

Calais Regional Hospital

Calais, Maine



Implementation Strategy

Adopted by Board Resolution October 25, 2016¹

¹Response to Schedule h (Form 990) Part V B 4 & Schedule h (Form 990) Part V B 9



Executive Summary

Calais Regional Hospital ("CRH" or the "Hospital") has developed an Implementation Plan to address the significant health needs prioritized through the Maine Shared Health Needs Assessment & Planning Process (Maine SHNAPP). This plan will help the Hospital outline and organize how to meet the significant health needs, and fulfill federal requirements.

To review the process, data, and survey results, go to <http://www.maine.gov/dhhs/mecdc/phdata/SHNAPP/county-reports.shtml> and select the report for Washington County. Feedback on the 2013 CHNA was also received through an online Community Survey that was available June 1, 2016 – July 11, 2016.

The Significant Health Needs for Washington County are:

1. Drug and Alcohol Abuse
2. Obesity
3. Tobacco Use
4. Mental Health
5. Cardiovascular Diseases

The Hospital has developed implementation strategies for all five of the needs including activities to continue/pursue, community partners to work alongside, and leading and lagging indicators to track.



Significant Needs

- 1. DRUG AND ALCOHOL ABUSE** – alcohol-induced mortality, chronic heavy drinking, drug-induced mortality, and past 30-day marijuana use (high school students) higher than ME and US average

This was a 2013 significant need, but was not implemented at that time.

CRH services, programs, and resources available to respond to this need include:²

- Chronic Pain Intervention service now provided; clinic every Thursday, OR every 6 weeks
- Initial outpatient detox services provided through ED
- Space provided within the hospital for local AA meetings
- Physicians and staff participating in local groups/committees/educational forums
- Physician practices use narcotics contracts to manage prescription drug use
- ED has established protocols for prescribing controlled substances

Additionally, CRH plans to take the following steps to address this need:

- Investigate local partners to provide suboxone treatment
- Work with Sunrise Healthcare Coalition to coordinate narcotics contracts/policies
- Research community education opportunities including health fairs and local schools, and organizations like Healthy Maine Partnerships

Anticipated results from CRH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

² This section in each need for which the hospital plans an implementation strategy responds to Schedule h (Form 990) Part V Section B 3 c



The strategy to evaluate CRH intended actions is to monitor change in the following Leading Indicator:

- Number of patients seen through Chronic Pain Intervention service = start tracking in 2016

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Drug-induced mortality (2009-2013) = 18.7 per 100,000 population (ME = 12.4)
- Prescription Monitoring Program opioid prescriptions (days' supply/population) (2014-2015) = 9.0 (ME = 6.8)
- Opiate Poisoning (ED visits) (2009-2011) = 20.8 per 100,000 population (ME = 25.1)

CRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Sunrise Healthcare Coalition	Holly Gartmayer-DeYoung	(207) 853-6001
AMHC (Atlantic Mental Health Center)	Clem Deveau	51 Palmer St, Calais, ME 04619 (207) 454-0270
Bluewater Emergency Partners	Jay Mullen	14 Maine St, Brunswick, ME 04011 (207) 725-9065

Other local resources identified during the CHNA process that are believed available to respond to this need:³

Organization	Contact Name	Contact Information
Discovery House Comprehensive Treatment Center of Calais (methodone clinic)		12 Beach St, Calais, ME 04619 (207) 454-1300
Maine Center for Disease Control & Prevention, Division of Public Health Systems	Al May (Downeast District Public Health Liaison)	38 Prescott Drive, Machias, ME 04654 (207) 255-2017
Alcoholics Anonymous		http://csoaamaine.org/meetings/?d=3&r=39728&v=list (800) 737-6237
Tribal Public Health (Princeton & Pleasant Point)	Sandra Yarmal	(207) 454-0854 syarmal.wph@gmail.com
Regional School Districts		

³ This section in each need for which the hospital plans an implementation strategy responds to Schedule h (form 990) Part V Section B 3 c and Schedule h (Form 990) Part V Section B 11



2. OBESITY – adult obesity and obesity (high school students) higher than ME and US average

CRH services, programs, and resources available to respond to this need include:

- Certified dietician on staff for inpatient assessments and outpatient consultations; provides education and health fairs and contracts with other organizations
- Create and distribute educational materials on nutrition and physical activity
- Track and document BMI, and provide education on nutrition and physical activity through physician offices
- Provide educational materials and free screenings (glucose, cholesterol, blood pressure) at community health fairs
- Sponsor for local run/walk
- Refer OB patients in financial range to local WIC service for nutritional supplements

Additionally, CRH plans to take the following steps to address this need:

- Research partnership with local after-school program to provide nutritional and physical education
- Investigate providing a community wellness event/activity in the next year
- Explore feasibility of offering surgical weight-loss services

CRH evaluation of impact of actions taken since the immediately preceding CHNA:

- Cooking classes for cooking on a limited income
- Provided lactation consulting to encourage breast-feeding

Anticipated results from CRH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	



The strategy to evaluate CRH intended actions is to monitor change in the following Leading Indicator:

- Number of consultations provided by registered dietician in 2015
 - Inpatient Total = 442, Diabetic = 198
 - Outpatient Total = 112, Diabetic = 85

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Rate of adults (age 18+) overweight or obese = 65.4% (ME = 64.8%) (2013)
- Physical activity for at least 60 minutes per day on five of the past seven days (High School Students) = 41.6% (2013) (ME = 43.7%)

CRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Regional School Districts		
Healthy Acadia		http://www.healthyacadia.org/ (207) 255-3741
Sunrise Healthcare Coalition	Holly Gartmayer-DeYoung	(207) 853-6001
WIC Clinics		Calais: 43 Union St, Calais, ME 04619 (207) 454-3634 Ellsworth: 248 State Street (Mill Mall), Suite 3A Ellsworth ME 04605 (207) 667-5304 Machias: 247 Main St, Machias ME 04654 (207) 255-8280
Tribal Clinics		Indian Township Health Center, Indian Township, (207) 796-2321 Pleasant Point Health Center, Sipayik (207) 853-0711



Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
City Recreation Departments		calaisrec@calaismaine.org (207) 454-2761 recreation@baileyville.org (207) 427-6205
Washington County Community College (physical activity options for community, occasional classes)		
Local Food Pantries		



3. TOBACCO USE – adult smoking, smoking (high school students), and tobacco use (high school students) higher than ME and US average

CRH services, programs, and resources available to respond to this need include:

- All patients presenting in the hospital and physician practices asked about tobacco use and provided with tobacco cessation materials
- Public Service Announcements provided throughout the year to coordinate with national observances
- Smoke-free campus
- Include booth on smoking cessation at annual health fair

Additionally, CRH plans to take the following steps to address this need:

- Research partnership with local after-school program to provide anti-tobacco education
- Provide education sessions to providers on offering tobacco cessation information

Anticipated results from CRH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)		X
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate CRH intended actions is to monitor change in the following Leading Indicator:

- Number of Public Service Announcements issued = start tracking in 2016

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Adult cigarette smoking rate = 28.8% (ME = 20.2%) (2011-2013)
- Current tobacco use (High School Students) (2013) = 23.6% (ME = 18.2%)
- Current smoking (High School Students) (2013) = 19.7% (ME = 12.7%)



CRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Maine Quit Line		http://www.tobaccofreemaine.org/quit_tobacco/Maine_Tobacco_HelpLine.php (800) 207-1230
Healthy Maine Partners		www.healthymainepartnerships.org (207) 564-4344
Local School Departments		

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Local FQHCs (St. Croix Regional Family Health Center, Eastport Health Care)		



4. MENTAL HEALTH – worse than US average for adult depression; higher than ME average for mental health treatment, current symptoms of depression, and suicidal thoughts/behaviors

CRH services, programs, and resources available to respond to this need include:

- Offer telepsychiatry through Emergency Department
- Partner with AMHC to discuss local mental health issues, coordinate care, reduce barriers
- Saferooms available in the ED and board patients until they can be placed in a mental health facility
- Sitter program to provide observation and one-on-one support for mental health patients in the ED
- Bluewater developed Behavioral Health guidelines to be used by ED staff
- Management of Aggressive Behavior (MOAB) and De-escalation Training provided to key staff

Additionally, CRH plans to take the following steps to address this need:

- Investigate offering telepsychiatry through outpatient offices
- Continue to develop and expand relationships with local mental health agencies
- Improve suicide risk assessments in ED
- Investigate mental health services/providers in Canada to expand referral options

Anticipated results from CRH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities		X
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public		X

The strategy to evaluate CRH intended actions is to monitor change in the following Leading Indicator:

- Number of telepsychiatry calls provided = 48 (New and Follow-up, 2015)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Mental health emergency department rate = 2,061.2 per 100,000 (ME = 1,972.1) (2011)



CRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
AMHC (Atlantic Mental Health Center)	Clem Deveau	51 Palmer St, Calais, ME 04619 (207) 454-0270
Bluewater Emergency Partners	Jay Mullen	14 Maine St, Brunswick, ME 04011 (207) 725-9065
Acadia Hospital		http://acadiahospital.org/ (800) 640-1211

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Psychiatrist and mental health counselors at FQHCs (St. Croix Regional Family Health Center, Eastport Health Care)		https://www.eastporthealth.org/scrhfc.org



5. CARDIOVASCULAR DISEASES – acute myocardial infarction mortality, coronary heart disease mortality, high cholesterol, and hypertension prevalence higher than ME and US average

CRH services, programs, and resources available to respond to this need include:

- Cardiopulmonary Rehabilitation program
- Outpatient tele-cardiology
- Blood pressure and lipid screenings at local health fairs
- On-site screenings offered at local businesses
- Certified dietician on staff for inpatient assessments and outpatient consultations; provides education at health fairs, and contracts with other organizations
- Create and distribute educational materials on nutrition and physical activity
- Track and document BMI, and provide education on nutrition and physical activity through physician offices
- Public Service Announcements (newspaper, radio) on various cardiovascular topics

Additionally, CRH plans to take the following steps to address this need:

- Investigating pediatric tele-cardiology services
- Investigate providing a community wellness event/activity in the next year
- Explore partnerships with other cardiology providers

Anticipated results from CRH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate CRH intended actions is to monitor change in the following Leading Indicator:

- Number of free screenings (blood pressure and lipid) provided = 41 (2015)



The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Rate of coronary heart disease mortality = 130.8 per 100,000 (ME = 89.8) (2009-2013)

CRH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Local businesses		
Northeast Cardiology Associates		http://www.emmc.org/Northeast-Cardiology-Associates.aspx 1 Northeast Dr, Bangor, ME 04401 (207) 275-3800
Other cardiology groups		

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
St. Croix Regional Family Health Center (FQHC)		scrfhc.org 136 Mill Street, Princeton, ME 04668 (207) 796-5503
Eastport Health Care (FQHC)		https://www.eastporthealth.org/ 55 Franklin Street, Calais, ME 04619 (207) 454-3022
Pleasant Point Health Center/ Passamaquoddy Health Center		11 Back Rd, Pleasant Point, ME 04667 (207) 853-0711 www.wabanaki.com/health.htm
Maine Center for Disease Control & Prevention, Division of Public Health Systems	Al May (Downeast District Public Health Liaison)	38 Prescott Drive, Machias, ME 04654 (207) 255-2017



Other Needs Identified During CHNA Process

6. DEPRESSION
7. DIABETES
8. CANCER
9. PHYSICAL ACTIVITY AND NUTRITION
10. RESPIRATORY DISEASES
11. ORAL HEALTH
12. ELDER HEALTH
13. CHILDHOOD OBESITY
14. UNINTENTIONAL INJURY
15. SUICIDE AND SELF-HARM
16. CHILD DEVELOPMENTAL ISSUES
17. VIOLENCE
18. MUSCULOSKELETAL DISEASES
19. NEUROLOGICAL DISEASES
20. ADOLESCENT HEALTH
21. MATERNAL AND CHILD HEALTH
22. INFECTIOUS DISEASES
23. LEAD POISONING AND OTHER ENVIRONMENTAL HEALTH ISSUES
24. SEXUALLY TRANSMITTED DISEASES/HIV/AIDS
25. INFANT MORTALITY



Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility⁴

1. Drug And Alcohol Abuse
2. Obesity
3. Tobacco Use
4. Mental Health
5. Cardiovascular Diseases

Significant needs where hospital did not develop implementation strategy⁵

None

Other needs where hospital developed implementation strategy

None

Other needs where hospital did not develop implementation strategy

6. Depression
7. Diabetes
8. Cancer
9. Physical Activity And Nutrition
10. Respiratory Diseases
11. Oral Health
12. Elder Health
13. Childhood Obesity
14. Unintentional Injury
15. Suicide And Self-Harm
16. Child Developmental Issues
17. Violence

⁴ Responds to Schedule h (Form 990) Part V B 8

⁵ Responds to Schedule h (Form 990) Part V Section B 8



18. Musculoskeletal Diseases
19. Neurological Diseases
20. Adolescent Health
21. Maternal And Child Health
22. Infectious Diseases
23. Lead Poisoning And Other Environmental Health Issues
24. Sexually Transmitted Diseases/Hiv/Aids
25. Infant Mortality



APPENDIX



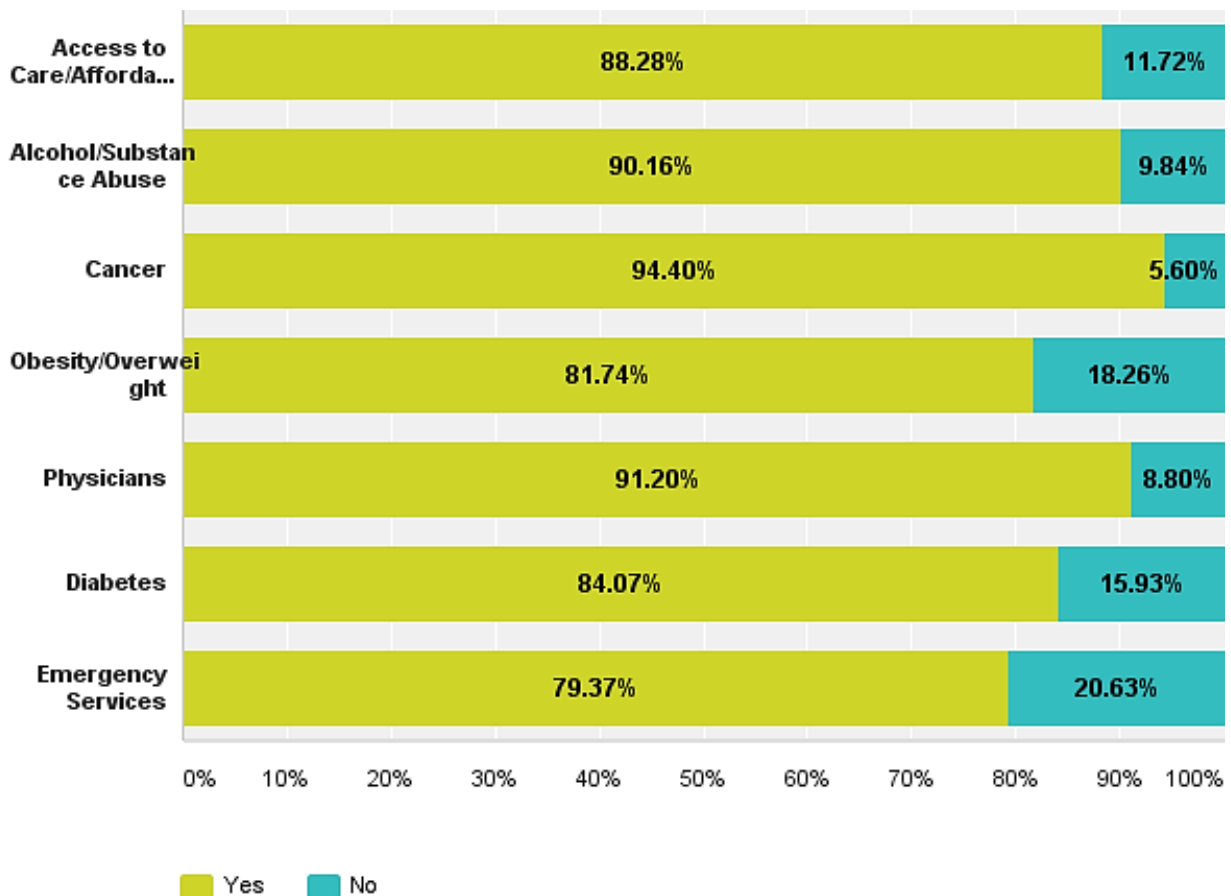
Appendix A – Community Survey Results

To ensure written feedback was received on the prior CHNA, four questions were added to an online community survey performed June 1, 2016 – July 11, 2016.

Q11: In 2013, the Hospital performed a Community Health Needs Assessment (CHNA) to determine the top health needs in your community. The top health needs were:

- Access to Care/Affordability
- Alcohol/Substance Abuse
- Cancer
- Obesity/Overweight
- Physicians
- Diabetes
- Emergency Services

Do you believe these are still top health needs in your area today?





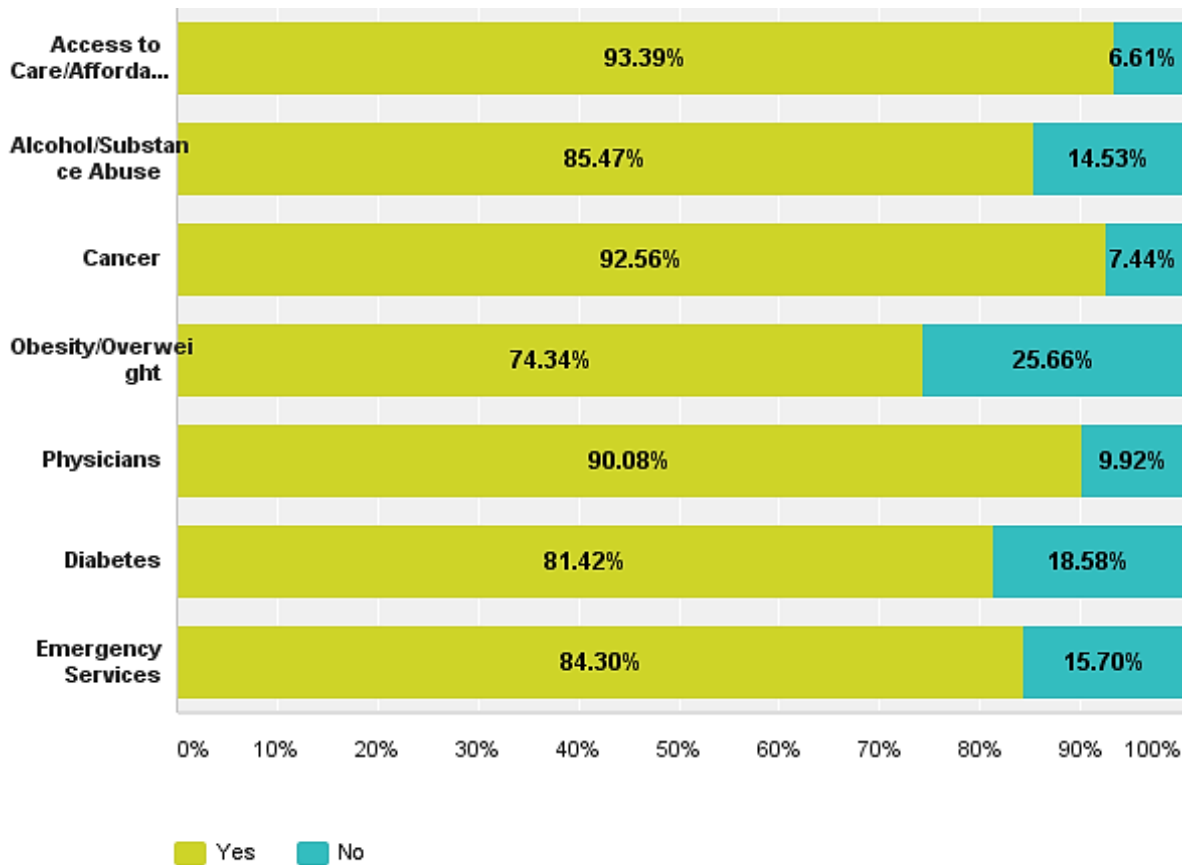
	Yes	No	Total
Access to Care/Affordability	88.28% 113	11.72% 15	128
Alcohol/Substance Abuse	90.16% 110	9.84% 12	122
Cancer	94.40% 118	5.60% 7	125
Obesity/Overweight	81.74% 94	18.26% 21	115
Physicians	91.20% 114	8.80% 11	125
Diabetes	84.07% 95	15.93% 18	113
Emergency Services	79.37% 100	20.63% 26	126

Comments:

- none
- *The substance/alcohol abuse is at a epidemic state. Every one needs to keep up on their training*
- *Substance abuse and mental health is first, in my opinion.*
- *Diabetes and Obesity are not so prevalent as other medical issues. Patients can go outside to specialists. Patients can travel outside our market area for service.*
- *Geriatric specialist*
- *Your emergency service is excellent.*
- *Washington County NEEDS Psychiatrists!!! Wasington County NEEDS Cardiologists!!!!*
- *Mental health services*
- *I keep praying for a cure for Diabetes and Cancer.*
- *I'd like to see gastroenterology on here, but I don't think that's a top concern in our area.*
- *Preventing cancer more important than treatment*
- *Affordable in and outpt Mental Health tx.*
- *The ER is the star of the show!*
- *Current Emergency Services seem to be operating as well as they can so no need to make it a top priority. Services in the other areas are sorely lacking and should become the main focus.*
- *Many of your physicians created some of the prescription drug problems in the area.*
- *Stroke awareness*
- *The ER sometimes has more patients than rooms. The sick patients are checked and then sent to waiting room, to cough and whatnot. There should be a space away from healthy people where they could be placed.*
- *Physicians: I think the issue with this is the retention of physicians that become acceptable to the patients. Patients that get a new physician annually can be frustrating due to lack of trust. There also needs to be some cultural training about acceptance of physicians with non-typical names or non-white skin color. Emergency Services: there needs to be a more systematic approach to coverage in the county to optimize current EMS/EMT services. It does not help a patient in Vanceboro to wait for an ambulance from Calais when there is one closer in Indian Township or Danforth. Some type of collaborative approach needs to be investigated.*



Q12: Based on the top health needs listed in Question 11, should the hospital continue to allocate resources (time, money) to addressing these needs?



	Yes	No	Total
Access to Care/Affordability	93.39% 113	6.61% 8	121
Alcohol/Substance Abuse	85.47% 100	14.53% 17	117
Cancer	92.56% 112	7.44% 9	121
Obesity/Overweight	74.34% 84	25.66% 29	113
Physicians	90.08% 109	9.92% 12	121
Diabetes	81.42% 92	18.58% 21	113
Emergency Services	84.30% 102	15.70% 19	121



Comments:

- *Substance abuse needs to be treated by mental health professionals, not PCP's. Obesity clinic is in Bangor- not that far away. We need MD's and DO's. With the rising rates of complex medical issues I think many patient's have a higher level of trust with a Doctor.*
- *none*
- *Since there is a high number of substance abusers that reside in Washington county that CRMS have adopted a policy that no narcotics or limited ones will be prescribed, they have grouped all patients regardless of reasons into a class that they just want drugs. Getting the addicts off drugs is important but since there is a methadone clinic in Calais it's only making it worse*
- *Please remember our facility is Critical Access and therefore some services must be provided in other facilities*
- *Hard to know, I'm not aware of anyone having issues on that*
- *I have had an issue in the past with Calais. Fifteen years ago I had retired and had no health insurance when I went to the ER with chest pains etc. They did not keep me for further tests because the ekg seemed ok. I went in three times before they caught the heart attack occurring. I believe that if I had had coverage at the time they might have bothered to catch it earlier. I am not a litigious person and have no intention of suing the hospital, and I cannot fault their care of me once I was admitted, but I do think they might have listened harder when I tried to tell them what was going on. I am fine now: open heart surgery in 2001 and stints a few years later have kept me going along well enough.*
- *I think since Calais is a necessary provider of Emergency and Primary Health Care. The next nearest places are Ellsworth and Machias, each too long a ride for an Emergency or for ill seniors with limited transportation.*
- *PLEASE add PSYCHIATRISTS & CARDIOLOGISTS to the list!!!*
- *Question: Why wouldn't you?*
- *There is currently no substance abuse program advertised at CRH*
- *I don't understand what you mean by "physicians". More? Better? Better paid? MDs vs NPs???*
- *ER services seem to be functioning well as they are. No additional funding is needed to improve this area.*
- *These are big buckets. We need an affordable urgent care center -- not the ER -- to provide treatment for routine urgent things like sprains, strep throat, cold/flu, etc. with weekend hours. We need a detox center. And we need competent physicians.*
- *I wouldn't ever want cancer treatment locally.*
- *You have lost a few great physicians lately...Dr. Vergara was someone I finally trusted and you let him go. Dr. London has done great things for Harrington. Dr. Hiland was a huge loss.*
- *Most cancer people go to Brewer for treatment so not sure investment needs to be great.*
- *For Cancer, Obesity/Overweight, and Diabetes: hospital should collaborate on existing work in county to complement and enhance the work being done. Access to Care/Physicians: should be something that hospitals, FQHCs, and other providers need to collaborate on. EM: the hospital can take a role in bringing the current EMS services together along with system partners to map out the county and determine a better system approach.*
- *Also community classes will help this can down the road can or will help the community as a whole fight and prevent these diseases or health risks. Prevention due to knowledge is key*
- *Especially Emergency Services*
- *you are what you eat*
- *Alcohol and substance abuse cannot effectively be treated in a small hospital. This is a hazard to caregivers.*



Rehab is the only avenue to pursue.

- *detox and mental health needs are not being met*



Q13: Are there any other health needs that have become more important since 2013 and should now be considered a top health need?

- *There is more cancer in our area-it seems there should be more access to a clinic for these patients*
- *The Drug crisis opioids and street drugs, it would be beneficial to the entire community to truly have a community support in place*
- *Substance abuse opioids*
- *Not that I'm aware of.*
- *Opiate addiction*
- *no*
- *Hiv and substance abuse*
- *I believe we need geriatric care here.*
- *Not that I can think of right now.*
- *Drug and alcohol issues*
- *cancer care*
- *Substance abuse*
- *A Provider who deals heavily with Dementia and Alzheimer diagnosis.*
- *Many areas have walk in clinics,this might be helpful when you cannot get in to see your own doctor or your child's doctor*
- *Cardiologist pulmonologists and endocrinologists*
- *Addiction services. Acute detox needs. Aftercare Halfway houses with providers for these problems*
- *Urgent Care. Many patients cannot get easy walk in treatment that is not truly an emergency and those folks are seeing their personal care personnel, and being transferred to the ER via Calais ambulance.*
- *Sexual, drug, & alcohol addiction. Heart disease. Mental Health.*
- *Continue to emphasize importance of getting screening tests*
- *Same needs of 2013 are still needed today.*
- *Drug epidemic*
- *Again, cost for services be offered needs to be in line with other hospitals in Maine*
- *Chemo & radiation facility*
- *Diabetes*
- *Drug abuse has gone up this should be one of the main focuses now.*
- *Aging population, geriatrics, dementia*
- *Not really*
- *Prioritizing patient visits and leaving openings for sick patients so they don't have to rely on the ER. Even a walking clinic or women's health clinic would be good*
- *Mental health providers needed, preferably with prescriptive privileges (MD, psych NP) - many of the above mentioned needs stem from mental health problems which are not being addressed in Washington County!!*
- *Smoking cessation*
- *Psychiatry*
- *Need more providers in the clinic Cardiology services---not telemedicine.*
- *Lack of behavioral healthcare in the area*
- *Need for urgent care as an adjunct to emergency care would help ease ER congestion.*



- *Psychiatry/psychiatric nurse practitioners - we have nowhere near enough prescribers of psychiatric medications in the area.*
- *Addiction is #1. Well water testing is a big deal for our area. Cigarette smoking.*
- *Mental health*
- *Mental health services*
- *psychiatry*
- *Psychiatric services.*
- *elder care/nursing home*
- *Most of our issues here are chronic lifestyle caused issues- smoking, overeating, non exercise lifestyle leads to illness.*
- *psychiatric crisis*
- *pulmonary care due to the number of people in the area with breathing problems*
- *Mental health and physical health services for school aged children (5 - 18 years old)=a need to collaborate with schools to get families preventive health/dental services for school aged children.*
- *RDiation chemotherPy*
- *Because treatment for Lipedema is so hard to find, I believe we need more health care in this area. I am 74 years old and have been living in this area since 1956. I have gone undiagnosed for all these years. Not because of uncaring, care, but because there are so few trained in this field. We need to start training all staff about this painful, debilitating disease. As I sit here thinking about it, it was an RN at the CRH that noticed my disease.*
- *With so many people in the area with COPD, asthma, bronchitis, access to physicians specializing in these respiratory problems would be beneficial.*
- *We may need more beds opened in the present hospital. Many times the hospital beds are full and there are needs for transfer to Bangor.*
- *Cancer has become a rampant problem here in Washington County and everyone who has it is totally debilitated by the constant trips to Bangor for appointments, radiation and chemotherapy. My husband and I were both healthy people but now are each looking at our second bouts with this damned disease. Everyone I know in Washington County has been touched by it. Our local hospital needs to step up somehow to make that hardship easier for us. 7 weeks every day over the Airline and back is not good for you.*
- *Substance abuse has moved to the Opium epidemic...*
- *Allergies and allergy awareness (food & eviromental)*
- *Prevention/wellness*
- *No*
- *occupational clinic*
- *Violent drug addicted and alcoholic patients take time from other more acute needs and put caregivers at risk of harm.*
- *Yes. With the health care act, using a regular physician is too expensive. We need a place to go when it's not critical, call when we have questions, somewhere that doesn't cost over \$100 just to have our first visit and then who knows how much more each time we go.*
- *No but I think that Alcohol/Substance Abuse is the number one priority.*



Q14: Please share any thoughts/opinions on the above health needs, their importance, and the actions taken by the Hospital since 2013 to address those needs.

- *Substance abuse should NOT be treated in the ER, or the PCP's office. It is a mental health problem/disease, and needs to be treated as such.*
- *We need to TREAT substance abuse not criminalize it*
- *N/A*
- *no comment*
- *There is always more to be learned and done*
- *See above comments*
- *I like having a hospital that is at the center of the community. You feel like family.*
- *There are more doctors now which is great, but keeping them is still an issue.*
- *Too many in community are addicts. Educators should go to all schools starting with kindergarten through high school and act in role of good parenting for drug use prevention. Too many parents cannot do this well!*
- *n/a*
- *You have hired a Full time CFO since an interim does not take full responsibility and the affordability issue is a large component of needs of our area. The Financial service/business office is in need of revamping.*
- *I wouldn't know*
- *ED services are better*
- *Washington County needs to provide care to everyone with every condition!! Washington County needs permanent facilities, staff, programs, etc.*
- *All of the above issues are affecting the people of Washington County. We live 2 hours away for the nearest tertiary center, from personal experience distance is a major factor in care. Many patients have to travel great distances to receive the care they need. Anything CRH can do to lessen that burden on patient's and their families would always be appreciated.*
- *Cardiology is greatly needed*
- *Calais regional and Downeast community need together with the PDs and state cops and get this drug abuse gone. You need to be reporting ODs and taking them to jail.*
- *The hospital continues to be unable to retain physicians. Until there are physicians directing care people will go elsewhere.*
- *cancer care is big in this part of the state and not to look into that is crazy. Its a pretty hospital, but lacking a big need for this county. Pretty furniture and paintings don't help when people have to go elsewhere for care.*
- *Medical staff acceptable, same with ER. Need more programs focused on prevention of disease*
- *No comment*
- *It's not apparent to me what exactly the hospital has done to address any of theses issues.*
- *I don't know what the hospital has done since 2013. A detox center is important for substance abuse treatment. Drug replacement therapies are not the only solution.*
- *Improving health care for Washington County starts with your hospital. You have not cared for relationships with great doctors and lost them. In other cases, you have held on to bad providers for TOO long. You need someone from away to come in and fix things, but you aren't willing to listen. You've already lost opportunities. You need to look at some of your "bosses" and say...is this person qualified or is this just the best we've got? Does Krista Collins really deserve the power she is given? Are some of your docs qualified to do the procedures they do? If*



you are honest with yourself, you will improve.

- *Cancer patients used to receive chemo in Calais, but they always seem to go to Bangor now.*
- *For clients requiring cancer treatment, they are often sent to Bangor. For someone undergoing radiation/chemotherapy this simple drive feels like a lifetime. I have not witnessed any changes made in regard to these issues being addressed.*
- *nothing done*
- *I am impressed with CRH*
- *information to the people being served. I do not think that CRH has addressed the answer I give on question 10 very well.*
- *Some consideration of the social determinants of health need to factor in on the strategies that you take on. Also a need to share the strategies outside of the hospital with other providers so that others know what you are doing and successes and lessons learned.*
- *Not aware of changes made, but going forward focus on quality healthcare. People need available/affordable healthcare, but also want experienced physicians that can handle a range of issues.*
- *More preventative care needed*
- *haven't heard of any upgrades in these area*
- *My husband recently suffered an acute myocardial infarction. The professionalism skill, and speedy action by the ER staff, to stabilize him as much as possible, and get him on a helicopter to EMMC, was exceptional!!*
- *Hospital needs to have more exposure in the community.*
- *I believe the Hospital is trying to address the communities needs.*
- *CRH presence in Community. Previous CEO for 17 years did not move his family to Calais from Bucksport. Term limits for Board members.*
- *Many people travel to Bangor for oncology. I have done two six weeks stints of it, every day for six weeks each time. The travel takes a toll on everyone. Need more resources here for that.*
- *X*



Appendix B – Illustrative Schedule h (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)⁶

Community Health Need Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**

Suggested Answer – No

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If “Yes,” provide details of the acquisition in Section C**

Suggested Answer – No

3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If “No,” skip to line 12. If “Yes,” indicate what the CHNA report describes (check all that apply)**

- a. **A definition of the community served by the hospital facility**

Suggested Answer – See Maine SHNAPP County Report page 1

- b. **Demographics of the community**

Suggested Answer – See Maine SHNAPP County Report pages 1 and 8

- c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**

Suggested Answer – See footnote 3 on page 3

- d. **How data was obtained**

Suggested Answer – See Maine SHNAPP County Report pages vi, 5, and 6

- e. **The significant health needs of the community**

Suggested Answer – See Maine SHNAPP County Report page 24

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

Suggested Answer – See Maine SHNAPP County Report page 10, 12, 25, 27

- g. **The process for identifying and prioritizing community health needs and services to meet the community health needs**

Suggested Answer – See Maine SHNAPP County Report page 6, 7, 37-40

- h. **The process for consulting with persons representing the community's interests**

Suggested Answer – See Maine SHNAPP County Report page 6, 7

⁶ Questions are drawn from 2014 Federal 990 schedule h.pdf and may change when the hospital is to make its 990 h filing



- i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

Suggested Answer – See Maine SHNAPP County Report pages 5-7, 23

- j. **Other (describe in Section C)**

Suggested Answer – Additional feedback on prior CHNA; See Appendix A

- 4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

Suggested Answer – 2013

- 5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If “Yes,” describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

Suggested Answer – Yes; see Maine SHNAPP County Report page 6, 7

- 6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If “Yes,” list the other hospital facilities in Section C**

Suggested Answer – No

- b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If “Yes,” list the other organizations in Section C**

Suggested Answer – Yes; See Maine SHNAPP County Report; also, Quorum Health Resources, LLC

- 7. **Did the hospital facility make its CHNA report widely available to the public?**

Suggested Answer – Yes

If “Yes,” indicate how the CHNA report was made widely available (check all that apply):

- a. **Hospital facility's website (list URL)**

Suggested Answer – <https://www.calaishospital.org/>

- b. **Other website (list URL)**

Suggested Answer – No other website

- c. **Made a paper copy available for public inspection without charge at the hospital facility**

Suggested Answer – Yes

- d. **Other (describe in Section C)**

Suggested Answer – No other efforts

- 8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If “No,” skip to line 11**

Suggested Answer – Yes; see footnote 2 on page 2



9. Indicate the tax year the hospital facility last adopted an implementation strategy: 20__

Suggested Answer – 2013

10. Is the hospital facility's most recently adopted implementation strategy posted on a website?

a. If “Yes,” (list url):

Suggested Answer – <https://www.calaishospital.org/>

b. If “No,” is the hospital facility's most recently adopted implementation strategy attached to this return?

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

Suggested Answer – See footnotes 4 and 5 on page 14

12. a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?

Suggested Answer – None incurred

b. If “Yes” to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

Suggested Answer – Nothing to report

c. If “Yes” to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?

Suggested Answer – Nothing to report