

St. Luke's Rehabilitation Institute Community Health Needs Assessment 2018



St. Luke's Rehabilitation Institute
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Community Health Needs Assessment 2018

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December, 2018
A Letter from St. Luke's Leadership —

Assessing community health needs and developing plans to address those needs are essential for hospitals to understand and help meet the needs of the communities they serve. This concept was reinforced by the Patient Protection and Affordable Care Act which contains requirements for tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years, and to adopt Implementation Strategies to meet the health needs identified through the assessment. The regulation requires that the hospital take into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of public health, and that the results of the CHNA be made widely available to the public.

This document reports the results of the 2018 CHNA conducted by St. Luke's Rehabilitation Institute (St. Luke's). Our CHNA is based on a broad, coordinated community-wide health assessment effort that was conducted in 2018 for Spokane County by a consortium of community partners, including St. Luke's and members from the parent organization for St. Luke's, Providence Health and Services. St. Luke's used the community needs identified in the 2018 Spokane County assessment, and augmented the findings with additional feedback that explored the needs for individuals that St. Luke's cares for – people with temporary or permanent disability caused by injury or disease.

The community health needs identified by this CHNA will be used by St. Luke's to develop implementation strategies in order for St. Luke's, in collaboration with others in the Spokane community, to address these needs. The end goal is to improve the health of the community, especially among the most vulnerable populations due to disability or socioeconomic challenge.

This CHNA is posted on the St. Luke's website at www.st-lukes.org or available upon request by calling (509) 473-6298.



Nancy Webster, MBA, CTRS
Hospital Administrator
St. Luke's Rehabilitation Institute



Elaine Couture
Chief Executive Officer
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INTRODUCTION

Who We Are

St. Luke's Rehabilitation Institute, located in Spokane, Washington, is a private, not-for-profit, 102-bed post-acute care hospital specializing in medical rehabilitation for people with neurological, cardiovascular, or orthopedic injuries and illnesses. It is the only free-standing inpatient rehabilitation facility in Spokane County, and the region's only Level I trauma rehabilitation hospital. St. Luke's has been continuously accredited by The Joint Commission



and The Commission on Accreditation of Rehabilitation Facilities since 1998. In 2017, nearly 1300 patients received inpatient care through St. Luke's with an average age of 66 years. More than 90% of our inpatients were discharged back to the community. The majority of these patients received care for stroke, traumatic brain injury, or spinal cord injury. Of the 497 patients receiving inpatient care for stroke at St. Luke's in 2017, 14 were younger than 41, 147 were between the ages of 41-65, and 336 were age 66 or older. In 2017, of 222 patients receiving inpatient care for brain injury at St. Luke's, 19 were younger than 18, 86 were between the ages of 18-65, and 117 were age 66 or older. Of 129 patients receiving inpatient care for spinal cord injury at St. Luke's in 2017, 7 were younger than 18, 77 were between the ages of 18-65, and 45 were age 66 or older. The remaining inpatients received rehabilitation services for a variety of medical conditions, such as cardiac conditions, pulmonary conditions, orthopedic and other major trauma injuries, post-surgical care, amputations and other limb deficiencies, and other neurological conditions.

In addition to our inpatient rehabilitation hospital, St. Luke's provides specialized therapy services at two acute care hospitals in Spokane, Providence Sacred Heart Medical Center & Children's Hospital, and Holy Family Hospital. With its comprehensive therapy staff, St. Luke's also provides outpatient therapy services at 10 clinic locations, and contracted therapy staffing services to Providence VNA Home Health and rural hospitals throughout the region. Thus, we truly span the continuum of care for patients with medical rehabilitation needs.

St. Luke's is a division of Inland Northwest Health Services, a non-profit company that includes a variety of health care divisions and services in addition to St. Luke's:

- Center for Occupational Health & Education Community of Eastern Washington
- Northwest TeleHealth (videoconferencing telemedicine network)
- Engage (health information technology services)
- Community Wellness (community education, wellness and health screenings)
- Health Training (professional health education and training)

Inland Northwest Health Services is an affiliate organization of Providence Health Care, which wholly controls the board for Inland Northwest Health Services. Providence

Health Care is the northeastern Washington region of Providence Health & Services. Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services makes it the third largest not-for-profit health system in the United States.

Mission and Vision

At St. Luke's, our number one goal is getting patients back to living their lives to their fullest. We achieve that goal every day through a combination of a highly-skilled and certified rehabilitation team members, leading-edge technology, and innovation of thought.

Mission

Our mission is to be a resource for health and wellness, in order to optimize the potential for a full and productive life. We serve individuals and their families requiring expertise in medical rehabilitation.

St. Luke's Rehabilitation Institute seeks to provide value to those served by treating the whole person with regard to physical, intellectual, emotional, cultural and spiritual needs in order to restore to their fullest potential the capacity for living. Excellence of care will take place in an atmosphere of compassion, reverence and integrity.

Vision

Our vision is to be nationally recognized as the regional rehabilitation center of choice based upon reputation, quality outcomes and innovative care.

Cultural Responsiveness Mission/Vision

St. Luke's Rehabilitation Institute provides an environment which encourages acknowledgment, understanding, respect and awareness of individual differences. Our goal is to embrace the diverse cultures and experiences of our community.

St. Luke's embraced its commitment of service to the vulnerable due to disability or socioeconomic challenge, long before it was a requirement enacted through the Affordable Care Act. It is at the very core of what we do. As health care continues to evolve, St. Luke's is responding with dedication to the Mission and a core strategy to *have better health for all*. By conducting a formal community health needs assessment, we learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources.

OUR COMMUNITY

Description of Community Served

This section provides a definition of the community served by St. Luke's including a description of the general community demographics.

St. Luke's is located in Spokane County. Geographically, the county is located on the eastern side of the state, bordering Idaho.



Population and Age Demographics

In 2016, Spokane County was the fourth most populous county in the state with 492,530. The city of Spokane was the state's second most populous incorporated city with 214,500 individuals. In 2016, seniors made up the smallest proportion of the county population; although, this age segment saw the largest increase in proportion over the last decade at 3%. In 2016 the population comprised:

- 22.8% youth (0-17 years)
- 23.8% young adults (18-34 years)
- 37.8% older adults (35-64 years)
- 15.6% seniors (65 years and older)¹

Race and Ethnicity

Among Spokane County residents in 2015, 88.7% percent were white, 4.5% were of two or more races, 2.2% were Asian, 1.6% were African American/black, 1.3% were American Indian/Alaska Native, and 0.5% were Native Hawaiian/Pacific Islander. Residents of Hispanic ethnicity comprised 5.4% of Spokane County's population.²

Education

Among Spokane County adults 25 years of age or older in 2015, 25.8% obtained at least a high school education/GED, while another 39% obtained some college or an AA degree, and 28.4% obtained a bachelor's degree or higher. Only 6.8% did not graduate from high school.³

¹ Source: Washington State Office of Financial Management

² Source: U.S. Census Bureau, American Community Survey, 2015. Table B02001

³ Source: U.S. Census Bureau, American Community Survey, 2015. Table S1501

Income Levels

In 2016, the projected median household income in Spokane County was \$49,482, compared to \$65,500 statewide.⁴ In 2015, 15.5% of individuals in the county lived below 100% federal poverty level (FPL), and 36.5% lived below 200% FPL. The proportion of Spokane County residents living in poverty (below 200% FPL) was significantly higher than the statewide proportion (28.6%).⁵

Health Status

The top three causes of death in Spokane County in 2016 were cancer at 22.2%, heart disease at 17.4%, and unintentional injury at 7.7%. Stroke was the 6th leading cause of death at 5.1%. Suicide was the 8th leading cause of death at 2.0%. Among those 12-24 years of age, suicide accounted for 24.5% of all deaths, and for those 25-44 years of age, 18.3% of all deaths.⁶

Residents Living with a Disability

Spokane County encompassed 6.8% of the state's population with a disability. Disability includes those with impairments common to St. Luke's patients, including limitations in hearing, vision, cognition, ambulation, self-care, and independent living. Among those 75 years of age or older, 57.5% were living with a disability. Overall, Spokane County has higher disability rates than the state.⁷

Percent of Population with a Disability by Age, 2015

	Spokane County	Washington State
Under 5 years	0.6%	0.7%
5-17 years	5.0%	5.1%
18-34 years	9.2%	6.9%
35-64 years	16.4%	13.3%
65-74 years	25.0%	26.3%
75+ years	57.5%	50.7%
Total	15.1%	12.9%

Given the primary geographic area we serve and the specific patient populations for which St. Luke's provides services, St. Luke's CHNA defines the community served by St. Luke's to be patients across the lifespan from Spokane County with rehabilitation needs arising from neurological or orthopedic injuries or conditions. This definition includes the needs of those with vulnerabilities due to disability or socioeconomic challenge.

⁴ Source: Washington State Office of Financial Management

⁵ Source: U.S. Census Bureau, American Community Survey, 2015. Table B17002

⁶ Data Source: Washington State Department of Health, Center for Health Statistics

⁷ Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701

METHODOLOGY: DATA COLLECTION PROCESS AND PARTICIPANTS

This section provides a summary of the community and public health input, how it was obtained, and over what period of time. It also provides a description of the processes and methods used to conduct the assessment, including data obtained from the assessment, and describes the methods of collecting and analyzing the information.

St. Luke's Rehabilitation Institute partnered with the Spokane Regional Health District (SRHD), Priority Spokane, and others in the community to conduct the 2018 community needs assessment using the most recent data available. The purpose was to prioritize the needs of the community, especially among those living in poverty and with the least access to resources, and to promote collaborative opportunities to improve health and well-being in Spokane County. Over 400 email invitations were extended to community members to participate in one of six task force committees: **Healthy People, Education, Economic Vitality, Public Safety, Environment, and Housing and Transportation.**

The process to identify community health needs began with a broad community-wide coordinated assessment process in order to align the needs of the many organizations, including St. Luke's, who are required to perform periodic assessments of community needs. In 2017-2018, SRHD convened stakeholders from across Spokane County in a multi-meeting assessment process in which task forces on Economic Vitality (72 participants), Education (68 participants), Environment (51 participants), Healthy People (146 participants), Housing/Transportation (115 participants), and Public Safety (77 participants) identified the most pressing needs in the community within their domains, all of which are determinants of community health. **St. Luke's participated in the 2018 Healthy People Task Force as an initial event in its CHNA process.** A schematic supplied by SRHD of the broad community-wide coordinated assessment process is located in **Appendix 1.**

Collaborative Partners

A list of partners, who contributed to this community-wide coordinated assessment, including serving on task forces, is located in **Appendix 2.**

Community Input

Task forces were utilized to obtain the voice of those working and living in our community. Multiple meetings were set for each task force to gain input from others experiencing or specializing in that specific area. An explanation of direct community input can be found on the Spokane Regional Health District website, <https://srhd.org/data-and-reports> for the joint needs assessment document.

Secondary Data

Data reviewed by the community and used to prioritize the community needs can be found at: <http://www.communityindicators.ewu.edu/category.cfm?id=0> .

Data Limitations and Information Gaps

Due to the collaborative and consistent nature of the data we were measuring for community input, much of it was not broken down by various demographics. Demographic information may not be available for some measurements for trend analysis because of changes in definition and data collection.

Prioritization Process and Criteria

Each of the six task forces convened for a series of meetings to evaluate local data and identify emerging issues of concern. Initially, task forces reviewed data from publicly available Community Indicators websites and local citizen surveys, including a Spokane County Quality of Life survey managed by SRHD, worked to identify emerging issues, and prioritized the indicators. Next, the task forces focused on reviewing and discussing the data to understand context and root causes. These discussions led to prioritization of the needs of the community within each task force. At the conclusion of the task force process, a joint assembly of all task forces was convened to select and prioritize needs across task forces. The criteria used to prioritize needs were as follows:

- An issue that affects the greatest number of residents in the County, -either directly or indirectly
- A condition that is unambiguously below where we want it to be, via a comparison to a benchmark or its own trend
- A condition that is unambiguously above a benchmark, and therefore one that we want to preserve
- An issue that is predictive of other outcomes, as best as we can currently determine
- An issue that appears to impact several aspects of community life
- A condition that we, at the local level, have some opportunity to change
- A proposed time horizon: 5 years

Significant Health Needs

This final community-wide assessment meeting included over 200 individuals, including representatives from St. Luke's. Votes were cast for the top needs. The Task Forces identified 18 topical priorities representing the most pressing community health needs that individual agencies, including St. Luke's, would utilize in further focused community health needs assessment. Based on all of the input received through this assessment process, the following is a list of significant health needs:

- **Economic Vitality**
 1. Develop a more educated workforce
 2. Create nationally competitive and sustainable jobs
 3. Increase wages and income
- **Education**
 1. Improve access and services among students for mental health needs
 2. Assist low income students success in K-12 and their entry into postsecondary education
 3. Improve school safety
- **Environment**
 1. Reduce local impacts of climate change by local actions

2. Protect and preserve the Spokane Rathdrum Aquifer
 3. Increase population density to prevent urban sprawl into rural land
- **Healthy People**
 1. Reduce suicide rates by improving life preservation strategies
 2. Reduce impacts of family trauma and violence
 3. Reduce food insecurity
 - **Housing & Transportation**
 1. Improve the availability of affordable housing
 2. Develop housing together with transit systems
 3. Reduce poverty rates
 - **Public Safety**
 1. Reduce impacts of family trauma and violence
 2. Increase access and services for residents with co-occurring substance abuse and mental health Issue
 3. Increase access and services for residents dealing with substance abuse issues

PRIORITY HEALTH NEEDS TO BE ADDRESSED BY ST. LUKE'S

Primary Data

St. Luke's augmented the secondary data utilized in the broader community-wide assessment with additional community input (focus groups) as a source of primary data. A copy of the Spokane joint CHNA report can be found at the Spokane Regional Health District website: <https://srhd.org/data-and-reports>

Community Input: Focus Groups

We convened focus groups of patients and their caretakers at our various support groups (amputee, stroke, and spinal cord injury support groups) to serve as stakeholders for the CHNA. We also convened a focus group external to St. Luke's at a local business leaders group, Greater Spokane Incorporated, in order to gain their perspective on the selected community health needs. Focus groups were conducted by members of St. Luke's Executive Committee during the month of November, 2018. The inclusion of input from support groups was deemed critical since it allowed for us to hear directly from patients and family members of the vulnerable populations St. Luke's serves.

Focus groups used the following criteria when selecting health needs for which they felt St. Luke's could have substantial impact:

- Does the community recognize the issue as a need?
- Would an implementation strategy address the needs of the disabled, vulnerable, underserved?
- Would addressing the need be feasible and effective for St. Luke's?
- Would an implementation strategy improve or maintain individual health outcomes?

- Would an implementation strategy be redundant or duplicate services already available in the community?

List of 2018 Priority Health Needs

Responses from all focus groups endorsed our efforts to address community needs in two areas. Using the results from the community vote and grouping similar areas of work, the final two priorities are:

- **Reduce suicide rates by improving life preservation strategies**
- **Develop a more educated workforce**

The prioritized health needs identified through this process will become the basis for implementation strategies in St. Luke's Community Health Improvement Plan.

Background on Community Health Needs to be addressed by St. Luke's

Reduce suicide rates. Spokane County saw a significant increase in its suicide rate from 2011 to 2015. The 2015 suicide rate in Spokane County of 18.6 per 100,000 people was significantly higher than that of Washington State and the United States. Among seniors, which is the predominant population treated at St. Luke's, individuals 75-84 years of age had the highest suicide rate at 28.9 per 100,000 people. In 2016 in Spokane County, 32.8 percent of adolescents reported being depressed, according to Spokane Regional Health District. From 2010 to 2016, depression significantly increased among adolescents. Although depression is treatable, research estimates two-thirds of people with mental health problems do not get the help they need.

While suicidal ideation and attempts are a very low-prevalence event for St. Luke's patients, a primary antecedent of suicidal behavior, depression, is known to be elevated in patients who sustain life-altering impairments leading to rehabilitation care. We realize that timely, supportive continuity of care due to the elevated risk for depression is crucial. This continuity of care is particularly critical at care transitions from inpatient to outpatient care. Although our function is to provide physical rehabilitation care, we realize the strong link between physical recovery and behavioral health, and therefore recognize the need to focus efforts on a behavioral treatment plan of care that focusses on detection of patients at-risk for elevated depression, providing treatment to address these needs in the inpatient setting, and continuing to arrange for outpatient behavioral treatment in a timely fashion after inpatient discharge. Our effort to address these needs is ongoing as we enacted universal depression screening on inpatient admission approximately 5 years ago. To extend these efforts, and to address this important community health need, we anticipate an implementation strategy that focusses on additional staff education, revision of current hospital policies regarding detection and treatment for suicidal ideation, developing additional opportunities for depression screening in our outpatient facilities, and further developing relationships with community behavioral health providers to assure continuity of care.

Develop an educated workforce. In 2016 in Spokane County, 30% of jobs required some college or an associate's degree and 21% required a bachelor's or advanced

degree. However, in a health care environment, such as St. Luke's, the needs are much greater: For those providing direct patient care at St. Luke's, 42.5% of our jobs require a minimum of an advanced certification, technical or associate's degree, while 48.9% of our jobs require a bachelor's or advanced degree. Based on national and regional labor data, there are significant concerns with the ability to fill workforce needs for key healthcare positions, which has a direct and immediate impact on quality of care. According to the BLS, employment in healthcare careers is expected to grow 18% from 2016 to 2026. In addition, the Spokane region is experiencing an unprecedented low unemployment rate of 2.6% for the healthcare sector as of October 2018. Due to the competitive marketplace for healthcare workers, St. Luke's also has challenges in filling our workforce with qualified healthcare providers. Across the last three years, we have averaged 130 clinical workforce openings. Of all clinical workforce openings, those with the greatest workforce shortages which can negatively impact the service delivery model at St. Luke's are for nursing assistants, medical assistants, pharmacy technicians, registered nurses, physical and occupational therapists, and psychiatrists.

We believe that efforts to support local education in these disciplines as well as to provide education advancement opportunities to our existing workforce can alleviate the burden of an undersupply of qualified candidates for our open positions. By doing our part to develop a more educated workforce through sustainable healthcare careers, we are directly benefitting the community members who depend on St. Luke's to provide services that optimize a return to independence. We have a strong commitment to develop implementation strategies to address this community need that impacts on the care of our patients.

Community Assets and Resources

There are a number of agencies and organizations working to address each of these issues. Some are very specific to one area and others reach across the spectrum and are working in areas that would affect each of these identified needs. **Of note, St. Luke's is the only inpatient rehabilitation facility in Spokane County.**

Providence Health & Services:

- Providence Sacred Heart Medical Center & Children's Hospital, 101 W 8th Ave, Spokane, WA 99204
- Providence Holy Family Hospital, 5633 N Lidgerwood St, Spokane, WA 99208

Multicare Health System:

- Deaconess Hospital, 800 W 5th Ave, Spokane, WA 99204
- Valley Hospital, 12606 E Mission Ave, Spokane Valley, WA 99216

Shriners Hospital, 911 W 5th Ave, Spokane, WA 99204

Federally Qualified Health Centers:

- Community Health Association of Spokane (CHAS)
 - Denny Murphy Clinic, 1001 W 2nd Ave, Spokane, WA 99201
 - Maple Clinic, 3919 N Maple St, Spokane, WA 99205
 - Perry St. Clinic, 817 S Perry St b, Spokane, WA 99202

- Market St. Clinic, 5921 N Market St, Spokane, WA 99208
- Valley Clinic, 15812 E Indiana Ave, Spokane Valley, WA 99216
- Spokane Urgent Care, 5901 N Lidgerwood St #126, Spokane, WA 99208
- **Unify Community Health**
 - 120 W Mission Ave, Spokane, WA 99201
 - 4001 N Cook St, Spokane, WA 99207
 - 1603 N Belt St, Spokane, WA 99205
- **Native Project**, 1803 W Maxwell Ave, Spokane, WA 99201

EVALUATION OF IMPACT ON 2016 COMMUNITY HEALTH IMPROVEMENT PLAN: 2016-2018 ACCOMPLISHMENTS

This section evaluates success with implementing strategies to address the needs identified in our most recent community health needs assessment in 2015.

Process for Gathering Comments on Previous CHNA

The CHNA was posted on the hospital website with information on how and who to inquire with to obtain copies and provide feedback.

Summary of any Public Comments Received

No written comments or requests were received about this prior CHNA or Implementation Strategy.

Three health needs, presented in no particular order, were identified through St. Luke's 2015 CHNA, and for which St. Luke's implemented strategies in a Community Health Improvement Plan to address the health needs from 2016-2018:

- Mental health services
- Diabetes care
- Stable housing

Progress on strategies to meet these health needs was significant, and is detailed below.

Mental Health Services

It was emphasized in the 2015 CHNA that health systems in our community, including St. Luke's, needed to do more to screen for mental health conditions and, if screening indicated the need, refer patients for mental health services. St. Luke's was encouraged, in particular, to screen for patients with depressive disorders as this was cited as an urgent need in our community because it is the most prevalent and treatable mental health disorder. Approximately 23% of St. Luke's patients are insured by Medicaid; therefore, we were confident that these outreach efforts would affect low-income members of our community. An additional 49% of our patients are insured by

Medicare, which includes those made vulnerable in our community by age or disability.

Goal

Improve the mental health of the community at our inpatient and outpatient facilities by identifying self-reported depression, a common comorbidity in patients with rehabilitation needs arising from neurological or orthopedic injuries or conditions.

Strategies

Respond to mental health needs by addressing depression and access to care.

Action Plan

Screen for depression in our patient population, and when a screen is positive for depression, collaborate with community partners to provide health resources and services targeting mental health issues.

Strategies Previously In Place

- Continue screening our inpatients at admission with the PHQ-9 depression screening tool
- Continue providing a list of local mental health resources to all of our inpatients in the *Journey Forward* patient binder provided to each inpatient
- Continue to include results of the PHQ-9 screening status on discharge documentation for our inpatients

Strategies Implemented 2016-2018

With implementation of inpatient depression screening already in place, our focus based on the 2015 CHNA was to extend depression screening to our outpatient cardiac and pulmonary rehabilitation programs, with additional focus on Medicaid patients. Evidence is clear that cardiopulmonary populations exhibit higher rates of depression than rates in the general population. Strategies we implemented through our outpatient cardiac and pulmonary rehabilitation programs to address depression in these populations include:

- All patients complete a pre-program and post-program PHQ-9 questionnaire
- Patients with a score of >9 on the PHQ-9 receive a list of local mental health resources
- Patients who endorse suicidal ideation on PHQ question #9 receive additional information on suicide prevention and are referred to “First Call for Help” crisis response line
- For patients who screen positive for depression or endorse suicidal ideation at admission or discharge, staff communicate results to primary care providers (PCP) or specialists (cardiologist, pulmonologist, referring physician)
- PHQ-9 results are documented in the patient’s Individualized Treatment Plan (ITP) which includes for those screening positive for depression/suicidal ideation:
 - if the patient is obtaining mental health services
 - taking medications to address depression symptoms
- Quarterly reports of pre and post measures are analyzed and discussed with outpatient program director, cardiopulmonary program staff, St. Luke’s Quality Council Committee, and Medical Director

Diabetes Care

During the 2015 CHNA, it was emphasized that St. Luke's could play a primary role in helping the community manage diabetes.

Goal

Improve overall health of the community by decreasing the burden of diabetes, a common comorbidity in patients with rehabilitation needs arising from neurological or orthopedic injuries or conditions.

Strategies

Respond to needs of our community members with diabetes by addressing, education, disease management, and access to care and follow-up care.

Action plan

Increase education, screening, and treatment opportunities for St. Luke's patients with diabetes as well as the broader community.

Strategies Previously In Place

- Coordinated with Providence Medical Group (PMG) primary care providers to access diabetes care and seamless transition on discharge through the Community Wellness division of INHS
- For patients with primary care providers outside of PMG, referred to other diabetes education providers in the community
- Refer patients with prediabetes (e.g., metabolic syndrome, metabolic risks from rehabilitation conditions, high body mass index, or recognized pre-diabetes) to Community Wellness pre-diabetes classes held monthly

Strategies Implemented 2016-2018

- Performed blood glucose screenings at three annual St. Luke's Community Awareness Day events for brain injury, spinal cord injury, and stroke
 - Provided screening to nearly 100 individuals from the community, many of whom were former patients who are at risk for development of diabetes due to limitations to mobility, and many of whom are insured by Medicaid.
- To reduce morbidity associated with hypoglycemia, simplified our inpatient hypoglycemic protocol to reduce hypoglycemic events
 - Developed a treatment tool to train staff and guide treatment
 - Developed hypoglycemia documentation template in the electronic medical record to guide treatment
 - Old protocol: give 15 gm carbohydrate for blood sugar less than 60 in all cases or if blood sugar is less than 70 if the patient is symptomatic
 - New protocol: give 15 gm carbohydrate for blood sugar less than 70
 - Among patients with diabetes, the hypoglycemic event rate dropped from 14% to 7% as a result of these improvements

Stable Housing

It was emphasized in the 2015 CHNA that health systems in our community, including

St. Luke's, needed to address stable housing. This resulted in a consistent suggestion that St. Luke's collaborate with others in the community to develop strategies and resources to assure stable housing.

Goal

Improve overall health of the community by assuring that home environments are safe and adapted to the level of independence of the community member.

Strategies

Assure stability of the home environment to aid in physical, mental, and emotional well-being.

Action plan

Improve health and well-being by supporting programs that address issues that result in unstable housing.

Strategies Previously In Place

- Providing in-home assessments to ensure stable housing before we discharge inpatients to home
- Continuing to build a relationship with Catholic Charities to provide stable housing for St. Luke's patients with housing needs at discharge
- Continuing home safety education sessions and fall recovery education sessions with members of Spokane Tribe of Indians

Strategies Implemented 2016-2018

- Identified adult family homes (AFH) willing to take complex patients at discharge to assure safe housing alternatives for St. Luke's patients
 - Increased number of AFH into which we place St. Luke's patients to 7
- Educated adult family homes about what constitutes a safe environment for members of our community with complex rehabilitation conditions
 - Our social workers revised the process for patients discharging to AFH so that the AFH placement coordinator meets at St. Luke's with the patient and our discharge social workers to receive patient-specific conferencing to assure a safe, seamless transition for the patient
- Facilitated in-home safety assessments for fall risk for community members from the Spokane Tribe of Indians to avoid instability in maintaining in-home independence. In addition to assisting with more than a dozen in-home assessments, we also assisted the Tribe in implementing the following ongoing programs to address community fall risk:
 - Trained Tribe staff to implement the Stay Active and Independent for Life (SAIL) program for improving strength and balance at the Tribe Senior Center
 - Assisted Tribe in developing an Equipment Closet for walking aids housed at the Senior Center
 - Trained a Tribe Health Coach to conduct ongoing home assessments, balance assessments, medication box assessments (Health Coaches have completed home assessments for more than two dozen elders)

2018 CHNA GOVERNANCE APPROVAL

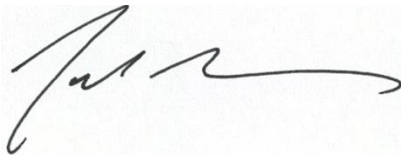
This community health needs assessment was adopted on December 24, 2018 by the Board of Directors of Inland Northwest Health Services. The final report was made widely available by December 31, 2018.



Nancy Webster
Hospital Administrator
St. Luke's Rehabilitation Institute



Elaine Couture
Chief Executive Officer, Inland Northwest Health Services
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Contact to request a printed copy of this CHNA report, or to provide comments or view electronic copies of current and previous community health needs assessments:

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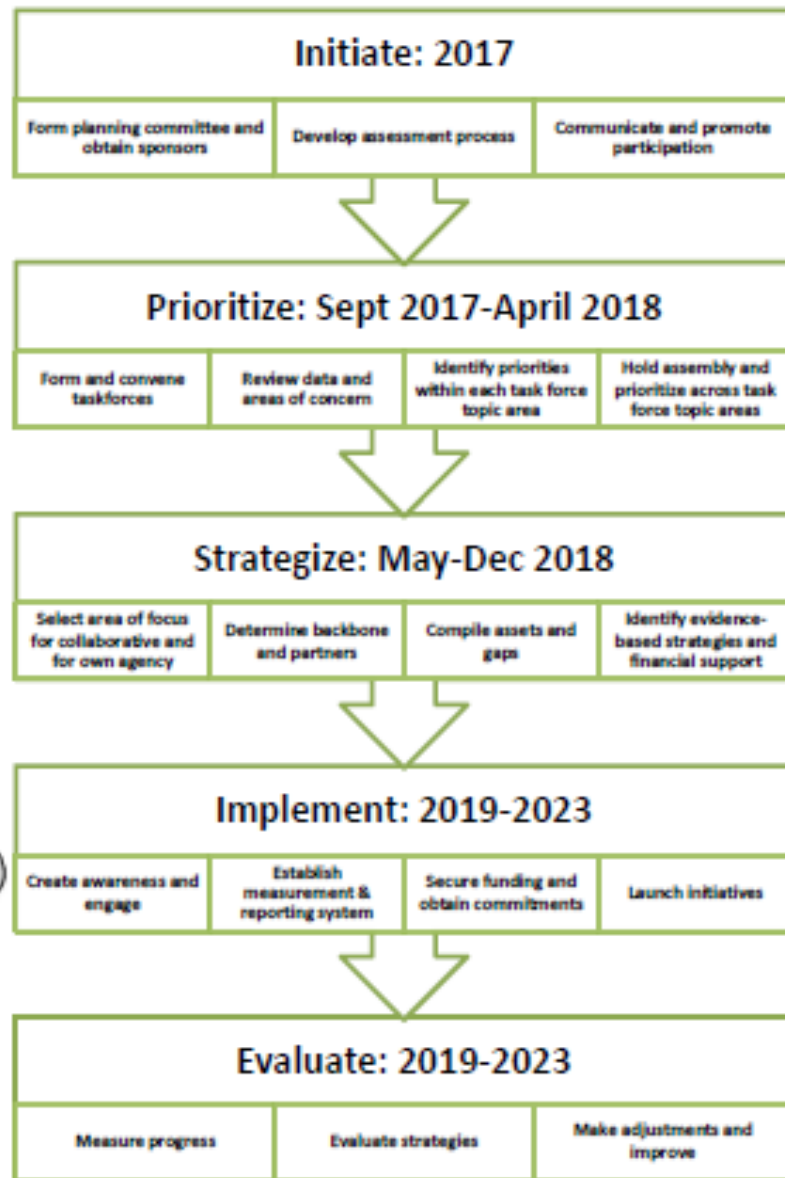
**A copy of the Spokane joint CHNA report can be found at the Spokane Regional Health District website: <https://srhd.org/data-and-reports>
https://srhd.org/media/documents/CHA-Report_LowRes.pdf**

Appendix 1: Schematic of the broad community-wide coordinated assessment process

2018 County Community Needs Assessment and Improvement Process

The purpose of community needs assessments and improvement processes is to promote collaborative opportunities to improve the well-being of residents. The many partners of this prioritization process can use the results for their own agency's strategic plan and also come together for focused work in their communities. Based on data, voice of the community, and topic experts, this process selects the primary issues of concern that impacts many aspects of life and is actionable by the stakeholders.

Throughout this process, strong communication, active engagement, and thorough documentation keeps the community partners focused and working together, including collaborative efforts to change systems and policies for broader impact and long-term sustainability. Efforts are measured to support continuous improvement and public accountability.



Appendix 2: List of community partners involved in community-wide coordinated assessment process

Community Health Assessment Board Planning Committee

Stacy Wenzl, Spokane Regional Health District
Kristin Monasmith, Shriners's Hospital, Spokane, WA
Lucy Lepinski, Spokane Neighborhood Action Network, SNAP
Doug Weeks, St. Luke's Rehabilitation Institute
Chris Wherity, Multicare Health System
Ryan Oelrich, Priority Spokane
Patrick Jones, Eastern Washington University

Individuals Invited to Participate in Community-wide Coordinated Assessment Process

Task Force Key: EV, Economic Vitality; ED, Education; HP, Healthy People; PS Public Safety; EN, Environment

Ellie Aaron, Owner, Beacon Hill Catering (EV)
Jamie Aitken, General Manager, KREM Television (EV)
Bill Akers, Vice President, Premera Blue Cross (HP)
Jerrie Allard, City of Spokane, Department of Human Services (HP)
Kaie Allen, City Administrator, City of Liberty Lake (EV)
Jay Allert, CEO, Aslin-Finch (EV)
Sandra Altschuler, Therapeutic Superior Courts coordinator, Spokane County (PS)
Ron Anderson, President, Spokane NAMI (PS)
John Andrews, WA State Dept of Fish & Wildlife (EN)
Tom Angell, Tom Angell Architects (EN)
Rodolfo Arevalo, President, EWU (HP)/(ED)
Susan Ashe, Executive Dir Health Sciences & Services Association of Spokane County (HP)
Keith Baldwin, Spokane County Medical Society (HP)
Julie Banks, YMCA of the Inland Northwest (HP)
Christine Barada, Spokane County (HP)
Sherry Barrett, Communities in Schools (ED)
Dennis Barts, Valley Hospital (HP)
Allen Battle, Partner Launchpad INW (EV)
Nick Beamer, WA DSHS, Aging & Long Term Care of Eastern Washington (HP)
Breean Beggs (PS)
Alisha Benson, Greater Spokane Inc. (HP)
Becky Berg, Superintendent, Deer Park School District (ED)
Dave Black, CEO, NAI Black (EV)
Chris Blodgett, Director Area, Health & Education Center, WSU-Spokane (HP)

Bill Bouten, CEO, Bouten Construction (EV)
Troy Braga, CFO, Inland NW Community Foundation (ED)
Lynn Briggs, Dean, EWU (ED)
Wayne Brokaw, Executive Dir Assoc., General Contractors (EV)
Lisa Brown, Chancellor, WSU Spokane (ED)
Kynda Browning, Board president, Liberty School District (ED)
Mike Burns, Director of Sales, First Choice Health (HP)
Tim Burns, Police Ombudsman, City of Spokane (PS)
Bonnie Bush, Administrator Spokane County, Juvenile Court (PS)
Patricia Butterfield, WSU School of Nursing (HP)
Ben Cabildo, Executive Director, AHANA (EV)
K(EV)in Cable, Executive VP, Cascadia Capital (EV)
Kent Caputo, CEO Kalispell, Tribal Economic Authority (EV)
Vicki Carter, Spokane Conservation District (EN)
Judd Case, Dean, EWU (ED)
Scott Chesney, Planning Director, City of Spokane (EV)
Carrie Chesser, Travelers Insurance (EV)
Antony Chiang, CEO Empire Health Foundation (HP)
Ellen Clark, County Drug Court judge, Spokane County (PS)
Deb Clemens, Superintendent, Cheney Public Schools (ED)
Kent Close, President Greater, Hillyard Business Association (EV)
Jeff Collins, Physician, Chief Executive (HP)
David Condon, Mayor, City of Spokane (PS)
Jason Conley, Spokane Public Schools (SD81) (PS)
Elaine Couture, EVP & Regional Chief Executive, WA & MT (HP)
Stacey Cowles, Publisher, Spokesman Review (EV)
Joe Coyne, Program director, WSU Health Policy & Administration (HP)
Brian Crossley, Spokane Tribe of Indians (EN)
William Dameworth, Spokane Regional Clean Air Agency (EN)
Chris DeForest, Inland Northwest Land Trust (EN)
Sara Derr, Mental Health, Therapeutic Court Judge Spokane County (PS)
Jim DeWalt, President & CEO, Associated Industries (EV)
John Dickson, Area Director, Worksource (EV)
Scott Dietzen, Clifton Larson Allen (EV)
Tom Dingus, Board president, Central Valley School District (ED)
Susan Dolle, Board president, Cheney School District (ED)
Cathy Doran, YFA Connections (HP)
Robert Douthitt, President of Board Spokane Schools (ED)
Dylan Dressler, NATIVE Project (PS)
Jack Driscoll, Deputy Prosecutor Spokane County (PS)

John Driscoll, Healthcare Management Services (HP)
Gina Drummond, Hospice of Spokane (HP)
Andy Dunau, Dunau Associates (EN)
Mike Dunn, Superintendent, ESD 101 (ED)
Steve Duvoisin, CEO, Inland Imaging (EV)
Karl Eastlund, CEO, Planned Parenthood of Eastern WA & N. Idaho (HP)
Rick Eichstaedt, Center for Justice (EN)
Tari Eitzen, Superior Court of Spokane County (PS)
Jon Eliassen, CEO, Red Lion (EV)
Linda Elkin, Regional VP, US Bank (EV)
Matt Ewers, CEO, Inland Empire Distribution Services (EV)
Jim Fairbanks, Board president, Riverside School District (ED)
Al Falkner, President, Gonzaga Preparatory School (ED)
Bob Faltermeyer, Excelsior Youth Center (HP)
Ron Farley, Board president, Mead School District (ED)
Steve Faust, Friends of the Falls (EN)
Paul Fish, Mountain Gear Inc EN/(EV)
Michael Fisk, Board of Health - SRHD (HP)
Greg Flemming, Board president Nine Mile School District (ED)
Stephen Flinn, Board president Orchard Prairie School District (ED)
Al French, Board of Health - SRHD (HP)
Kay Frizzell, Superintendent Great Northern School District (ED)
Rex Fuller, Provost, EWU (ED)
Crystal Gartner, Sierra Club (EN)
Patty Gates, Community Building Foundation (EN)
Mike George, Food Services of America (EV)
Meryl Gersh, Eastern Washington University (ED)
Jani Gilbert (EN)
Michael Gilmartin, CEO, Commercial Creamery (EV)
Ken Gimpel, Spokane Regional Solid Waste System (EN)
John Glenewinkel, Superintendent, East Valley School District (ED)
Harold Goldberg, Providence Cardiology (HP)
John Goldman EWU, Sociology & Criminal Justice (PS)
Eldonna Gossett, Pres, Spokane Valley Chamber of Commerce (EV)
Cindy Green, Spokane Regional Health District (HP)
Eric Green, President, Crimestoppers of the Inland Northwest (PS)
Catherine Greer, Managing Director, Connect Northwest (EV)
Bill Grimes, Studio Cascade (EN)
Chris Guidotti, Riverside State Park (EN)
Rich Hadley, CEO, Greater Spokane, Inc. (ED)/(EV)

Chuck Hafner, Board of Health - SRHD (HP)
Bart Haggin (EN)
Matt Hallon, Internal Medicine Spokane (HP)
Deb Harper, Group Health (HP)
Craig Hart, CEO, Hart Capital (EV)
Lunnel Haught (EN)
Debra Hayes, Spokane County (PS)
Michelle Hege, Desautel Hege Communications (EV)
Tim Henkel, CEO, United Way of Spokane (HP)/(ED)
John Hensley, Chief, Cheney Police Department (PS)
Mike Hillborn, WA DSHS (HP)
Jared Hoadley, Mead School District (PS)
John Holman, City of Spokane Valley (EN)
Peg Hopkins, CEO Community Health Association of Spokane (CHAS) (HP)
Bruce Howard, Avista (EN)
Karen Hudson, Spokane County Unit(ED) Way (ED)
Tricia Hughes, ESD 101 (ED)
Mark Hurtubise, CEO Inland NW Community Foundation (ED)
Brian Jennings, City of Cheney (EN)
Chad Jensen, CEO Inland Power & Light (EV)
Christine Johnson, Chancellor Community Colleges of Spokane (ED)
Deb Johnson Education, Director Prodigy NW (ED)
Mary Lou Johnson (PS)
Tom Johnson, CEO, STCU (EV)/(ED)
Lisa Jordan, Board president Deer Park School District (HP)
Tom Karier, NW Power Planning & Conservation Council (EN)
Joe Kennedy, Head of School, St. Georges (ED)
Kitty Klitzke, Futurewise (EN)
Ozzie Knezovich, Spokane County Sheriff's Office (PS)
Derrick Knowles, Conservation Northwest (EN)
Kathy Knox, Public Defender City of Spokane (PS)
Jim Kolva, Kolva Associates (EN)
Roberta Kramer, Superintendent, Riverside School District (ED)
Larry Krauter, CEO, Spokane International Airport (EV)
Tyler Lafferty, Principal, Seven2 (EV)
Terry Lawhead, E. WA Regional Officer, WA Dept. of Commerce (EV)
Rob Lindsay, Spokane County (EN)
Toni Lodge, Native Project (HP)
Eric Loewe, Executive Officer SNEDA (EV)
Mary Logan, Presiding Municipal Court Judge City of Spokane (PS)

Nick Lovrich, Professor, Department of Political Science, WSU (PS)
Kerry Lundstroth, Board president, East Valley School District (ED)
Bob Lutz, Board of Health - SRHD (HP)
Garman Lutz, Chair, Empire Health Foundation board (HP)
Sam Mace, Save Our Wild Salmon Coalition (EN)
Bonnie Mager, Priority Spokane (EN)
Regina Malveaux, YWCA (HP)/(PS)
Sandy Manfred, Mental Health Therapeutic Court Manager Spokane County (PS)
Janice Marich, Spokane County United Way (ED)
Ann Martin, Director Greater Spokane Progress (PS)
Chris Martin, Executive Director Prodigy NW (ED)
Bob Materne, Owner Swinging Door (EV)
Tom Mattern, Deputy Director Spokane County Emergency Management (PS)
Mark Mattke, CEO, Spokane Area Workforce Development Council (EV)/(ED)
Wim Mauldin, Director, Spokane Alliance (EV)
Donna McBride, Chief Probation Officer, City of Spokane (PS)
Rob McCann, Executive Director, Catholic Charities (EV)
Matt McCoy, Executive Director, International Trade Alliance (EV)
Thane McCullough, President, Gonzaga University (ED)
Dennis McGaughey, Lutheran Community Services (HP)
Pam McLeod, Board president, West Valley School District (ED)
Cindy McMullen, Board member, WA State Board of Education (ED)
F. Lee Mellish, Liberty Lake Sewer & Water District No. 1 (EN)
Travis Merrigan, College Success Foundation (ED)
D.R. Michael, Upper Columbia United Tribes (EN)
Todd Mielke, Commissioner, Spokane County (EV)/(HP)
Bart Mihailovich, Spokane River Keeper (EN)
Maggie Miller-Stout, Superintendent, Airway Heights Correction Center (PS)
John Moloney Moloney, O'Neill Corkery & Jones (EV)
Liz Moore, Director, Peace & Justice Action League (PS)
Marcelo Morales, CEO, Jubilant Hollister-Stier (EV)
Maryanne Moreno, Superior Court Judge, Spokane County (PS)
Scott Morgan, President, IEL Community Colleges of Spokane (ED)
Bill Motsenbocker, Superintendent, Liberty School District (ED)
Nicole Munoz, YMCA (HP)
Annie Murphey, Program manager, STOP (Social Treatment Opportunity Programs) Spokane (PS)
Bob Murphy, Mediator, Greater Spokane Progress (PS)
Mark Newbold, Maloney O'Neill (HP)
Russ Nobbs, Rings & Things (EN)

Susan Norwood, Board of Health - SRHD (HP)
Mike Nowling, Family Home Health Care (HP)
Rick O'Conner, CEO, Super Color Photos (EV)
Shelly O'Quinn, Board of Health - SRHD (ED)/(PS)
Deane Osterman, Kalispell Tribe (EN)
Rachael Paschal, Osborne Center for Environmental Law & Policy (EN)
John Pederson, Spokane County (EN)
Cleve Penberthy (ED)
Kevin Person, Wagstaff Engineering (EV)
Mike Petersen, The Lands Council (EN)
Grant Pfeifer, WA State Department of Ecology (EN)
Sandy Phillips, Spokane Regional Health District (EN)
Jimmy Pierce, President, Spokane Ministers Fellowship (PS)
Brian Pitcher, WSU Spokane (EV)/(HP)
Terry Pollard, CEO, American Red Cross Inland NW Chapter (PS)
Randy Primmer, Board President Freeman School District (ED)
Sally Pritchard, United Way of Spokane (ED)
Jan Quintrall, Director, Bus. Development Services City of Spokane (EV)
Paul Read, Publisher, Spokane Journal of Business (EV)
Shelley Redinger, Superintendent, Spokane Schools (ED)
Marvin Reguindin, Inland NW Business Alliance (EV)
Mike Reinkin, Deputy, Prosecutor City of Spokane (PS)
Linda Reynolds, CEO, VA Hospital, Spokane (HP)
Tim Rhoades, Owner, Rock City Grill (EV)
Edie Rice-Sauer, Transitions (HP)
Mark Richard, President, Downtown Spokane Partnership (EV)
Doug Rider, Spokane Water Conservancy Board (EN)
Amy Riffe, Spokane Regional Health District (HP)
John Riley, Juvenile Court judge (retired), Spokane County (PS)
Ken Roberts, Director, WWAMI - Spokane (HP)
Tom Rockefeller, PhD, Superintendent, Mead School District (ED)
John Rodgers, Spokane County Public Defenders Office (PS)
Kerry Rodkey, Economic Dev., Manger SNAP (EV)
Brett Rogers, State Director, WA Small Business Development Centers (EV)
Marilee Roloff, Volunteers of America (HP)
Rick Romero, City of Spokane (EN)
Jay Rowell, Assistant Superintendent Central Valley School District (PS)
Kristine Ruggles, Christ Clinic (HP)
Randy Russell, Superintendent Freeman School District (ED)
Shannon Salyer, Coalition of Responsible Disabl(ED) (PS)

Teresa Sanders, City of Spokane (EN)
Bill Savitz, CEO, Garco Construction (EV)
Bob Scarfo, Washington State University (EN)
Julie Schaffer, Attorney Center for Justice (PS)
Gary Schimmels, City of Spokane Valley (EN)
Fred Schrupf, Spokane Schools (ED)
Steve Scranton, Washington Trust Bank (EV)
Sam Selinger, NW Heart Lung (HP)
Gene Sementi, Superintendent, West Valley School District (ED)
Michael Senske, CEO, Pearson Packaging (EV)
Lisa Shafer, Pawprint Genetics (EV)
Vickie Shields, Dean, EWU (ED)
Ben Small, Superintendent, Central Valley School District (ED)
Kyle Smith, Commanding Officer, Salvation Army of Spokane (EV)
Tim Smith, Daybreak (HP)
Torney Smith, Spokane Regional Health District (HP)
Jon Snyder, Board of Health - SRHD (HP)/(PS)
Jon Snyder, City of Spokane (PS)
Jason Soucinek, Life Services (HP)
Bryan St. Clair, Modern Electric Water Company (EN)
Dennis Sterner, Dean Whitworth University (ED)
Rebecca Stolberg, Eastern Washington University (ED)
Frank Straub, Chief, Spokane Police Department (PS)
Jack-Daniyel Strong, President, East Spokane Business Association (EV)
Ben Stuckart, President, Spokane City Council (PS)/(HP)
Greg Sweeney (EN)
Kevin Sweeney, CEO, Providence Physicians Services (HP)
David Swink, Spokane, Regional Health District (EN)
Bill Symmes, Principal, Witherspoon Kelley (EV)
Brian Talbott, Superintendent, Nine Mile Falls School District (ED)
Steve Tammaro, YMCA (HP)
Beck Taylor, President, Whitworth University (ED)
Kathy Thamm, Executive Dir, Community-Minded Enterprises (HP)
Jason Thaxton, VP of Economic Development, Avista (EV)
Beth Thew, Secretary-Treasurer, Spokane Regional Labor Council (EV)
Jeff Thomas, Frontier Behavioral Health (HP)
David Thompson (EN)
Mike Thompson, Chief, Spokane Valley Fire Department (PS)
Kim Thorburn, Spokane Audubon Society (EN)
Joe Tortorelli, Economic Development NW (EV)

Robin Toth, VP of Business Development, Greater Spokane, Inc. (EV)
Tom Towey, Board of Health - SRHD (HP)/(EV)
John Traynor, Asst. professor, Gonzaga University (ED)
Tom Trulove, Board of Health - SRHD (HP)
Steve Tucker, Spokane County prosecutor, Spokane County (PS)
Debbie Tully, Associate Dean, Whitworth University (ED)
Doug Tweedy, Regional Economist, WA State Employment Security Department (EV)
Rick Van Leuven, Spokane Valley Police Department (PS)
John Van Sant, Director, Campus Safety & Security Gonzaga University (PS)
Francisco Velasquez, CEO, PAML (EV)
Pam Veltri, Superintendent Medical Lake School District (ED)
Mary Verner, Interim CEO, Spokane Tribe (EV)
Rod Von Lehe, Board president, Medical Lake School District (ED)
Amber Waldref, City Council Member, City of Spokane (EV)
Happy Watkins (PS)
Georgie Ann Weatherby, Director, Gonzaga University, Criminal Justice Program (PS)
Nancy Webster, CEO, St. Luke's Rehabilitation Institute (HP)
Gaye Weiss, Director, Spokane AIDS Network (HP)
Bob West, Municipal Probation Officer, City of Spokane (PS)
Craig Whiting, Rockwood Clinic (HP)
James Wilburn, President, Spokane NAACP (PS)
Bobby Williams, City of Spokane Fire Dept (PS)
Bruce Williams, Geoengineers (ED)
Lyndia Wilson, Spokane Regional Health District (HP)
Wendy Wilson, Administrator Spokane District Dental Society Foundation (HP)
Dick Winchell, Eastern Washington University (EN)
John Winder, Washington STEM (ED)
Doug Yost, Manager, Centennial Properties (EV)
Dorothy Zeisler-Vralstad, Eastern Washington University (EN)
Len Zickler, AHBL (EN)



St. Luke's Rehabilitation Institute
2019 - 2021 Community Health Improvement Plan Report



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EXECUTIVE SUMMARY

Assessing community health needs and developing plans to address those needs are essential for hospitals to understand and help meet the needs of the communities they serve. This concept was reinforced by the Patient Protection and Affordable Care Act which contains requirements for tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years, and in response to the CHNA, adopt a Community Health Improvement Plan to meet the health needs identified through the community-wide assessment. The 2018 CHNA was a broad, coordinated community-wide health assessment effort for Spokane County conducted by a consortium of community partners, including St. Luke's and members from the parent organization for St. Luke's, Providence Health Care. This document represents the Community Health Improvement Plan (CHIP) that St. Luke's will follow for the next three years in order to address specific needs identified in the 2018 CHNA. We offer our sincere thanks to our community partners and stakeholders for participating as a community member in the process through which community health needs for St. Luke's to address were determined. Without the generous gift of their time, completion of the needs assessment and this implementation plan would not have been possible.

2019 - 2021 Community Health Improvement Plan Priorities

As a result of the findings of our 2018 CHNA and through a prioritization process aligned with our mission, resources, and hospital strategic plan, St. Luke's Rehabilitation Institute will focus on the following areas for its 2019 - 2021 Community Benefit efforts:

- Reduce suicide rates by improving life preservation strategies
- Develop a more educated workforce

MISSION, VISION, AND VALUES

Our Mission

Our mission is to be a resource for health and wellness, in order to optimize the potential for a full and productive life. We serve individuals and their families requiring expertise in medical rehabilitation.

St. Luke's Rehabilitation Institute seeks to provide value to those served by treating the whole person with regard to physical, intellectual, emotional, cultural and spiritual needs in order to restore to their fullest potential the capacity for living. Excellence of care will take place in an atmosphere of compassion, reverence and integrity.

Our Vision

Our vision is to be nationally recognized as the regional rehabilitation center of choice based upon reputation, quality outcomes and innovative care.

Our Values

Compassion

Dignity

Justice

Excellence

Integrity

INTRODUCTION

WHO WE ARE

St. Luke's Rehabilitation Institute, the largest freestanding medical rehabilitation hospital in the inland northwest, was founded in Spokane, Washington in 1994. The hospital has 102 licensed beds, 72 of which are currently available; a main campus that encompasses nearly an entire city block; and outpatient therapy clinics in 10 locations around Spokane. St. Luke's Rehabilitation Institute has a staff of more than 575 including a professional medical staff of 16 physicians and 3 advanced care practitioners. Our major programs and services include the treatment and rehabilitation of patients of all ages with strokes, spinal cord injuries, traumatic or non-traumatic brain injuries, orthopedic trauma, cardio-pulmonary conditions, and other brain, neurological, and musculoskeletal conditions.

OUR COMMITMENT TO COMMUNITY

St. Luke's Rehabilitation Institute dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2018, St. Luke's provided \$703,124 in community benefit in response to unmet needs to improve the health and well-being of those we serve in the inland northwest. Our region includes: all of Spokane County, which was the region of focus for the 2018 CHNA, but also extends to all of eastern Washington, northern Idaho, western Montana, and Alaska due to the comprehensive and specialized nature of the medical rehabilitation services we provide to people of all ages.

PLANNING FOR THE UNINSURED AND UNDERINSURED

We aim to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Luke's Rehabilitation Institute has a **Patient Financial Assistance Program (FAP)** that provides free or discounted services to eligible patients.

One way St. Luke's informs the public of its FAP is by posting notices. Notices are posted on our website (<https://www.st-lukes.org/uploadedFiles/Financial-Assistance-Care-Policy.pdf>), and in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible.

OUR COMMUNITY

Definition of Community Served

St. Luke's is located in Spokane County. Geographically, the county is located on the eastern side of the state, bordering Idaho. Over 90% of patients receiving inpatient care at St. Luke's reside in Spokane County, and over 95% of patients receiving outpatient care at St. Luke's reside in Spokane County.



Population and Age Demographics

In 2016, Spokane County was the fourth most populous county in the state with 492,530. The city of Spokane was the state's second most populous incorporated city with 214,500 individuals. In 2016, seniors made up the smallest proportion of the county population; although, this age segment saw the largest increase in proportion over the last decade at 3%. In 2016 the population comprised:

- 22.8% youth (0-17 years)
- 23.8% young adults (18-34 years)
- 37.8% older adults (35-64 years)
- 15.6% seniors (65 years and older)¹

Race, Ethnicity, and Languages Spoken at Home

Among Spokane County residents in 2015, 88.7% percent were white, 4.5% were of two or more races, 2.2% were Asian, 1.6% were African American/black, 1.3% were American Indian/Alaska Native, and 0.5% were Native Hawaiian/Pacific Islander. Residents of Hispanic ethnicity comprised 5.4% of Spokane County's population.² Over 92% of Spokane County residents spoke only English at home, with nearly 1% each speaking primarily Russian or Spanish at home. The remaining 6% spoke from among 30 other languages.³

Education

Among Spokane County adults 25 years of age or older in 2015, 25.8% obtained a high school education/GED, while another 39% obtained some college or an AA degree, and 28.4% obtained a bachelor's degree or higher. Only 6.8% did not graduate from high school.⁴

Income Levels

In 2016, the projected median household income in Spokane County was \$49,482, compared to \$65,500 statewide.⁵ In 2015, 15.5% of individuals in the county lived below 100% federal poverty level (FPL), and

¹ Source: Washington State Office of Financial Management

² Source: U.S. Census Bureau, American Community Survey, 2015. Table B02001

³ Source: U.S. Census Bureau, American Community Survey, 2011-2015. Table B16001

⁴ Source: U.S. Census Bureau, American Community Survey, 2015. Table S1501

36.5% lived below 200% FPL. The proportion of Spokane County residents living in poverty (below 200% FPL) was significantly higher than the statewide proportion (28.6%).⁶

Health Status

The top three causes of death in Spokane County in 2016 were cancer at 22.2%, heart disease at 17.4%, and unintentional injury at 7.7%. Stroke was the 6th leading cause of death at 5.1%. Suicide was the 8th leading cause of death at 2.0%. Among those 12-24 years of age, suicide accounted for 24.5% of all deaths, and for those 25-44 years of age, 18.3% of all deaths.⁷

Residents Living with a Disability

Spokane County encompassed 6.8% of the state's population with a disability. Disability includes those with impairments common to St. Luke's patients, including limitations in hearing, vision, cognition, ambulation, self-care, and independent living. Among those 75 years of age or older, 57.5% were living with a disability. Overall, Spokane County has higher disability rates than the state.⁸

Percent of Population with a Disability by Age, 2015

	Spokane County	Washington State
Under 5 years	0.6%	0.7%
5-17 years	5.0%	5.1%
18-34 years	9.2%	6.9%
35-64 years	16.4%	13.3%
65-74 years	25.0%	26.3%
75+ years	57.5%	50.7%
Total	15.1%	12.9%

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs, Assets, Assessment Process and Results

St. Luke's partnered with the Spokane Regional Health District (SRHD), Priority Spokane, and others in the community to conduct the 2018 community needs assessment using the most recent data available. The purpose was to prioritize the needs of the community, especially among those living in poverty and with the least access to resources, and to promote collaborative opportunities to improve health and well-being in Spokane County. Over 400 email invitations were extended to community members to participate in one of six task force committees: Healthy People, Education, Economic Vitality, Public Safety, Environment, and Housing and Transportation.

The process to identify community health needs began with a broad community-wide coordinated assessment process in order to align the needs of the many organizations, including St. Luke's, who are required to perform periodic assessments of community needs. In 2017-2018, SRHD convened

⁵ Source: Washington State Office of Financial Management

⁶ Source: U.S. Census Bureau, American Community Survey, 2015. Table B17002

⁷ Source: Washington State Department of Health, Center for Health Statistics

⁸ Source: U.S. Census Bureau, American Community Survey, 2015. Table S2701

stakeholders from across Spokane County in a multi-meeting assessment process in which task forces on Economic Vitality (72 participants), Education (68 participants), Environment (51 participants), Healthy People (146 participants), Housing/Transportation (115 participants), and Public Safety (77 participants) identified the most pressing needs in the community within their domains, all of which are determinants of community health. St. Luke's participated in the 2018 Healthy People Task Force as an initial event in its CHNA process.

Task forces were utilized to obtain the voice of those working and living in our community. Multiple meetings were set for each task force to gain input from others experiencing or specializing in that specific area. An explanation of direct community input can be found on the Spokane Regional Health District website, <https://srhd.org/data-and-reports> for the joint needs assessment document. Secondary data reviewed by the community and used to prioritize the community needs can be found at: <http://www.communityindicators.ewu.edu/category.cfm?id=0>.

Each of the six task forces convened for a series of meetings to evaluate local data and identify emerging issues of concern. Initially, task forces reviewed data from publicly available Community Indicators websites and local citizen surveys, including a Spokane County Quality of Life survey managed by SRHD, worked to identify emerging issues, and prioritized the indicators. Next, the task forces focused on reviewing and discussing the data to understand context and root causes. These discussions led to prioritization of the needs of the community within each task force. At the conclusion of the task force process, a joint assembly of all task forces was convened to select and prioritize needs across task forces.

St. Luke's augmented the primary and secondary data utilized in the broader community-wide assessment with additional community input (focus groups). We convened focus groups of patients and their caretakers at our various support groups (amputee, stroke, and spinal cord injury support groups) to serve as stakeholders for the CHNA. We also convened a focus group external to St. Luke's at a local business leaders group, Greater Spokane Incorporated, in order to gain their perspective on the selected community health needs. Focus groups were conducted by members of St. Luke's Executive Committee during the month of November, 2018. The inclusion of input from support groups was deemed critical since it allowed for us to hear directly from patients and family members of the vulnerable populations St. Luke's serves. Focus groups used the following criteria when selecting health needs for which they felt St. Luke's could have substantial impact:

- Does the community recognize the issue as a need?
- Would an implementation strategy address the needs of the disabled, vulnerable, underserved?
- Would addressing the need be feasible and effective for St. Luke's?
- Would an implementation strategy improve or maintain individual health outcomes?
- Would an implementation strategy be redundant or duplicate services already available in the community?

St. Luke's anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2018 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by St. Luke's in the enclosed CHIP.

Identification and Selection of Significant Health Needs

This final community-wide assessment meeting included over 200 individuals, including representatives from St. Luke's. Votes were cast for the top needs. The Task Forces identified 18 topical priorities representing the most pressing community health needs that individual agencies, including St. Luke's, would utilize in further focused community health needs assessment. Based on all of the input received through this assessment process, the following is a list of significant health needs:

- Economic Vitality
 1. Develop a more educated workforce
 2. Create nationally competitive and sustainable jobs
 3. Increase wages and income
- Education
 1. Improve access and services among students for mental health needs
 2. Assist low income students success in K-12 and their entry into postsecondary education
 3. Improve school safety
- Environment
 1. Reduce local impacts of climate change by local actions
 2. Protect and preserve the Spokane Rathdrum Aquifer
 3. Increase population density to prevent urban sprawl into rural land
- Healthy People
 1. Reduce suicide rates by improving life preservation strategies
 2. Reduce impacts of family trauma and violence
 3. Reduce food insecurity
- Housing and Transportation
 1. Improve the availability of affordable housing
 2. Develop housing together with transit systems
 3. Reduce poverty rates
- Public Safety
 1. Reduce impacts of family trauma and violence
 2. Increase access and services for residents with co-occurring substance abuse and mental health conditions
 3. Increase access and services for residents dealing with substance abuse issues

Community Health Needs Prioritized

Responses from all focus groups endorsed our efforts to address community needs in two areas. Using the results from the community vote and grouping similar areas of work, the final two priorities are:

- **Reduce suicide rates by improving life preservation strategies**
- **Develop a more educated workforce**

The prioritized health needs identified through this process will become the basis for implementation strategies in this Community Health Improvement Plan.

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. This holds true even for some needs identified in the 2018 community-wide CHNA process. However, although we are not directly addressing some needs identified in the 2018 community-wide CHNA process, St. Luke's is committed to continuing our Mission through working with other facilities and organizations in the community who are addressing these needs, and to coordinate care and referral to those with these unmet needs.

The following community health needs identified in the community-wide CHNA process will not be addressed and an explanation is provided below:

- Needs delineated under *Education, Environment, Housing and Transportation, and Public Safety* will not be addressed by St. Luke's as this is beyond the scope of our expertise. However, as an organization, we are committed to partnering with likeminded organizations in the community who are experienced in addressing aforementioned needs.
- St. Luke's will be addressing the *Healthy People* sub-category of reducing suicide rates by improving life preservation strategies and *Economic Vitality* sub-category of developing a more educated workforce. Other sub-categories of these domains are beyond our current scope of expertise.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

On October 16, 2018 a group of St. Luke's staff gathered to initiate review and discussion of the community-wide 2018 CHNA and additional input from our community stakeholders. This group included representatives from Hospital Administration, Inpatient Clinical Operations, Outpatient Clinical Operations, Quality Improvement, Social Work, Hospital Finance, Human Resources, Nursing Operations, Medical Staff, and Research. On December 16, 2018 the group met again for a final prioritization of needs, and to vote on specific needs on which St. Luke's would focus its 2019-2022 community benefits efforts.

Prioritization was based on the following criteria:

- Input from the community
- Our experience with being impacted by the need
- Avoidance of duplicated effort from other (more experienced) organizations addressing the need
- Ability for the hospital to have a meaningful role in intervening on the need

After voting, St. Luke's identified and committed to addressing the following priority areas of need:

- Reduce suicide rates by improving life preservation strategies
- Develop a more educated workforce

Addressing the Needs of the Community:

1. Initiative/Community Need being Addressed: Reduce suicide rates by improving life preservation strategies

Goal (anticipated impact): Increase detection of those intending/attempting suicide or with depression in our community while increasing access to community partners who provide mental health services.

Scope (Target Population): Those needing mental health services for suicidal ideation/attempt or depression while in St. Luke's care.

Outcome Measure	Baseline	2019 Target	2021 Target
Reduction in rates of suicide in Spokane County (suicide ideation/attempt is a rare event at St. Luke's; therefore, we will depend on reduction in rates in the community as an indicator of our success to contribute to a reduction in rates)	Suicide mortality rate in Eastern Washington: 19 per 100,000; hospitalization for suicide attempt: 65 per 100,000 (2014)	TBD in collaboration with community partners	TBD in collaboration with community partners

Strategy(ies)	Strategy Measure	Baseline	2019 Target	2021 Target
1. Detect and refer youth in need of mental health services for suicidal behavior or depression	Percent of youth reporting suicidal behavior or depression referred to school mental health counseling resources by St. Luke's school-based licensed athletic trainers	4 referrals made in pilot testing in Jan-Feb 2019	100% reporting suicidal behavior or depression referred to school mental health counseling	100% reporting suicidal behavior or depression referred to school mental health counseling
2. Partner with Providence RISE (Resources-Insight-Support-Empowerment) program to increase referrals to mental health services for suicidal behavior/depression	Number of inpatient and outpatient referrals to RISE program for suicide ideation/attempt or depression	0 referrals to RISE program services	10 referrals to RISE program services	30 referrals to RISE program services
3. Provide education to St. Luke's caregivers on suicide prevention training & community mental health resources	Number of staff educated by Providence RISE program, Prevent Suicide Spokane Coalition, or INHS Community Wellness	0 Staff educated by these community resources	50 Staff educated by these community resources	150 Staff educated by these community resources

Evidence Based Sources: <https://srhd.org/media/documents/Suicide-Report-2017.pdf>;
<https://annals.org/aim/fullarticle/1872851/screening-suicide-risk-adolescents-adults-older-adults-primary-care-u>;
<https://jamanetwork.com/journals/jama/fullarticle/2484345>;
<https://annals.org/aim/fullarticle/2490528/screening-depression-children-adolescents-u-s-preventive-services-task-force> ; <https://www.nami.org/>

Key Community Partners: Inpatient and Outpatient Psychology at St. Luke's, Aging and Long Term Care of Eastern Washington, Anchor Counseling Services, Catholic Charities Counseling Services, Community Health Association of Spokane, Frontier Behavioral Health (includes First Call for Help Crisis Hotline), Inland Northwest Behavioral Health, Lutheran Community Services, Heart to Heart Counseling, Native Health, Prevent Suicide Spokane Coalition, Providence Resources-Insight-Support-Empowerment (RISE) program, Providence Sacred Heart Medical Center, Spokane County Regional Support Network, Survivor Support Services

Resource Commitment: Staff time to receive training from RISE program and Prevent Suicide Spokane Coalition, staff time to make referrals to school-based counseling resources, advocacy/participation by St. Luke's leadership in Prevent Suicide Spokane Coalition

2. Initiative/Community Need being Addressed: Develop a more educated workforce

Goal (anticipated impact): Increase number of individuals being educated for careers in health care.

Scope (Target Population): Those in Spokane County seeking a career in health care.

Outcome Measure	Baseline	2019 Target	2021 Target
Reduction in vacancy rate time to fill openings at St. Luke's	Time to Fill: 38.4 days Vacancy rate average: 3.9%	Time to fill: 35 days Vacancy rate: 3.5%	Time to fill: 30 days Vacancy rate: 3%

Strategy(ies)	Strategy Measure	Baseline	2019 Target	2021 Target
1. Increase Nursing Assistant Certification training/employment opportunities for community with emphasis on students from vulnerable community populations (i.e., Next Generation Zone, Spokane Tech schools, Worksource)	Develop DOH accredited Nursing Assistant Certified (NAC) training program at St. Luke's	No training program exists at current	Accreditation received and 1 cohort of 20 students with 90% conversion rate to NAC employment in the community	4 cohorts of 20 each with 90% conversion rate to NAC employment in the community
2. Increase number of job fair/speaking opportunities for healthcare career awareness	Engage community members with invitation into healthcare careers at entry level positions	20 formal job fairs or speaking events at high schools or community colleges for 2018	25 formal speaking events/job fairs	30 formal speaking events/job fairs
3. Increase English language speaking and writing competency of our caregivers in housekeeping, food services, and other areas as needed	Successful completion of English Language Learner (ELL) classes offered at St. Luke's	Classes implemented in 2018, 10 in cohort	20% of cohort will complete program	100% completion of program

4. Develop a medical residency program to serve community physician needs	Residency program accredited by Accreditation Council for Graduate Medical Education (ACGME)	No physical medicine and rehabilitation (PM&R) residency program exists in Spokane	Submit application to ACGME to develop an accredited PM&R residency program	Begin training first cohort of PM&R residents
5. Increase Pharmacy Technician training/employment opportunities for community with emphasis on students from vulnerable community populations (i.e., Next Generation Zone, Spokane Tech schools, Worksource)	Implementation of regional Pharmacy Technician program in partnership with University of Providence	No training program currently exists	Accreditation received and program developed for University of Providence to provide didactic and St. Luke's to provide experiential learning	Annual cohorts of with a minimum of 2 placements at St. Luke's with 90% conversion rate to Pharmacy Tech employment in the community
6. Increase Medical Assistant Certified training/employment opportunities for community with emphasis on students from vulnerable community populations (i.e., Next Generation Zone, Spokane Tech schools, Worksource)	Implementation of Medical Assistant Apprenticeship program in partnership with Washington Association for Community and Migrant Health (WACMH)	No placements at St. Luke's currently	Annual cohort with a minimum of 1 placement at St. Luke's with 90% conversion rate to Medical Assistant in the community	Annual cohort with a minimum of 2 placements at St. Luke's with 90% conversion rate to Medical Assistant in the community

Evidence Based Sources: <https://www.bls.gov/ooh/healthcare/home.htm>;
<https://wdcspokane.com/healthcare>; <https://esd.wa.gov/labormarketinfo/learn-about-an-occupation#/search>;
<https://www.acgme.org/Portals/0/PDFs/Milestones/PMRMilestones.pdf?ver=2015-11-06-120521-480>

Key Community Partners: Greater Spokane Incorporated, Next Generation Zone, Spokane Workforce Council, Spokane Community Colleges, Worksource Spokane, Spokane School District 81, Central Valley School District, Providence Health Care, INHS Health Training Network, University of Providence, University of Washington College of Medicine, WSU College of Medicine

Resource Commitment: Staff time and resources to develop and teach in Nursing Assistant Certification, Pharmacy Technician, and Medical Assistant programs, staff time to participate in job fairs and presentations, staff time and resources to teach English Language Learner courses, staff time to develop application for residency program accreditation and implement program

Other Community Benefit Programs and Evaluation Plan

Initiative/Community Need Being Addressed:	Program Name	Description	Target Population (Low Income or Broader Community)
1. Community Health	Clinical Education Program	St. Luke's clinicians serve as preceptors/clinical instructors for students in these disciplines: medicine, occupational therapy, occupational therapy assistant, nursing, pharmacy, physical therapy, physical therapy assistant, physician assistant, recreational therapy, respiratory therapy, speech therapy, social work	Broader Community
2. Impairment due to disabling conditions	Clinical Research Program	St. Luke's clinicians conduct industry-sponsored clinical trials and investigator-initiated research projects to add to the evidence-base for effective care	Broader Community
3. Women's Health	Go Red for Women	Collaborated with community efforts to increase women's heart health awareness and serve as a catalyst for change to improve the lives of women globally	Broader Community
4. Healthcare Workforce Development	Spokane Workforce Council	Collaborative effort with businesses, government, labor, education, and community-based organizations to create a workforce that meets the needs of the region	Broader Community
5. Community Health	Community Health Assessment Board	In collaboration with the regional health district, government, education, and community-based organizations, develop, plan, and implement community-based evaluation of health needs	Broader Community
6. Impairment due to disabling conditions	Gleason Neuroscience Institute	In collaboration with Washington State University, developing an institute focused on improving the lives of people with debilitating neurological diseases through clinical services and research	People with disabling neurological conditions
7. Impairment due to disabling conditions	Spokane Better Breathers Club	Facilitate and provide education to support groups for individuals with chronic lung disease and their caregivers	People with chronic lung diseases
8. Impairment due to disabling conditions	Cardiac Support Group	Facilitate and provide education to support groups for individuals with cardiac conditions and their caregivers	People with cardiac diseases and conditions
9. Impairment due to disabling conditions	Spinal Cord Injury Support Group	Facilitate and provide education to support groups for individuals with spinal cord injury and their caregivers	People with spinal cord injury
10. Impairment due to disabling conditions	Post-Lee Silverman Voice Training (LSVT) Support Group	Facilitate and provide education to support groups for individuals who have engaged in LSVT for Parkinson's Disease	People with Parkinson's Disease

11. Impairment due to disabling conditions	Stroke Support Group	Facilitate and provide education to support groups for individuals following stroke and their caregivers	People with stroke
12. Impairment due to disabling conditions	Amputee Support Group	Facilitate and provide education to support groups for individuals with amputation and their caregivers	People with amputation
13. Impairment due to disabling conditions	Stroke Education Classes	Staff provide education for patients, family and caregivers interested in exploring stroke rehabilitation across the continuum	People with stroke
14. Wellness Promotion	Spokane Heart Walk	Collaborate with community partners to promote and provide health screening services at the walk	Broader Community
15. Impairment due to disabling conditions	Brain Injury Support Group	Collaborate with Brain Injury Alliance of Washington-Spokane Chapter to support groups for individuals with brain injury and their caregivers	People with brain injury
16. Impairment due to disabling conditions	Dystonia Support Group	Provide resources and education to support groups for individuals with dystonias and their caregivers	People with brain dystonia
17. Impairment due to disabling conditions	Parkinson's Support Group	Provide resources and education to support groups for individuals with Parkinson's disease and their caregivers	People with Parkinson's disease
18. Impairment due to disabling conditions	Muscular Dystrophy Support Group	Provide resources and education to support groups for individuals with Muscular Dystrophy and their caregivers	People with Muscular Dystrophy

2019 CHIP GOVERNANCE APPROVAL

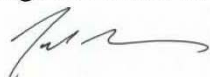
This community health improvement plan was adopted by the Board of Directors of Inland Northwest Health Services⁹ on April 22, 2019. The final report was made widely available¹⁰ on May 7, 2019.



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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments: www.st-lukes.org

⁹ See Appendix 2 for a roster of the Board of Directors of Inland Northwest Health Services

¹⁰ Per § 1.501(r)-3 IRS Requirements, posted on hospital website

APPENDIX 1: Definitions of Terms

Community Benefit: An initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

- a. Improves access to health services;
- b. Enhances public health;
- c. Advances increased general knowledge; and/or
- d. Relieves government burden to improve health.

Community benefit includes both services to the poor and broader community.

To be reported as a community benefit initiative or program, community need must be demonstrated.

Community need can be demonstrated through the following:

- a. Community health needs assessment developed by the ministry or in partnership with other community organizations;
- b. Documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; or
- c. The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

Health Equity: Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Social Determinants of Health: Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual's or population's health, are known as *determinants of health*. *Social determinants of health* are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Initiative: An initiative is an umbrella category under which a ministry organizes its key priority efforts. Each effort should be entered as a program in CBISA Online (Lyon Software). Please be sure to report on all your Key Community Benefit initiatives. If a ministry reports at the initiative level, the goal (anticipated impact), outcome measure, strategy and strategy measure are reported at the initiative level. Be sure to list all the programs that are under the initiative. Note: All Community Benefit initiatives must submit financial and programmatic data in CBISA Online.

Program: A program is defined as a program or service provided to benefit the community (in alignment with guidelines) and entered in CBISA Online (Lyon Software). Please be sure to report on all community benefit programs. Note: All community benefit programs, defined as “programs”, are required to include financial and programmatic data into CBISA Online.

Goal (Anticipated Impact): The goal is the desired ultimate result for the initiative's or program's efforts. This result may take years to achieve and may require other interventions as well as this program. (E.g. increase immunization rates; reduce obesity prevalence.).

Scope (Target Population): Definition of group being addressed in this initiative: specific description of group or population included (or not included, if relevant) for whom outcomes will be measured and work is focused. Identify if this initiative is primarily for persons living in poverty or primarily for the broader community.

Outcome measure: An outcome measure is a quantitative statement of the goal and should answer the following question: "How will you know if you're making progress on goal?" It should be quantitative, objective, meaningful, and not yet a "target" level.

APPENDIX 2: Roster of the Board of Directors of Inland Northwest Health Services

2019 Board of Directors

Mary Selecky, Board Chair

Larry Soehren, Vice Chair

Kevin Christie

Jeff Clode, MD

Daryll DeWald, PhD

Rich Hadley

Michelle Hege

Robin Hines, MD

Courtney Law, PhD

Michael O'Malley

Mike Moore, MD

Dave Peden

Jeff Philipps

Mark Schemmel, MD

Ben Small