Early Childhood Services

Kalkaska Memorial Health Center

Kalkaska Memorial Health Center

- KMHC is located about 25 miles from Traverse City.
- It is owned by Kalkaska County's 12 townships and is supported in part by a tax levy
- This community non-profit health center serves the greater Kalkaska County region with a wide variety of care options not often found in a small community.

Overview of the Childcare Market in the United States

- Childcare is an issue of critical importance for millions of American families
- Most parents, especially mothers of young children, need childcare in order to obtain and retain employment.
- Childcare industry plays an economic role in stimulating the growth and development of local and state economies

KMHC Child Development Center and Preschool

- Childcare and preschool services are available for the children of Kalkaska Memorial Health Center employees, as well as children in our community.

Overview

- Children ages four weeks through age six years into our Child Development Center.
- We offer full day preschool tuition program's, as well as Head Start and GSRP opportunities for ages 3 to 5 years old.
- School age summer program from June to August for ages 5 years through age 12 years.
- We are open to both the community and KMHC hospital employees.

EMS Station tour

Pajama Day at KMIC

Health Equity

Julia Harbuck-Valley RN, BSN

Manager of Quality

Scheurer Health

Steps to Health Equity

Leadership Support

Assessment

Data Collection

Reporting

Improvement Activities

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Health Equity Committee

- Committee Leadership: Quality Department
  - Manger of Quality
  - Process Improvement Coordinator
- Members
  - Community Wellness Leader
  - Social Worker(s)
  - Care Coordinator(s)
  - Acute Care Leader
  - Care Coordinator Leader
  - VP of Quality and Innovation
  - Provider
  - Patient Access
  - Joint Commission and Customer Experience Coordinator
  - School Nurse(s)
  - Finance
  - Patient Family Advisory Lead
  - Patient Experience Team Lead

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Data Collection

- Demographics
  - Race
  - Ethnicity
  - Language
- Use of Interpreter System
- SDOH Responses
  - Financial Strain
  - Housing Stability
  - Transportation Needs
  - Food Insecurity
  - Safety

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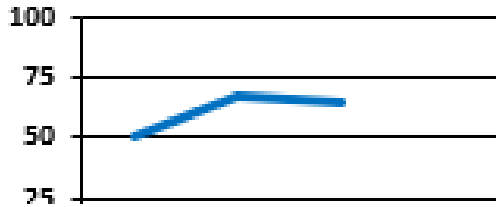
Quality Metrics

Hospital Inpatient Quality Reporting Program (HQR)

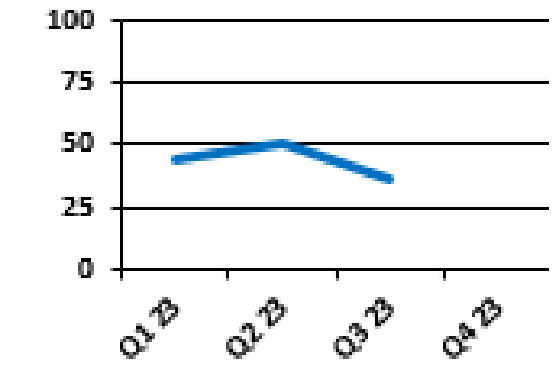
		Q3 23	Average	Goal
Measure: SDOH-1 Inpatients screened for SDOH		64.7		50%
Numerator: Number of inpatients >18 years of age who were screened for 5 domains (food insecurity, housing instability, transportation needs, utility difficulties, interpersonal safety).	22			
Denominator: Inpatients >18 years of age	34			



Evaluation:

		Q3 23	Average	Goal
Measure: SDOH-2 Inpatients with positive SDOH screen		36%		
Numerator: Number of inpatients >18 years of age screened positive for any of the five domains of SDOH	8			
Denominator: Number of inpatients >18 years of age who were screened for all 5 domains	22			

Evaluation:
Financial (Utility): 8/22
Food: 1/22
Housing: 0/22
Transportation Meds/Appts: 0/22
Daily Transportation: 0/22
Safety: 0/22



SDOH Responses-Clinics – 3Q 2023

Clinics	Financial	Food	Housing	Transportation Appts/Meds	Daily Transportation
Sebewaing	18%	1%	1%	3%	3%
Pigeon	35%	6%	2%	2%	2%
Elkton	23%	2%	4%	0%	0%
Caseville	49%	2%	1%	1%	1%
Bad Axe	41%	0%	0%	0%	0%

*Percent positive responses
*Clinics vary in number of people surveyed

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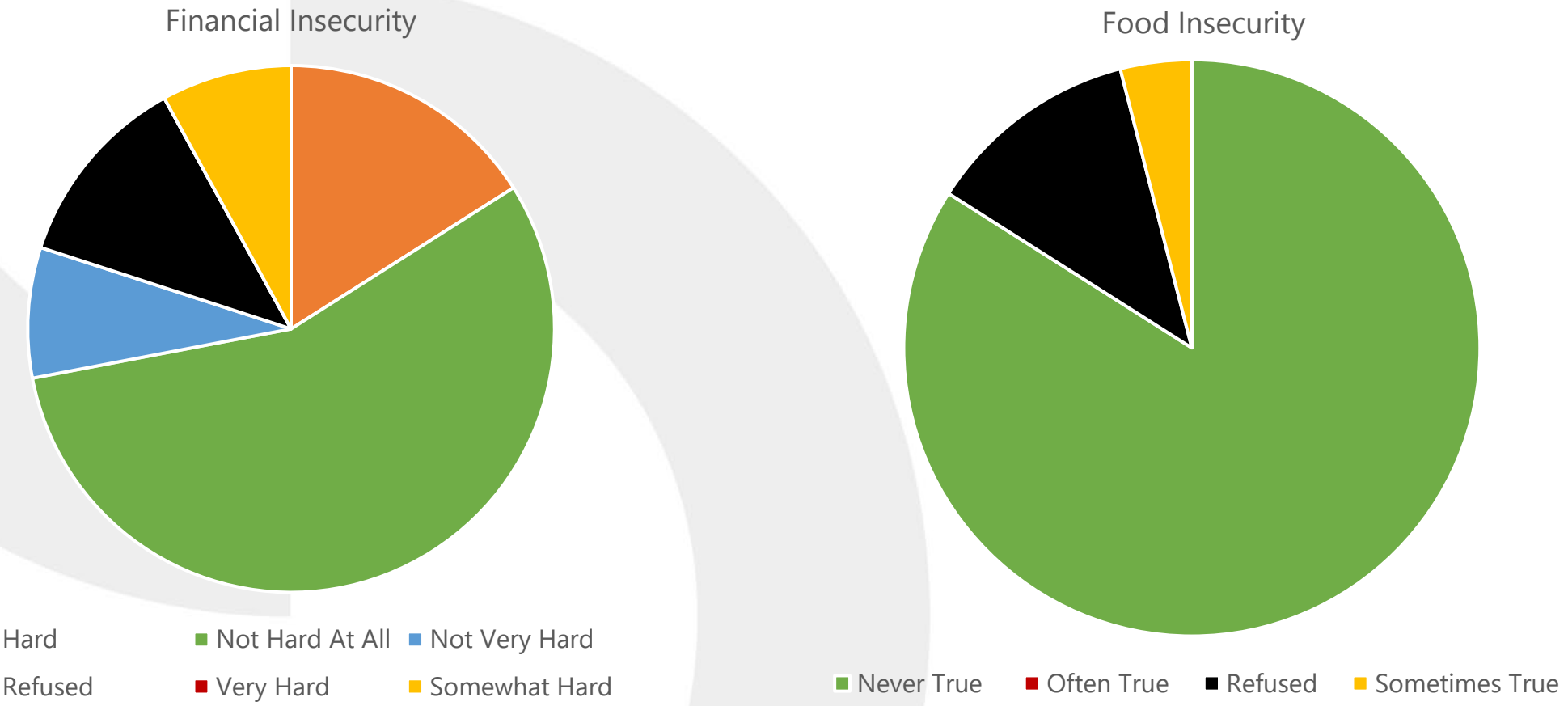
SDOH Inpatient – Q3 2023



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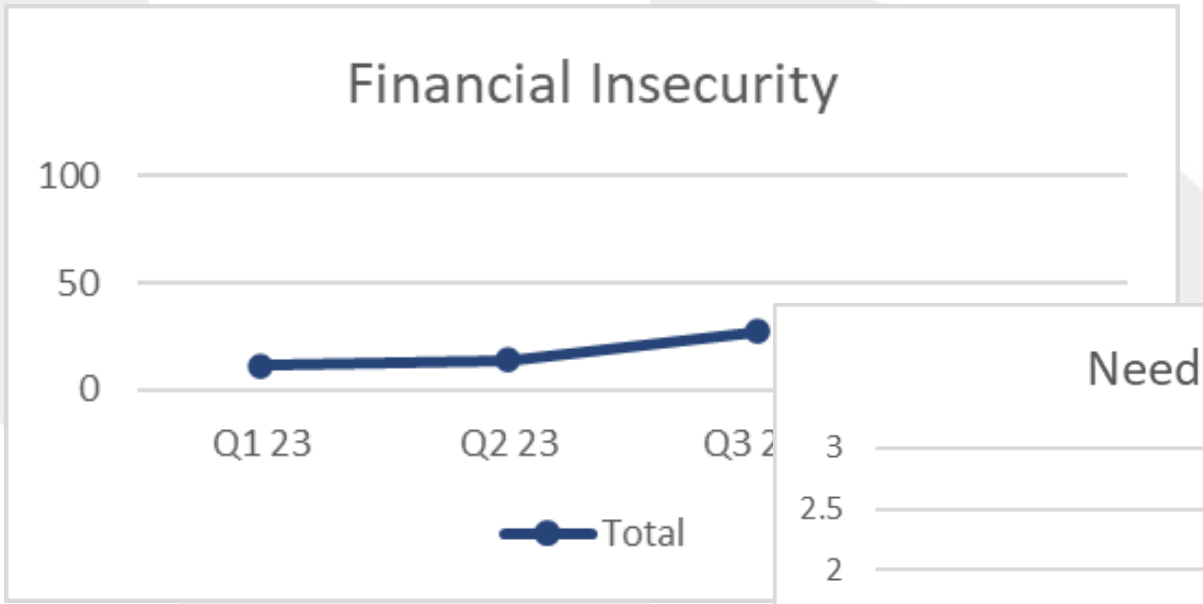
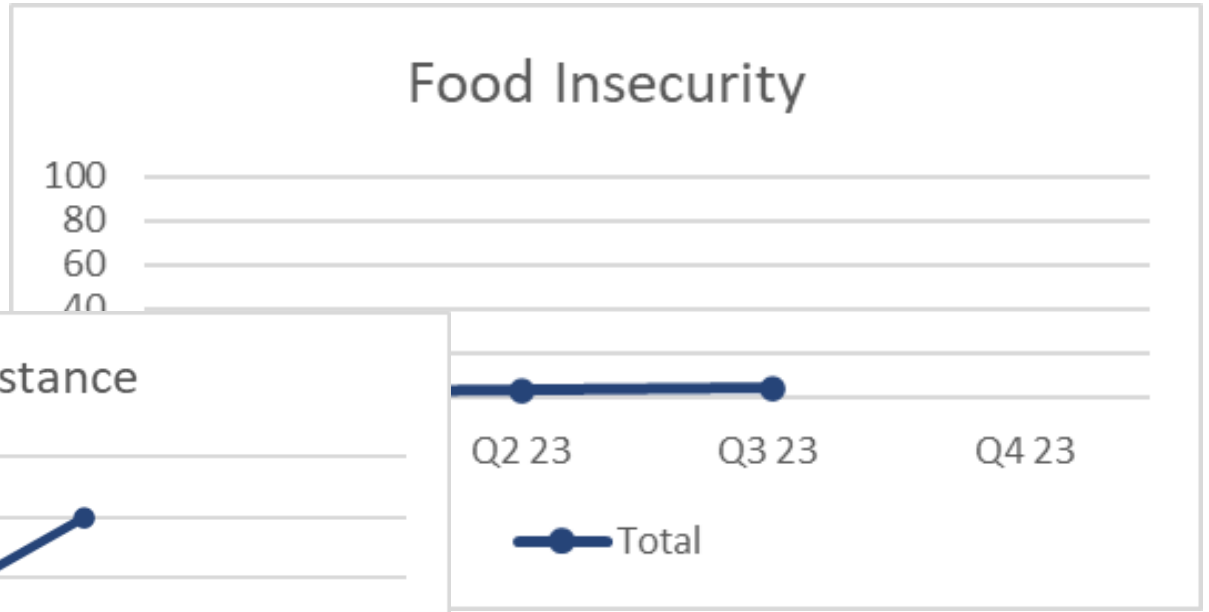
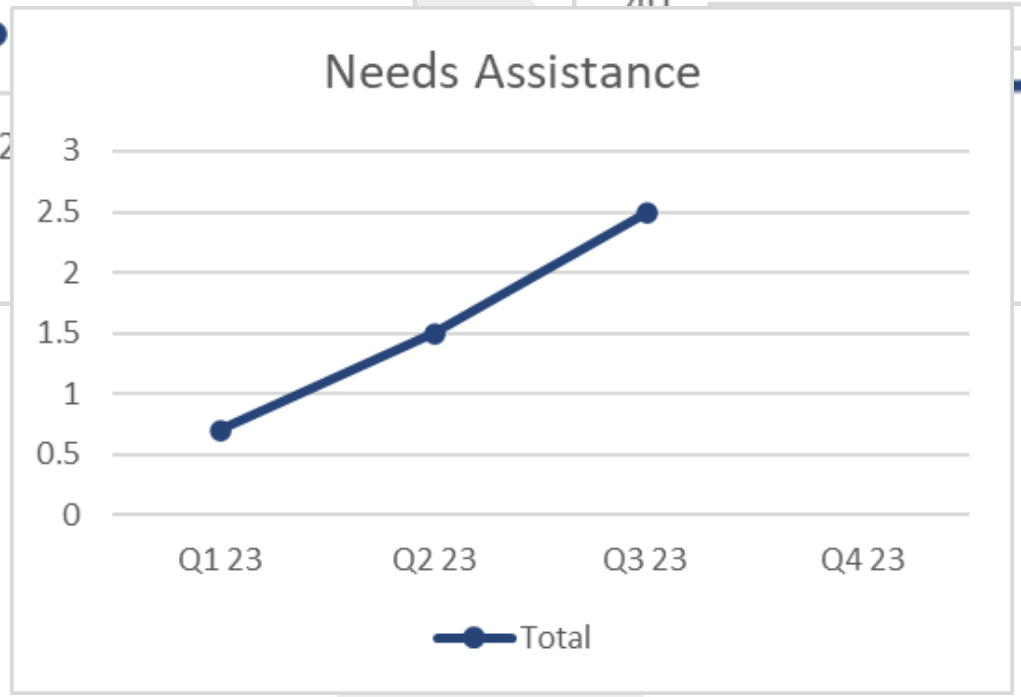
SDOH Responses
Outpatient/Inpatient Combined Trends







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Reducing Inequity

- Patient Family Advisory Council
- Medicare/Medicaid Enrollment
- Engagement of Patient Experience Team
- Meals on Wheels
- Affordable Sugar Maple Café
- Community Garden
- Financial Assistance
- Access to Specialty Providers
- Community Wellness Programs
- Thumb Community Health Partnership
- Sexual Orientation, Gender Identify

Scheurer Health

Questions?

Julia Harbuck-Valley RN, BSN
Manager of Quality
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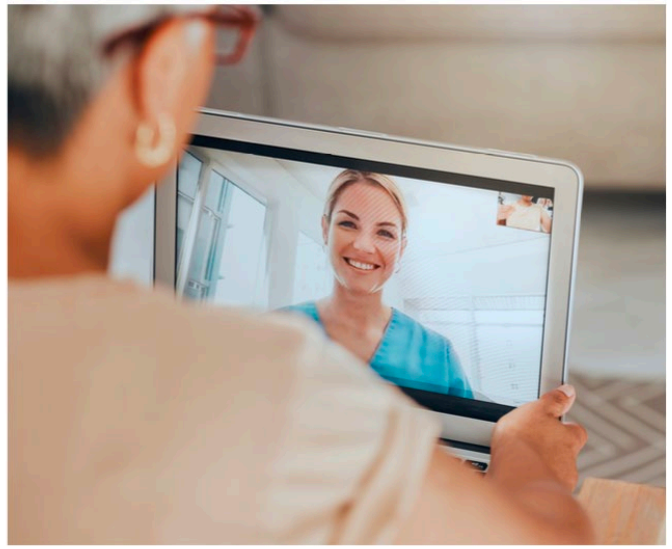
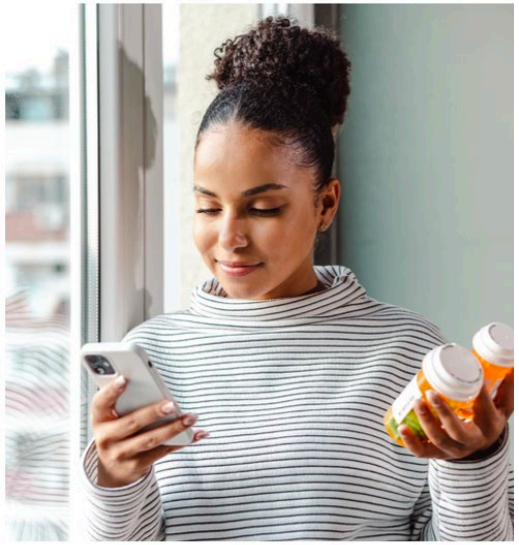
Scheurer Health

THE FUTURE OF TECHNOLOGY & HEALTHCARE: HELEN NEWBERRY JOY HOSPITAL'S DRIVE TO BRING REMOTE PATIENT MONITORING TO THE COMMUNITY WE SERVE

Allison Holbrook BSN, RN





INTRO TO RPM

- What is remote patient monitoring (RPM)?
- Why did we almost say no?
- In the end, why we happily said YES!

IMPLEMENTATION

- Where our partnership began with the HIGI team

MICHIGAN HEALTH ENDOWMENT FUND

MEDIGAP GRANTS PORTAL

ABOUT GRANTMAKING

Home » Announcing $15.2 Million in New Grant Awards

ANNOUNCING $15.2 MILLION IN NEW GRANT AWARDS

Nov 15, 2022 | Healthy Aging, News

MICHIGAN CENTER for RURAL HEALTH

+

higi care everyday

+

Helen Newberry Joy Hospital & Healthcare Center

2022 SPECIAL PROJECTS & EMERGING IDEAS INITIATIVE GRANTS

Michigan Center for Rural Health

Enhancing RPM in Independent Rural Hospitals

To pilot a remote patient monitoring and chronic care management platform to improve access to care for older rural residents.

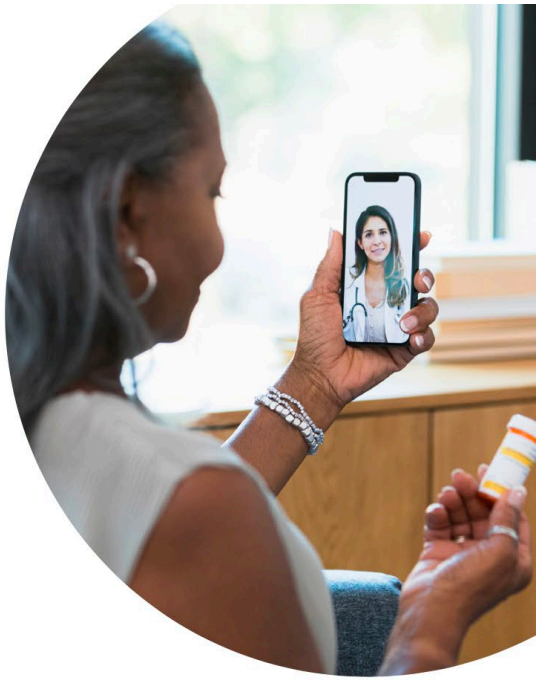
PROGRAM OVERVIEW

- Keeping the patient at the center of everything we do- Every patient-Every time
- Extending the reach of our providers

higi care everyday | Helen Newberry Joy Hospital & Healthcare Center

Personalized care to help you stay healthy from anywhere

Care Everyday remote patient monitoring can help you manage your chronic health conditions by pairing easy-to-use home health devices and a dedicated care manager to partner with you and your Helen Newberry Joy Hospital team.



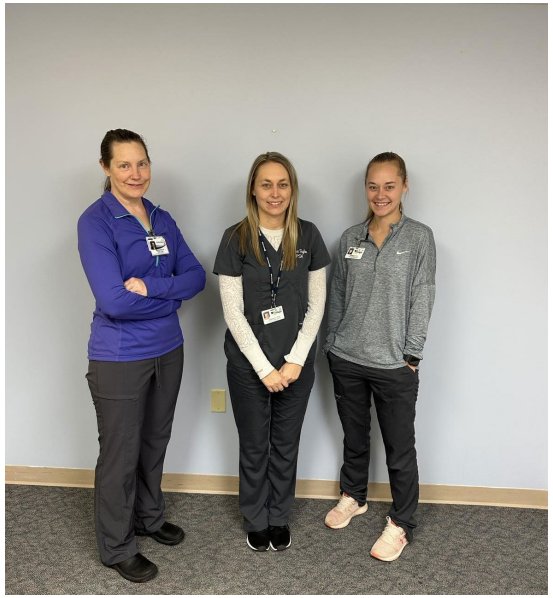
CHRONIC CARE MANAGEMENT TEAM!

Andrea Marsh
LPN

Bonnie Davis
LPN

Nicole Butkovich
LPN

Mandy Butkovich
LPN



PROJECT GOALS

- Increase access to care
- Improve patient health outcomes
- Develop rural health RPM playbook

PLANNING IS KEY

- Have your team ready
  - All key stakeholders must be on board and fully committed
  - Vendor selection
  - All team involvement and buy in!

WHERE IS THE PROGRAM TODAY

Patients enrolled

- Working towards enrolling patients monthly to achieve our goal
- Have made contact with 100 patients so far and counting
- Try not to be discouraged!

Patient Successes

- Many patient successes in different ways

Early lessons

- Initial telehealth appointment has been the most intimidating
- Solution = warm handoff to bridge gap by having patient come to CCM office for initial telehealth appointment

PATIENT SUCCESSES: DOUBLE CLICK

Win #1

Positive feedback from patient's support person (patient is unable to read and depends on girlfriend to help).

Education material links shared received this response, "This is really helpful […] you sure help and I want to thank you so much. I am glad for the ideas to make good food for his diabetes."

Win #2

RPM patient with Diabetes followed closely post-surgical procedure. Able to identify a post-op complication and assist to get early intervention and prevent hospital admission.

Win #3

RPM patient with Diabetes with primary caregiver out of the home for family emergency. Critical values alerted Higi Care Everyday/local care team of immediate patient support needs in her absence, preventing a critical health issue.

WHERE IS THE PROGRAM TODAY

Patients enrolled

- Working towards enrolling patients monthly to achieve our goal
- Have made contact with 100 patients so far and counting
- Try not to be discouraged!

Patient Successes

- Many patient successes in different ways

Early lessons

- Initial telehealth appointment has been the most intimidating
- Solution = warm handoff to bridge gap by having patient come to CCM office for initial telehealth appointment




SUMMARY

- Provides essential real-time data
- Seamless coordination of care is possible
- RPM is a great tool in a CAH toolbox if…
  - Organizational buy in
  - Put in needed time into planning and implementing

WHERE DO WE GO FROM HERE?

- Continue to grow with our patients needs
- Strive to keep up with technology

THANK YOU

From all of us at HNJH!

Please reach out with any questions to allison.holbrook@hnjh.org".