing recruitment/retention program	2	Develop new grade/step/career ladder for RNs Budget/Implement program; Review results	CNO, HR		9/30	
2.3.3 Investigate and identify recruitment initiatives	2	Two recruitment initiatives identified and ready for implementation (e.g., HOSA, OJT, externs)	LT, BD	9/30		9/30

KEY TO CODES: ***BD****=SHC Board,* ***CD****=Clinic Director,* ***CEO****=Chief Executive Officer,* ***CFO****=Chief Financial Officer,* ***CMO****=Chief Medical Officer,* ***CNO****=Chief Nursing Officer,* ***Cte****=Committee,* ***EHR****=Electronic Health Records,* ***FD****=Facilities Director,* ***HIT****=Healthcare Information Technology,* ***HOSA****=Health Occupations Student Assn.,* ***HR****=Human Resources,* ***KH****=Kootenai Health,* ***LT****=Leadership Team,* ***MED****=Medical Staff,* ***OJT****=On-the-Job Training,* ***PC****=Planning Cte,* ***PCMH****=Patient-Centered Medical Home,* ***PFE****=Patient & Family Engagement,* ***PI****=Performance Improvement,* ***QD****=Quality Director,* ***SHC****=Syringa Hospital & Clinics*

Strategic Initiative 3: Improve Community Engagement and Networking

Goal / Action	Priority	Benchmark / Target	Who	2017	2018	2019
Service lines:						
3.1 Continuous evaluation of SHC's response to the ongoing healthcare needs of the District.						
3.1.1 Secure additional psychiatric services	1	Affiliate with Behavioral Health Services	CD, CMO	9/30		
3.1.2 Review data, evaluate service lines	2	Evaluate existing service lines based on results of Operational Assessment and Community Needs data	LT, MED, BD		3/30	
3.1.3 Identify niches—Centers of Excellence	2	Review market share not being addressed	LT, CD, BD, MED		6/30	
Networking and partnership both locally and regionally:						
3.2 Leverage local and regional partnerships and resources to clearly identify community health needs and creatively implement solutions.						
3.2.1 Complete Management Contract with KH	1	Finalize Management Contract	BD, CEO	9/30		
3.2.2 Identify community and regional partnerships	3	Attain active participation	CEO, BD		12/31	
3.2.3 Engage with SMHC re. collaboration	1	Achieve regular structured contact between Med staffs	CMO, MED, CD, CEO			1/31
3.2.4 Become a preferred R2/R3 site	1	Preferred R2/R3 site status achieved	CMO, CD, HR			1/31
Communications:						
3.3 Enhance internal and external communications and community outreach.						
3.3.1 Develop a Fundraising Plan for 2017-2025	1	Solicit requests, compile and complete Plan	Fdn, BD, CEO		9/30	
3.3.2 Outreach to companies/agencies re. healthcare	1	Outreach to current employers	MC, CEO, MED, BD	9/30		
3.3.3 Outreach to communities within the District	2	Schedule listening sessions 1-3x per year; List of services offered on SHC web site	MC, CEO, MED, BD	9/30	4/30	
3.3.4 Pursue grants for priority CEP items	2	Ongoing	Fdn, LT		9/30	
3.3.5 Capital campaign for an endowment	3	Decision to complete an Endowment Plan	Fdn, BD, CEO		9/30	
3.3.6 Community outreach with provider expertise	2	Evaluate current program to enhance strategies, identify new opportunities	MED, MC	9/30		
3.3.7 Communicate PCMH benefits to stakeholders	1	Create a marketing plan	SHIP, MC		9/30	

KEY TO CODES: ***BD****=SHC Board,* ***CD****=Clinic Director,* ***CEO****=Chief Executive Officer,* ***CEP****=Capital Equipment Plan,* ***CFO****=Chief Financial Officer,* ***CMO****=Chief Medical Officer,* ***CNO****=Chief Nursing Officer,* ***Cte****=Committee,* ***Fdn****=Foundation,* ***FD****=Facilities Director,* ***HIT****=Healthcare Information Technology,* ***HR****=Human Resources,* ***KH****=Kootenai Health,* ***LT****=Leadership Team,* ***MC****=Marketing Committee,* ***MED****=Medical Staff,* ***PC****=Planning Cte,* ***PCMH****=Patient-Centered Medical Home,* ***QD****=Quality Director,* ***SHC****=Syringa Hospital & Clinics*

Implementation

Implementation Team and Their Roles

Implementation of this Strategic Plan is led by the Syringa Hospital District Board of Trustees and the Leadership Team (including the CEO, department heads, and Chief Medical Officer). They are assisted by the department managers, medical staff, and all Syringa employees.

The **Board of Trustees** "has the ultimate authority and responsibility for the operation of the District," including "ensuring that the District provides quality patient care, a safe environment for District employees, an effective quality assessment and performance improvement process, an effective compliance plan, and all required licensing and accreditation necessary to provide appropriate health services." Their role is to provide guidance and oversight on strategy, policy, budget, and personnel. They do not manage the day-to-day operations of the SHC facilities and services, but they have authority to levy and collect District tax revenues; review and approve all of the following: policies, rules, regulations, financial and Leadership Team reports, contractual agreements, purchase/disposal of District property and assets, and medical staff credentialing; and hire the CEO. They address issues that arise related to contracts, personnel, budget, etc. *(Source: SHD Bylaws)*

The **Leadership Team**, led by the CEO, is responsible for implementing policies and strategies set by the Board within the approved budget, and to oversee the day-to-day operations of the hospital and clinics. They track and report performance, compliance, and quality of care, respond to patient needs, and facilitate implementation of actions.

The **Medical Staff** are responsible for the quality of patient medical care and the professional practices and ethical conduct of medical staff members. They review policies and procedures, and provide input to the CEO and Board.

There are six **Standing Board Committees** through which the Board may delegate and act to implement the Strategic Plan: 1) Finance Committee, 2) Strategic Planning Committee (initiator of this Strategic Plan), 3) Performance Improvement and Compliance Committee, 4) Community Relations/Marketing Committee, 5) Ethics Committee, and 6) Grievance Committee. Each committee consists of board members, medical staff, and support staff, and committee responsibilities are enumerated in the District Bylaws. The Implementation Table (previous pages) reflects relevant committee involvement in implementation.

Implementation Funding and Other Resources

Funding for implementation of the goals and actions outlined in this Strategic Plan will come from four major sources: 1) operating revenue, 2) Syringa Hospital District tax revenue (approximately $500,000/year), 3) contributions from the Syringa Hospital Foundation, and 4) grants from outside sources.

The **Syringa Hospital Foundation** was formed in 1996 to raise funds to help Syringa Hospital & Clinics fulfill its mission of providing high quality health care services to anyone who needs it. The Foundation has provided nearly $1 million since 2004, with most of the funds raised through hosted events and the Auxiliary Thrift Store. Funds are used for capital equipment and improvements to facilities. The Foundation's programs include Matching Gifts, Employee Gifting, Memorial Gifts, Unrestricted Donations, the Syringa Thrift Store, grants from outside sources, and fundraising events such as the Festival of Hearts in February.

Other resources for implementation include partners and collaborators in the community and region (see page 8), Kootenai Health, the Idaho Hospital Association, the American Hospital Association, and others.

Patient and Patron Feedback

Syringa seeks patient and patron engagement, and regularly collects feedback in a variety of ways, including direct feedback to medical staff and administrators, post-visit patient telephone surveys conducted by *HealthStream* (an independent contracted service), written surveys and suggestion boxes, Board meetings, community listening sessions, and comments submitted to the SHC web site and Facebook page. The Board welcomes comments and suggestions about this Strategic Plan via the SHC web site: http://www.syringahospital.org/contact-us.html, or directly to Board members (contact information is on the Board web page): http://www.syringahospital.org/board-of-trustees.html

Appendices

A. Socio-Economic Trends

B. Health and Wellness Trends

C. SWOT Analysis

Appendix A: Idaho County Population and Economic Trends

Compared to statewide figures from 2000 to 2015, Idaho County's population has grown at a slower rate, is older, and less ethnically diverse (though more diverse than it was in 2000), as Table 1 below shows:

TABLE 1: POPULATION TRENDS 2000-2010-2015

Population Trends	2000 Pop'n	2015 Pop'n	Change 2000-2015	% Change 2000-2015	Median Age 2000	Median Age 2015	Hispanic Pop'n 2000	Hispanic Pop'n 2015	Am. Indian Pop'n 2000	Am. Indian Pop'n 2014
State of Idaho	1,293,953	1,654,930	+360,977	+28%	33.2	35.9	7.9%	12.2%	1.4%	1.3%
Idaho County	15,511	16,272	+761	+5%	42.3	49.6	1.6%	3.5%	2.9%	3.2%
Households*	Married HH 2000	Married HH 2010	Female HoH 2000	Female HoH 2010	Kids in HH 2000	Kids in HH 2010	Alone 65+ HH 2000	Alone 65+ HH 2010	Vacant Units 2000	Vacant Units 2015
Idaho County	60.8%	55.7%	6.3%	6.6%	27.3%	23.6%	11.7%	12.8%	19.3%	21.8%

* HH = Household; Female HoH = Female Head of Household (no husband present).

In 2000, more than one quarter (27.7%) of Idaho County's population was under the age of 20 (compared to 23.4% statewide), and 17% of Idaho County's population was age 65+ (compared to 11.3% statewide).

By 2015, the figures reversed: only 17.8% of Idaho County's population was under 20 (vs. 28.8% statewide), and more than a quarter (26.1%) of Idaho County's residents were age 65+ (compared to 14.7% statewide).

Some other key demographic statistics for Idaho County:

- **Per capita income** (PCI): $31,842 in 2014 (vs. $36,778 statewide)
- PCI increased 11.9% in the 1970s, 9.6% in the 1980s, 9.7% in the 1990s, 0.9% in the 2000s, 13.6% 2010 to 2014
- Idaho County ranked 33rd of 44 counties in Per Capita Income in 2014
- Median **household income**: $40,074 (vs. $47,572 statewide, $53,482 nationally)
- Idaho County ranked 39th of 44 counties in Idaho for median HH income (2014)
- Adjusted for inflation, median household income dropped from $42,229 in 1989 to $41,990 in 1999, then to $39,598 in 2014
- The median **value of owner-occupied housing** in Idaho County between 2010 and 2014 was $151,780 (vs. $160,691 statewide, ranked 18th of 44 counties), an increase of 33.9% since 1980
- **Single parent households** increased in number; parents report a lack of affordable day care
- Idaho County **Poverty Rate** in 2014: 16% (vs. 15% statewide)
- Free/reduced school lunch: 50.6% of MVSD244, 52.1% of SRJSD, 34.9% of CJSD242
- **1,877 veterans** live in Idaho County (11.5% of total population, 95% are male), 364 in Grangeville
- Of those who served in major wars, 42% served in Vietnam, 14% in Korea, 9% in Gulf War I (8/1990-8/2001), 7% in Gulf War II (9/2001 or later), and 4% in WWII
- Other than Grangeville, the nearest **VA Clinic** is 75 miles (Lewiston, ID); the nearest VA Hospitals are 175-200 miles (Spokane, WA and Boise, ID); and the nearest military base is 175 miles (near Spokane)

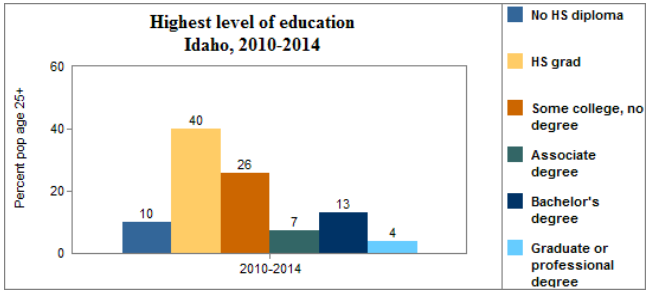
Is Idaho County housing affordable?

- In 2016, the Fair Market Rent for a 2-bedroom rental was $658 / month
- Those with a household income of $26,320+ per year could afford a 2-bedroom rental at Fair Market Rent
- The housing wage for a 2-bedroom unit was $12.65 per hour, which is the same as 1.2 full-time minimum-wage jobs.

TABLE 2: EMPLOYMENT BY INDUSTRY	State of Idaho							Idaho County						
YEAR	1980	1990	2000	2006	2010	2015	1980-2015	1980	1990	2000	2006	2010	2015	1980-2015
Total Employment	**464,366**	**548,397**	**776,837**	**900,908**	**869,366**	**948,030**	**483,664**	**6,097**	**6,668**	**7,949**	**7,679**	**7,429**	**7,591**	**1,494**
Farm	44,229	36,939	41,934	37,728	37,294	39,262	**-4,967**	960	831	869	754	788	796	**-164**
Ag. services, forestry, fishing & other	7,186	12,050	17,148	11,925	12,014	13,489	**6,303**	88	97	307	273	248	303	**215**
Forestry, fishing, related activities & other				11,925	12,014	13,489					273	248	303	
Mining	5,369	4,650	3,230	3,440	4,430	4,992	**-377**	33	112	90	95	122	102	**69**
Construction	26,826	30,787	54,944	81,265	53,632	58,784	**31,958**	277	291	595	719	641	654	**377**
Manufacturing	57,195	67,539	82,208	70,595	58,475	67,849	**10,654**	1,196	1,195	915	545	447	427	**-769**
Transportation and public utilities	22,739	24,472	34,443	27,213	27,935	31,134	**8,395**	161	286	331	345	307	352	**191**
Transportation and warehousing				24,999	24,985	27,934					313	271	320	
Utilities				2,214	2,950	3,200					32	36	32	
Wholesale and retail trade	95,647	116,349	168,180	135,284	126,818	141,640	**45,993**	950	1,102	1,232	948	896	1,008	**58**
Wholesale trade				29,969	28,628	33,419					174	156	230	
Retail trade				105,315	98,190	108,221					774	740	778	
Finance, insurance and real estate	32,256	35,070	51,913	75,004	81,078	86,671	**54,415**	260	224	469	498	547	532	**272**
Finance and insurance				32,540	37,359	38,064					239	281	250	
Real estate and rental and leasing				42,464	43,719	48,607					259	266	282	
Services	89,849	127,310	205,010	332,826	339,116	375,915	**286,066**	886	1,110	1,720	1,417	2,102	1,997	**1,111**
Information				13,868	12,639	12,185					78	79	67	
Professional and technical services				51,527	52,575	56,296					220	217	279	
Management of companies and enterprises				8,008	6,394	6,476					0	0	na	
Administrative and waste services				53,639	49,361	53,145					135	137	na	
Educational services				12,596	14,556	17,641					na	73	91	
Health care and social assistance				77,356	89,594	99,548					na	672	672	
Arts, entertainment, and recreation				16,010	17,193	19,719					128	154	153	
Accommodation and food services				56,387	54,503	64,243					479	407	374	
Other services, except public administration				43,435	42,301	46,660					377	363	361	
Government	83,070	93,231	117,827	125,628	128,574	128,294	**45,224**	1,286	1,420	1,421	1,323	1,331	1,284	**-2**
Source: University of Idaho Extension Indicators Idaho, indicatorsidaho.org					**Net Job Growth**		**483,664**					**Net Job Growth**		**1,358**
					Percent Growth		**104%**					**Percent Growth**		**22%**

Key Idaho County Economic Statistics:

- **Number of jobs** (2015): 7,591 (an increase of nearly 1,500 since 1980, Table 2 above)
- Annual **average wage per job** (2014): $35,909
- **Entrepreneurship** is alive and well in Idaho County! In 2014, the self-employment rate was 42.8% (ranked 7th of 44 counties), vs. 42.5% in 2010, 41.4% in 2000, and 33.3% in 1990 (vs. statewide self-employment rate of 25.6% in 2014).
- **Unemployment rate** (September 2016): 4.5%
- Employers (including SHC) report a **lack of qualified candidates** for jobs in local industries
- Many **youth leave Idaho County** for higher education and higher-paying jobs
- More Idaho County residents are **high school graduates** than the statewide average (fewer dropouts prior to graduation), but fewer residents have **college education** than statewide



Summary and Implications

- The number of jobs in Idaho County grew by only 25% in 35 years (+1,500), while the statewide job growth was 104% in the same time period.
- Key industry sector jobs declined in Idaho County, such as farming, manufacturing, and government, much of which was due to automation and consolidation. Manufacturing alone declined by 769 jobs, or 64% (primarily wood products mills), while manufacturing grew statewide by 19%.
- Manufacturing and government jobs tend to be higher family wage jobs, with medical benefits, so the loss of those jobs significantly impacts the health care sector.
- The Idaho County services sector grew by 1,111 jobs, or 125%, which was good news, including many entrepreneurial services. However, many of these jobs tend not to include health insurance benefits.
- SHC jobs tend to require additional education beyond high school, so opportunities exist to work with high school (Health Occupations Student Assn., or HOSA) and Idaho colleges to increase local coursework, and to “grow our own” employees through internships, training, etc.

Appendix B: Health and Wellness Trends

National Health Care Industry Trends

The following are some key national health industry trends affecting Syringa Hospital & Clinics:

- Consolidation and affiliation, forming networks/ACOs
- More competition
- More for-profit facilities
- Small hospital closures
- Chain competition (Walgreens, etc.)
- Consumers "shopping around" and expecting more—info, technology, etc.
- Changing reimbursements
- Decreases in inpatient days pushed by reimbursements/ insurance models—patients are released too early?
- Increase in population health management
- Transparency: pricing, patient health info
- Drive to leverage investments, reduce overhead expenses
- IT services in flux (shifting providers, software packages)
- Family Practice doctor shortages
- Alternative services: acupuncture, cosmetic surgeries, spa treatments
- Increasing federal influence on hospital numbers/size
- Consumer self-diagnoses (WebMD, etc.)
- Lack of capital
- Decrease in labor market loyalty (employees shop around)
- Volume growth
- Full integration of health info
- Mail order pharmacies
- 24/7 urgent care
- Increasing paperwork and documentation
- Insurance-driven treatment

What is an ACO?

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high quality care to their Medicare patients.

The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.

Medicare offers several ACO programs:

- Medicare Shared Savings Program—a program that helps a Medicare fee-for-service program providers become an ACO.
- Advance Payment ACO Model—a supplementary incentive program for selected participants in the Shared Savings Program.
- Pioneer ACO Model—a program designed for early adopters of coordinated care.

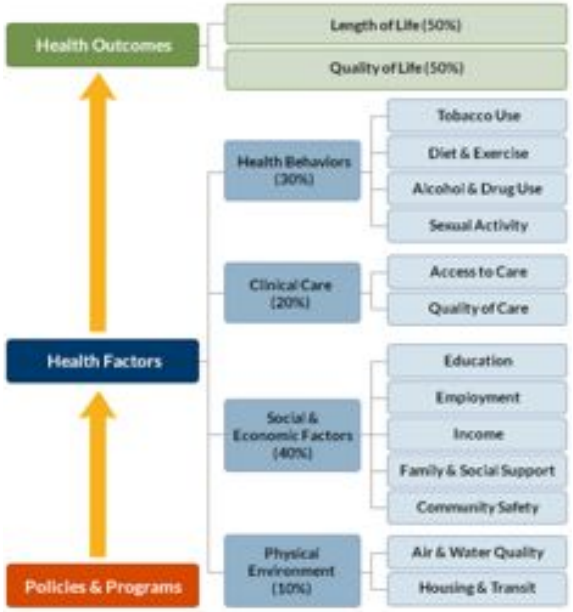
Organizations across the country have already transformed the way they deliver care, in ways similar to the ACOs that Medicare supports.

Summary and Implications

- Health care will continue to grow more expensive, and the system more focused on patient preventative care and health management
- National health care policy and funding is a moving target, requiring small hospitals to do all they can to form strategic partnerships to strengthen their financial and competitive positions
- Small hospitals will continue to face increasing costs and declining reimbursements, so a critical strategy for success is to focus on population health and quality standards to achieve designations that incent reimbursement supplements

Idaho County Resident Health & Wellness Trends

Of Idaho's 44 counties, in 2016 Idaho County ranks 21st in Health Outcomes—a measure of length and quality of life, and ranks 32nd in Health Factors—a measure of weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment (source: countyhealthrankings.org/Idaho, see graphic).



Some key Idaho County health findings in 2014:[2]

- There were **158 live births** in 2014, 30 of which were delivered at SHC (19%)
- The number of births in Idaho County declined from 169 in 2009 to 158 in 2014
- Idaho County has a lower **birth rate** than statewide averages: 9.7% birth rate, vs. 14% statewide, 40 of the 158 were out-of-wedlock births (25%, vs. 26% statewide)
- 205 deaths in 2014 (12.6% **death rate**, vs. 7.7% statewide)
- Lower **marriage and divorce rate** than statewide: 95 couples got married (5.9% marriage rate, vs. 8.4% statewide), 52 got divorced (3.2% divorce rate, vs. 4.2% statewide)
- Higher rate of people of **working age on disability**: in 2010-2014, 14.4% of county residents under age 65 were disabled, vs. 8.8% statewide
- Higher proportion of people with **no health insurance**: 2,226 people (19% of county population) had no health insurance (vs. 16% statewide, ranked 17th of 44 counties)
- 385 **children had no health insurance** (11.4% under age 19, vs. 8.5% statewide, ranked 17th)
- Idaho County has a very low rate of **Medicare Advantage participation** (4.2%), versus statewide participation of 33% (many supplemental plans are not available locally)
- Lack of health insurance and high deductibles result in **higher acuity/delayed treatment**
- Idaho County has a much higher rate of **preventable Medicare hospitalizations** (60 per 1,000) than statewide (36 per 1,000)
- About one-third of county residents (30%) are **obese** (slightly higher than statewide), with a lower level of **physical activity**; so unsurprisingly, about 11% of county residents have **diabetes** (vs. 8% statewide), 29% have **high blood pressure** (vs. 25% statewide) and a higher rate of **death from heart disease**
- However, Idaho County's rates for diabetes and heart disease are better than Clearwater or Lewis Counties, and its **suicide rate** has significantly lower (though higher than the U.S. average). A recent increase in suicides has occurred in the past 18 months, particularly disturbing among young adults
- 19% of residents are **smokers** and 12% use **smokeless tobacco** (9 of 10 are males)—much higher than 5% statewide[3]

[2] Idaho Division of Public Health, *2014 Vital Statistics Annual Report*, May 2016
[3] Ibid, and *Idaho Health Behaviors 2014: Results from Idaho's Behavioral Risk Factor Surveillance System (BRFSS) Report*, July 2016.

- Idaho County residents are more likely to be **binge drinkers** (19%, vs. 14% statewide), and have a higher rate of **excessive drinking** (20%, vs. 15% statewide) (excessive drinking is defined as more than 1 drink per day for women, more than 2 drinks per day for men)
- More than one third of Idaho County **teens have used alcohol** (35%)
- While the incidence of **breast cancer** Idaho County is consistent with the state average, **breast cancer deaths** in Idaho County are higher than the national average—a pattern consistent with other types of cancers
- Only 62% of Idaho County women age 50+ get **mammograms**, compared to 70% statewide
- Idaho County residents are significantly less likely to get **colonoscopies** (43%) than the state average (60%), and have a higher rate of **colorectal cancers** (SHC performs approximately 4-6 colonoscopies per week)
- Idaho County's incidence of **tuberculosis** is 15 cases per 100,000 population, 15 times the target rate
- More than a quarter of adults (28%) get **no exercise**, compared to 20% statewide
- District 2 residents are less likely to **wear seatbelts** than the state average (31% vs. 25%), which typically causes a higher rate of injury accidents[4]
- **Motor vehicle traffic death rate** is more than double the state average (36 per 100,000, compared to 14 per 100,000 statewide)
- **Physician count** (per 1,000 population) (2013): 0.74

Summary and Implications

- SHC could capture more market share in births
- Economic stresses in the county (lack of family-wage jobs with benefits, stagnant wages) contribute to poor health behaviors, lack of preventive care and screenings, and lower health outcomes
- More promotion of SHC's Medicare counseling could assist some patrons in accessing more benefits
- Improved education, and perhaps grant funding for health screenings, could improve both population health outcomes and Syringa's bottom line
- SHC can play a key role in encouraging physical activity through its outreach programs
- Certain segments of the population need more face-to-face social connectivity for mental health reasons, offering an opportunity for SHC to partner/collaborate with other organizations
- Substance abuse education and referrals are key aspects of SHC's population health needs.

[4] Ibid, p. 23.

Appendix C: SWOT Analysis

SWOT Analysis (Strengths, Weaknesses/Challenges, Opportunities, Threats)

The table below is a summary of SHC strengths, challenges, opportunities and threats listed by the SHC Board, Leadership Team, and Medical Staff.

STRENGTHS			
Leadership/Staff, Finance	**Facilities & Technology**	**Services & Outreach**	**Relationships/Partners**
Understand our own issues Collegial medical staff Caring, dedicated, adaptable, creative staff Strong financial position Open to trying new things Forward-thinking Involved and committed Board/leadership	Remodeling projects Infrastructure improvements Technology Board backs leadership in technology use	Clinics: Grangeville, VA, Kooskia Walk-in clinic Smaller size = flexibility (lack of bureaucracy, responsive to needs) Positive response from community to doctors Bus from Riggins	Community support Public hospital with tax support Community Health Coalition
CHALLENGES			
Leadership/Staff, Finance	**Facilities & Technology**	**Services & Outreach**	**Relationships/Partners**
Seasoned staff—succession planning needed Pace and breadth of change Need to better understand financial numbers Payment plan changes Bad debt Level of uninsured patients	Aging equipment Transportation for patients	Physician retention EMS systems Lack of professional development opportunities	Some community resistance to change Rural/frontier location—not large enough market for some services
OPPORTUNITIES			
Leadership/Staff, Finance	**Facilities & Technology**	**Services & Outreach**	**Relationships/Partners**
Increase size of Board by two people with specific expertise (e.g., accounting) Educate people with high deductibles re. what is covered Reimbursement rate negotiations with KH network	Data mining to understand trends better Mobile clinic Specialized facilities for women	Women's health services—define Elder care Psychiatric services (recruit psych NP) Telemedicine—currently no reimbursement 340B pharmacy—additional services Recruit providers —hrs/days of operation Infusion services (chemo) Improve/expand services at Kooskia Clinic	Affiliation Expand VA clinic, use outpatient services Outreach to employer-insured businesses Community education Publicity Workforce training partnership
THREATS			
Leadership/Staff, Finance	**Facilities & Technology**	**Services & Outreach**	**Relationships/Partners**
Competition Remaining independent Government regulations/ requirements Part-time employees lose health insurance Declining reimbursement/ payment reform	Cost of technology, increased use to replace face-to-face services Ability to keep up with technology Limited tax base and access to capital	Recruitment of professional staff Contracted services—sustainability	Referring hospital is for-profit (SJRMC)