St. Luke's
Rehabilitation Institute
INLAND NORTHWEST HEALTH SERVICES

2013
Community Health Needs Assessment and Implementation Strategy

October, 2013

A Letter from St. Luke's Leadership —

Assessing community health needs and developing plans to address selected 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 new 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 2013 CHNA conducted by St. Luke's Rehabilitation Institute (St. Luke's). Our CHNA made use of a CHNA that was conducted in 2012 for Spokane County by a consortium of community partners, including members from the parent organization for St. Luke's, Inland Northwest Health Services (INHS). For St. Luke's 2013 CHNA, we used the community needs identified in the 2012 Spokane County CHNA, and augmented the 2012 process with additional focus groups that explored the community needs for individuals that St. Luke's cares for – people with temporary or permanent disability caused by injury or disease, and their families. Individuals who have disability from neurological or orthopedic conditions have multiple needs when they return to live in their home community. This assessment specifically focused on the health needs of persons with neurological or orthopedic conditions when they return to live in the community.

The Implementation Strategies for St. Luke's that are part of this document are responsive to community needs identified through the St. Luke's 2013 CHNA. This action plan outlines the priority community health issues based on community member input, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. The Implementation Strategy addresses community needs for the years 2013 through 2015; another CHNA will be conducted in 2016.

This document is intended to report to community members and others what the broader Spokane County community has identified as community health needs and how St. Luke's, in collaboration with others in the Spokane community, intends to address those needs.

This document is intended to report to community members and others what the broader Spokane County community has identified as community health needs and how St. Luke's, in collaboration with others in the Spokane community, intends to do to address a select number of those 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 and Implementation Strategy are posted on the St. Luke's website at www.st-lukes.org or available upon request by calling (509) 473-6298.

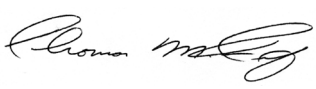

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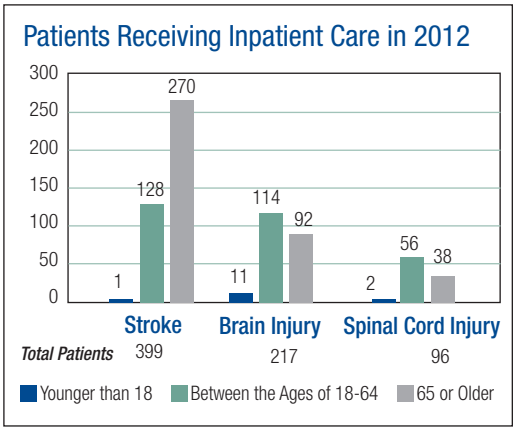
Table of Contents

I. 2013 St. Luke's Community Health Needs Assessment Report

A. A definition of the community served by St. Luke's

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 or orthopedic injuries and illnesses. It is the only free-standing inpatient rehabilitation facility in Spokane County. In 2012, more than 1,532 patients received inpatient care through St. Luke's with 93% of these patients coming from Spokane County. Nearly half of these patients received care for stroke, traumatic brain injury, or spinal cord injury. Of the 399 patients receiving inpatient care for stroke at St. Luke's in 2012, one was younger than 18, 128 were between the ages of 18-64, and 270 were age 65 or older. In 2012, of the 217 patients receiving inpatient care for brain injury at St. Luke's, 11 were younger than 18, 114 were between the ages of 18-64, and 92 were age 65 or older. Of the 96 patients receiving inpatient care for spinal cord injury at St. Luke's in 2012, 2 were younger than 18, 56 were between the ages of 18-64, and 38 were age 65 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.

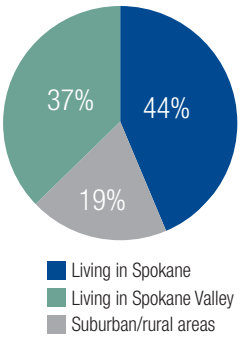


Given the primary geographic area we serve and the specific patient populations for which St. Luke's provides services, the 2013 St. Luke's Community Health Needs Assessment (CHNA) and Implementation Strategy defines the community served by St. Luke's to be patients across the lifespan from Spokane County 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.

B. Demographics of the community

According to the US Census, Spokane County's population in 2010 was 471,221, with 44% of the residents living in the City of Spokane, 19% living in the City of Spokane Valley, and the remaining 37% living in suburban and rural areas. In 2010, the county population was comprised of:

- 23% youth (0-17 years of age)
- 14% seniors (65+ years of age)



Among county residents in 2010, the racial and ethnic make-up was:

- 2% African American
- 2% American Indian or Alaskan Native
- 3% Asian, Native Hawaiian/Pacific Islander
- 5% Hispanic
- 86% Non-Hispanic White

The Spokane County high school graduation rate was greater than 80% in 2010, which exceeded the Washington State high school graduation rate of 77%. The 2010 Census estimated the median household income for Spokane County to be $46,320. Spokane County's unemployment rate has exceeded 9% since 2010.

The 2010 Washington State Population Survey estimated that 20% of Spokane County adults under age 65 were uninsured, while 6% of children (under age 18) were uninsured. The Spokane Regional Health District indicated that the top three causes of death among all deaths in Spokane County in 2010 were cancer at 22%, heart disease at 20%, and stroke at 6%. Combined, these conditions made up almost half of all deaths in Spokane County. St. Luke's sees survivors of each of these conditions in its patient populations.

The 2011 American Community Survey conducted annually by the US Census Bureau estimated that among those age 18-64 in Spokane County, 6% were living with ambulatory difficulty (walking or climbing stairs), 2% were living with self-care difficulty (dressing or bathing), and 4% had difficulty living independently (difficulty doing errands alone such as visiting a doctor's office or shopping). Among people age 65 and older in Spokane County in 2011, an estimated 24% were living with ambulatory difficulty, 8% were living with self-care difficulty, and 17% had difficulty living independently.

Therefore, the elderly bear an inequitable share of disability-related outcomes in our community.

At the conclusion of skilled inpatient care services (and often during receipt of home health services) the primary responsibility for providing care to a person with disability falls to a family member or friend. In Spokane County, the 2011 Behavioral Risk Factor Surveillance Survey estimated that more than 16% of county residents had provided care to a family member or friend in the last month. This represents an extended health care need to assure that family caregivers are educated and trained for their responsibilities, and not burdened to such a degree that they, themselves, become the patients.

Falls were the leading cause of fatal and nonfatal unintentional injury for those 65 and older in Spokane County between 2007 and 2011 according to the Washington State Department of Health. During that period, 858 deaths per 100,000 population were attributed to falls among those 65 and older in Spokane County. This exceeded the death rate from falls for the state of Washington (525 deaths per 100,000). Also during that period, 8,492 hospitalizations per 100,000 population were attributed to nonfatal falls among those 65 and older in Spokane County. This exceeded the rate of hospitalizations from nonfatal falls for the state of Washington (7,538 hospitalizations per 100,000). The local public health authority, the Spokane Regional Health District (SRHD), reports that 1 in 6 seniors (16%) in Spokane County reported falling in the past three months. SRHD also reports that seniors with a disability were 2.5 times more likely to report a fall than were seniors without a disability. Due to these high rates of death, injury, and healthcare use arising from falls, especially in seniors, falls have been recognized by the Spokane Regional Health District as a major public health problem in Spokane County for the elderly.

"St. Luke's has really helped my son get back to living a normal life."
~Focus Group Participant

Falls are also a major concern in the population served by St. Luke's.

C. Existing health care facilities and community resources available to respond to the health needs of the community

Our assessment identified a number of strong community assets available to respond to the health needs of Spokane County residents, especially those with vulnerabilities due to disability or socioeconomic challenge. A list of these assets, located in Appendix A, includes acute care hospitals in addition to St. Luke's as a medical rehabilitation hospital, ambulatory surgical facilities, a child birth center, Medicare assignment skilled nursing facilities, home healthcare agencies, health centers and clinics (including several federally qualified health centers), disease or medical condition-specific societies/associations and support groups, community transportation services, and public or private community partners. The list is not exhaustive, and does not contain reference to the hundreds of primary and specialty health care providers, mental health care providers, and dentists practicing in Spokane County.

D. How data were obtained

A Planning and Implementation Committee was formed to guide the St. Luke's CHNA and implementation strategy process. The Planning and Implementation Committee (PIC) consisted of individuals from St. Luke's and its parent company, Inland Northwest Health Services, with evaluation, community benefit, public relations, and communications experience. The PIC established the scope, timelines, methods, principles, and guidelines for conducting the CHNA and developing the implementation strategy. The PIC, in conjunction with St. Luke's administration, adopted the 2012 CHNA of Spokane County, sponsored jointly by the Spokane Regional Health District, Providence Health Care, and Empire Health Foundation. Relevant results of the 2012 Spokane County CHNA are reviewed in Section F.

The PIC and St. Luke's administration endorsed the plan to augment the 2012 Spokane County CHNA with additional information from further community input on health issues affecting the community that St. Luke's serves. St. Luke's sought input from organizations serving and representing the interests of our defined community – patients across the lifespan from Spokane County with rehabilitation needs arising from neurological or orthopedic injuries or conditions. Input was sought from public and private agencies providing health or related services within the County, including staff from the Spokane Regional Health District, and societies and support groups. The inclusion of societies and support groups was deemed critical since it allowed, in many cases, for us to hear directly from patients and family members of the vulnerable populations St. Luke's serves. Personal invitations were sent to specific members of these organizations to attend one of six focus groups, with 6-12 people in each group. To assure representation by a full spectrum of community members serving and representing the interests of our defined community, focus groups were held with three audiences:

- Patients/family caregivers and support groups
- Community partners who work with St. Luke's to meet the needs of our patient populations
- Community program services that overlap with St. Luke's, but who don't necessarily have direct interaction with St. Luke's

The specific names of organizations providing input through the focus groups are located in Appendix B.

E. The health needs of the community

Overview of the process for the 2012 Spokane County CHNA

The 2012 Spokane County CHNA engaged the community in a thorough process over a two-month period. More than 70 community organizations and individuals with expertise in community health issues came together to review both quantitative and qualitative data. Demographic and emergency room data, Spokane Counts (a report on 50 health measures on behavior, status, and outcomes), and the results from a health inequity assessment were evaluated. The data were ranked by trend, magnitude, comparison to state and national results, comparison to national Healthy People 2020 Goals, and the presence of health disparities indicating areas needing improvement.

In subsequent meetings, participants broke into five town hall-style discussion groups to explore data categories and test their professional observations against the research. Qualitative information from the discussion groups was compiled into a summary and presented to the larger meeting for a formal vote on the community's highest priorities. Participants used the following criteria for selecting the community's highest priority issues:

- Affects the greatest number of community members, particularly as it pertains to the poor and vulnerable;
- Is predictive of other outcomes; it's an underlying cause of other issues;
- Impacts various aspects of community life;
- An area in which we, as community, believe we can make a difference; there are opportunities for partnerships; change can occur within three years.

The process for the 2013 St. Luke's CHNA

In July 2013, the PIC conducted six focus groups on the St. Luke's campus with the goal of identifying priority health issues for the patient population served at St. Luke's, and that were actionable by St. Luke's and its partners. At the initiation of each focus group, a list of the community health needs identified in a 2012 community-wide CHNA for the entire population of Spokane County was distributed. Each group was asked to identify from the list of identified community health needs their top choices for most important needs for the specific community served by St. Luke's Rehabilitation Institute. Secondarily, groups were also asked to identify any needs specific to the population served by St. Luke's that were not identified on the county-wide list from the 2012 CHNA. They were also asked to comment on particular ways that St. Luke's could meet the needs of this population, and what they knew about other efforts in our community (planned or under way) to meet these needs.

Focus group information was tabulated and presented to the administration at St. Luke's who, in conjunction with the PIC, formulated actionable plans to address the needs that could be met by St. Luke's. This process resulted in the 2013 CHNA and Implementation Strategy for St. Luke's Rehabilitation Institute. The Implementation Strategy reports to community members and others what St. Luke's has identified as priority community health needs and how it intends to address those needs. Finally, the CHNA and Implementation Strategy was brought to the St. Luke's Board of Directors for comment, revision, and eventual endorsement. The summaries of the information collected from the focus groups are located in Section F.

F. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

Findings from the 2012 Spokane County CHNA

The 2012 Spokane County CHNA identified the following as primary health needs affecting the community of Spokane County:

- Mental health
- Care coordination/management
- Substance abuse
- Access to providers
- Obesity/diabetes
- Child abuse
- Nutrition & physical activity
- Vaccine preventable disease
- Falls in the elderly
- Responsible sexual behavior
- Asthma

> *"The commitment and relationship that St. Luke's has with our Colleges and Universities, has really helped our students."*
>
> *~Focus Group Participant*

Significant Findings from the 2013 St. Luke's CHNA

The 2013 St. Luke's CHNA took this list and, based on focus group feedback, identified the primary health needs to reflect the needs that St. Luke's could most influence in the population it primarily serves – those with disability arising from neurological or orthopedic injuries or conditions.

While there were many important topics discussed in each of the focus groups, four areas of community need emerged as prominent in all of the groups. The first three of these four areas of need were also identified as areas of need for the general Spokane population on the 2012 community-wide CHNA. However, the focus groups presented feedback for each of these needs that were specific to the needs of the community served by St. Luke's. These four topics, presented in no particular order, were:

- Care coordination and management of services for patients
- Access to services/providers
- Mental health services
- Education and resources for patients and their informal caregivers

The specific focus of each of these four areas of need was on the period of time after discharge, and during the time after skilled care services had ceased. In general, focus group participants were very complimentary of the inpatient care provided by St. Luke's, and did not identify major health needs for the community during the inpatient stay. In other words, the community was encouraging St. Luke's to take a long-term view for services needed by patients and caregivers after discharge. Below are details about what respondents shared on these topics.

Care Coordination and Management of Services for Patients

All groups described that the community served by St. Luke's could benefit from more organized care coordination/management during and following the transition home. Participants advised that interventions to improve care coordination should ensure successful transitions home, with part of this success being defined as staying healthy enough at home to avoid a hospital readmission. The focus of each group centered more on successful coordination of services to support the patient post-discharge than on the traditional care coordination model of formal disease management. It was emphasized that St. Luke's could play a primary role in addressing the public health problem of falls in the elderly by conducting a pre-discharge formal assessment of fall risk to assure that services were arranged for patients prone to or at risk for falling after rehabilitation discharge.

Access to Services/Providers

Access to services in the community was identified by each focus group as a major need of the community served by St. Luke's. The groups made it clear that this need was not equated with access to providers that might arise from being under- or uninsured. Instead, the focus groups were clear that this need was about patients' lack of awareness about the existence of certain community services, and even if aware, confusion about how to access those services. This resulted in a consistent suggestion that the general community develop a one-stop community database/resource that could serve as a clearinghouse for community resources. It was emphasized that St. Luke's, like other hospitals in our community, could do better at educating patients and caregivers about available local outpatient health and support services in our community.

Mental Health Services

Services for mental health conditions were identified by each focus group as a major need of the community served by St. Luke's. A persistent perception was that mental health care was not well integrated into the inpatient experience at any hospital, and that it was an afterthought post-discharge for those in need of mental health services. Because inpatient rehabilitation provides an opportunity in which the patient is accessible for screening for mental health conditions, St. Luke's was encouraged to do more to screen for and, if screening indicated the need, refer patients for mental health services. Screening for depressive disorders was noted as the most urgent need.

Education and Resources for Patients and their Informal Caregivers

Education was also identified as a need in all focus groups, including education for patients and caregivers on disease and injury prevention, disease management, and lifestyle factors related to rehabilitation-specific illness or injury. Respondents felt that St. Luke's was the community "center-of-gravity" for expertise on rehabilitation services for brain injury, stroke, spinal cord injury, and orthopedic injury. As such, the collective expertise of St. Luke's staff needed to actively engage in educating the community on how to prevent these illnesses or injuries, and how to live successfully after sustaining such an illness or injury. St. Luke's was specifically encouraged to become one of the community leaders on public education for primary prevention of falls, and to engage in fall risk screening opportunities with local university professional education programs as partners to take advantage of student power.

G. The process for identifying and prioritizing community health needs and services to meet the community health needs

For the 2013 St. Luke's CHNA, the following questions were considered by the community focus groups when prioritizing community health needs and services to meet the needs of the population served by St. Luke's:

- Does the community recognize the issue as a need?
- Can existing community programs be leveraged to help more people?
- Would a project/program address the needs of the disabled, vulnerable, underserved?
- How many people would benefit from the project/program?
- Would a project/program be feasible and effective?
- Would the project/program improve or maintain individual health outcomes?
- Does the project/program duplicate services that are already available in the community?
- Does the project/program further St. Luke's goal of getting patients back to living their lives as independently as possible?

"We received the most excellent services and were provided all the information that we needed to know from the time we came through the door till the time we left."

~Focus Group Participant

H. The process for consulting with persons representing the community's interests

Persons representing the community's interests were engaged in the focus groups. Following the community focus groups, a summary of all the focus groups was delivered to each attendee with an invitation to provide us with feedback about whether the summary captured the essence of the conversation correctly, whether pertinent features of the focus group conversation were missing, and whether further input would help define or clarify issues of importance. This feedback was incorporated into the final focus group summary presented in Section F.

I. Information gaps that limit St. Luke's ability to assess the community's health needs

County-specific data on the health care needs of the uninsured, low-income, and disabled are, at best, sparse. These information gaps limit the ability to more fully understand health needs of specific groups of persons for which St. Luke's provides services. For example, information to understand the specific local health needs of individuals with disabilities is limited or non-existent. Large, systematic surveys of US citizens, such as the Behavioral Risk Factor Surveillance System sponsored by the CDC, sparsely sample from Spokane County, making the representativeness of the information obtained from such surveys unknown. The representativeness issue is compounded by the fact that within a small sample, an even smaller proportion of the sample represents people with physical disabilities, which are a primary population served by St. Luke's. Thus, few data sources exist which directly ask patients with disabilities about their health needs. Even when some data exist on which to make assessments of health needs of vulnerable populations, it is often fragmented across multiple sources.

We fully acknowledge the existence of gaps in knowledge about community health needs, and understand that collecting population data (especially locally-representative data for specific segments of the population) is expensive and time-consuming. Given limitations of systematic efforts to collect population data, we understand and embrace the process of seeking direct community input through focus groups to more fully understand the health issues affecting the community served by St. Luke's.

J. Availability of St. Luke's Community Health Needs Assessment

St. Luke's CHNA and Implementation Strategy are widely available to the public through three means: (1) It is posted on St. Luke's website as a PDF document, and available for download without need to create an account or provide personally identifiable information. (Per IRS requirements, the two most recent CHNAs will always be available on the St. Luke's website. At this time, only the 2013 CHNA is on the site as it is the only CHNA conducted to date.) (2) An electronic copy of the CHNA in PDF format can be emailed upon request. The contact information to obtain a copy of St. Luke's CHNA is posted on St. Luke's website. (3) A print copy is available for public inspection without charge at St. Luke's main administration office.

II. St. Luke's Rehabilitation Institute Implementation Strategy for 2013-2015

The health needs covered in the implementation strategy address significant health needs identified through the CHNA. In addition to the actions St. Luke's intends to take to address the health needs, we identify how our strategies will reduce these barriers, and identify the data sources to track the strategies' impact on the barriers. We also identify the programs and resources we will commit to address the health needs.

A. Community Priorities for St. Luke's – list of community health needs and priorities identified by the community that St. Luke's will address

Four significant health needs, presented in no particular order, were identified through the CHNA:

- Care coordination and management of services for patients
- Access to services/providers
- Mental health services
- Education and resources for patients and their informal caregivers

St. Luke's will focus on these primary needs and work in collaboration with others throughout the community to best utilize resources, improve communication, and work toward measurable changes that address unmet needs in Spokane County.

B1. Implementation Plan Summary for the need for Care Coordination and Management of Services for Patients

During the community needs assessment, it was emphasized that St. Luke's could play a primary role in addressing falls in the elderly, a serious local public health problem. By conducting a pre-discharge formal assessment of fall risk, St. Luke's could help assure that services were arranged for patients prone to or at risk for falling after rehabilitation discharge. This would assist with coordinating care and services for a major public health problem in the elderly.

To address this need, St. Luke's will implement a plan with the objective of assessing all inpatients for fall risk prior to discharge. Screenings will be accomplished with validated tools to assess risk for falling. The goal will be to refer patients shown to be at-risk for falling to outpatient, home health physical therapy services or for appropriate services focusing on balance and strength training as an evidence-based risk-reduction strategy. Prior to discharge, patients will be provided with educational materials on fall prevention developed by the Spokane Regional Health District (SRHD) or other appropriate organizations. SRHD coordinates "Fall Free Spokane," a community-based falls prevention coalition in which St. Luke's participates. Patients with the dual problem of increased fall risk and cognitive deficit are at extremely high risk for falls in their home. For patients at-risk for falling who are also shown to have cognitive deficits on the inpatient Functional Independence Measure® (or for any patient desiring an assessment), and who will be discharged to home, St. Luke's will address the need for an in-home assessment in one of two ways: 1) For patients going home without home health services, St. Luke's staff will conduct an in-home assessment to address environmental risks that can contribute to falls; or 2) For patients going home with home health services, St. Luke's will request that the home health agency conduct an in-home assessment to address environmental risks that can contribute to falls.

St. Luke's will implement this strategy in November, 2013. The following performance measures will be tracked to determine success of the strategy: 1) The proportion of patients assessed for fall risk prior to discharge; 2) the proportion of patients reporting a fall after discharge as collected during follow-up phone calls with patients at six-months; and 3) the community fall rate in the elderly as determined by SRHD.

B2. Implementation Plan Summary for the need for Access to Services/Providers

During the community needs assessment, it was emphasized that health systems in our community, including St. Luke's, needed to address patients' lack of awareness about the existence of community services, and even if aware, confusion about how to access these services. This resulted in a consistent suggestion that the general community develop a one-stop community database/center for community resources.

To address this need, St. Luke's will implement a plan with the objective of collaborating with other community health systems, community service organizations, community business leaders, community academic partners, and local government officials to develop a resource center to better educate patients and caregivers about available local outpatient health and support services in our community.

In addition, St. Luke's discharge planning staff will meet with providers of local community services, including but not limited to Spokane ParaTransit (Spokane Transit Authority), Catholic Charities Volunteer Chore Services, Aging and Long Term Care of Eastern Washington, Frontier Behavioral Health (Family Service Spokane and Spokane Mental Health), Greater Spokane County Meals on Wheels, Lutheran Community Services Northwest, Spokane Neighborhood Action Program, and Washington Brain Injury Association Spokane Chapter, to stay abreast of services offered by these organization that focus primarily on the needs of the disabled, vulnerable, and underserved.

Based on feedback about access to services and providers from the community needs assessment, St. Luke's implemented the strategy to work with others in the community on developing a community resource center in October, 2013. Since this is a community collaborative effort, success of this strategy will be indicated by availability of the resource center by June, 2015.

In addition, St. Luke's will initiate meeting with providers of local community services to understand the breadth of their services and how to access them in December, 2013. This strategy will be assessed as complete if meetings with various local community service providers are completed by June, 2014.

B3. Implementation Plan Summary for the need for Mental Health Services

During the community needs assessment, it was emphasized 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 post-discharge mental health services. St. Luke's was encouraged, in particular, to screen for patients depressive disorders as this was cited as an urgent need in our community because it is the most prevalent and treatable mental health disorder.

To address this need, St. Luke's will implement a plan with the objective of assessing all inpatients for a depressive disorder prior to discharge. Screenings will be accomplished with the PHQ-9, a validated tool to assess the frequency of depressed mood and anhedonia. Although the PHQ-9 is a self-report instrument, nursing staff will undertake the responsibility for conducting the screening and communicating screen results to the patient's in-house physician. The patient's in-house physician will refer the patient to either outpatient mental health services or to the St. Luke's inpatient psychology staff for diagnostic work-up. Referral to outpatient services will take into consideration the disability and economic status of the patient to assure that vulnerable patients are referred to low or no-cost services in our community offered by such organizations as Spokane Mental Health and Family Service Spokane.

St. Luke's will implement this strategy in November, 2013. The following performance measures will be tracked to determine success of the strategy: 1) The proportion of patients assessed for a depressive disorder prior to discharge; and 2) the proportion of patients screening positive for depression who are referred to services for a diagnostic work-up.

B4. Implementation Plan Summary for the need for Education and Resources for Patients and Their Informal Caregivers

During the community needs assessment, it was emphasized that St. Luke's could play a primary role in public education for primary prevention of falls, and to engage in community fall risk screening opportunities with local university professional education programs as partners to take advantage of student-power. By assuming a prominent role in public education on fall prevention, St. Luke's would partner with the Spokane Regional Health District to address a major public health problem in the elderly in Spokane County.

To address this need, St. Luke's will implement a plan with the objective of making public presentations on fall prevention coupled with fall risk assessment. St. Luke's will work with local academic programs in physical therapy, occupational therapy, and nursing to provide fall risk screening through student volunteers. The goal will be to educate primarily the elderly in our community and also St. Luke's patients and in-home caretakers who attend support groups sponsored by St. Luke's on strategies to avoid falls. Community members will be provided with educational materials on fall prevention developed by the Spokane Regional Health District (SRHD) or other appropriate organizations. SRHD coordinates "Fall Free Spokane," a community-based falls prevention coalition in which St. Luke's participates. St. Luke's will collaborate with SRHD on scheduling public education and screening opportunities.

St. Luke's will implement this strategy in December, 2013. The following performance measures will be tracked to determine success of the strategy: 1) The number of public presentations by St. Luke's staff on primary fall prevention; 2) the number of community members screened for fall risk; and 3) the community fall rate in the elderly as determined by SRHD.

C. Needs not addressed by St. Luke's and reasons why

IRS regulations require that the Implementation Strategy include a brief explanation of why a hospital facility does not intend to address significant health needs identified through the CHNA. However, given the four primary health needs identified by our Community, St. Luke's has elected to address each of the four health needs as we feel that we have the expertise and competency to effectively address each need. In addressing these needs, St. Luke's is committed to working with other facilities and organizations in the community who are also addressing these needs.

Appendix A. Existing health care facilities and community resources available to respond to the health needs of the community

The following table lists health care facilities and community resources available to respond to the health needs of Spokane County residents, especially those with vulnerabilities due to disability or socioeconomic challenge. This is not an exhaustive list.

Hospitals

Deaconess Hospital
Eastern State Hospital (Psychiatric)
Providence Holy Family Hospital
Providence Sacred Heart Medical Center & Children's Hospital
Shriners Hospital for Children-Spokane
Spokane VA Medical Center
St. Luke's Rehabilitation Institute
Valley Hospital

Ambulatory Surgical Facilities

Advanced Dermatology & Skin Surgery
Aesthetic Plastic Surgical Center
Empire Eye Surgery Center
Inland Empire Endoscopy Center
Inland Northwest Surgery Center
Northwest Orthopaedic Specialists
Pacific Cataract & Laser Institute
The Plastic Surgicenter
Rockwood Eye Surgery Center
Spokane Valley Ambulatory Surgery Center
Spokane Digestive Disease Center
Spokane Ear Nose and Throat Clinic
The Spokane Eye Surgery Center
Spokane Plastic Surgeons
Spokane Surgery Center
Women's Health Connection

Child Birth Center

Spokane Midwives

Medicare Assignment Skilled Nursing Facilities

Alderwood Manor
Avalon Care Center at Northpointe
Cheney Care Center
Franklin Hills Health and Rehab Center
The Gardens on University
Good Samaritan Society-Spokane Valley
Lakeland Village Nursing Facility
Manor Care Health Services-Spokane
North Central Care Center
Providence St. Joseph Care Center
Regency at Northpointe
Riverview Lutheran Care Center
Rockwood at Hawthorne
Rockwood South Hill
Royal Park Care Center
Spokane Veterans Home
Sullivan Park Care Center
Sunshine Gardens
Touchmark on South Hill Nursing

Home Healthcare Agencies

Addus HealthCare
Assured Home Health
Beneficial In-Home Care
Cheney Home Care
Family Home Care
Gentiva Health Services-Spokane
Good Samaritan Society-Spokane Valley
Interim HealthCare of Spokane
Intrepid USA Healthcare Services
Maxim Healthcare Services
Providence VNA Home Health
Rockwood Home Health
Spokane's Choice Home Health
Sunshine Home Health Care
Touchmark on South Hill Home Health and Home Care
Waterford on South Hill Home Health

Health Centers/Clinics

CHAS Denny Murphy Clinic (FQHC)
CHAS Maple Clinic (FQHC)
CHAS Market Street Clinic (FQHC)
CHAS North County Clinic (FQHC)
CHAS Sunset School Health Center (FQHC)
CHAS Spokane Urgent Care (FQHC)
CHAS Valley Clinic (FQHC)
Christ Clinic
Eastern Washington University Dental Clinic
Frontier Behavioral Health
NATIVE Health Clinic (FQHC)
Riverstone Family Health Northeast Clinic-YVFWC (FQHC)
Spokane Falls Medical Clinic-YVFWC (FQHC)
University Hearing and Speech Clinic
Yakima Valley Farm Workers Clinic (FQHC)

Societies/Associations/Support Groups

Alzheimer's Association–Inland Northwest Chapter
American Cancer Society
American Diabetes Association
American Heart Association
Autism Support Group
Cancer Patient Care
The Chronic Fatigue & Immune Dysfunction Syndrome Association
Dystonia Support Group
Easter Seals of Washington
Inland Northwest Fibromyalgia Association
Inland Northwest National Multiple Sclerosis Society
Lilac Blind Foundation
Multiple Sclerosis Society-Inland Northwest Chapter
Muscular Dystrophy Association
PACE-People with Arthritis Can Exercise
Parkinson's Resource Center
Polio Outreach of Spokane
St. Luke's Amputee Support Group
St. Luke's Spinal Cord Injury Support Group for Men and Women
St. Luke's Stroke Support Group
Washington Brain Injury Association Spokane Chapter
Community Transportation Services
Spokane ParaTransit (Spokane Transit Authority)
Precious Cargo Transport

Appendix B. The names of organizations providing input at the St. Luke's focus groups.

Patients/ Families and Support Groups

- American Heart Association/American Stroke Association
- Amputee Patient
- Brain Injury Association of Washington
- Brain Injury Governor's Steering Committee
- Dystonia Support Group
- Orthopedic Patient
- Parkinson's Resource Center
- Spinal Cord Injury Family Member/Caregiver
- Stroke Patient
- Traumatic Brain Injury Patient
- Traumatic Brain Injury Caregiver

Community Partners

- Community Health Association of Spokane (CHAS)
- Eastern Washington University Physical Therapy Department
- Eastern Washington University Speech Therapy Department
- Lincoln County Hospital (critical access hospital located in Davenport, WA)
- Mann-Grandstaff VA Medical Center (Spokane VA Medical Center)
- Providence St. Joseph's Care Center
- Providence Visiting Nurses Association (VNA) Home Health Care Services
- Spokane Community College Nursing Program
- Spokane Falls Community College Occupational Therapist Assistant Department
- Spokane Falls Community College Physical Therapist Assistant Department
- Washington State University College of Nursing
- Wheelchair and Durable Medical Equipment Vendors

Community Programs & Services that Overlap with St. Luke's

- American Cancer Society
- African-American, Hispanic, Asian, Native American Association (AHANA)
- Aging and Long Term Care of Eastern Washington (ALTCEW)
- Catholic Charities of Spokane
- Community Minded Enterprises
- Empire Health Foundation
- Spokane Neighborhood Action Program (SNAP) - Housing Unit
- Spokane Public Schools
- Spokane Regional Health District