



**COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
IMPLEMENTATION STRATEGY
FY 2021-2023**

**TIFT REGIONAL MEDICAL CENTER
SOUTHWELL MEDICAL**

June 15, 2021



CHNA IMPLEMENTATION STRATEGY FY 2021-2023

Southwell is a leading healthcare provider serving 14 counties in South Central Georgia. Southwell facilities include: Tift Regional Medical Center, Southwell Medical, Southwell Health and Rehabilitation, and all facilities and clinics owned by Tift Regional Health System, Inc. or Southwell Ambulatory, Inc.

Mission Statement. Our mission is to deliver a lifetime of quality and compassionate care for each patient we serve.

Vision Statement. Our vision is to be the system of choice for exceptional, patient-centered health care in every community we serve.

Action Plan. This implementation strategy report summarizes the plans for Tift Regional Medical Center and Southwell Medical to sustain and develop community benefit programs that address the top five prioritized needs identified in the FY 2021 Community Health Needs Assessment (CHNA). Additional strategies may be added to this plan as opportunities arise over the next three years.

Counties Impacted. While Southwell has a three-county Primary Service Area (PSA) and an 11-county Secondary Service Area (SSA), this implementation strategy will focus mainly on the counties in the PSA. The PSA includes Tift, Turner, and Cook counties. Since Southwell has hospital facilities in Tift County (Tift Regional Medical Center) and Cook County (Southwell Medical), these PSA counties provide the largest draw for Southwell in terms of patient origin. This implementation strategy focus on the PSA will provide the most impact on the top five community health needs identified in the CHNA, creating a ripple effect which will result in benefits for the SSA counties as well:

Primary Service Area Counties with Southwell Services	Secondary Service Area Counties with Southwell Services	Secondary Service Area Counties without Southwell Services
<ul style="list-style-type: none"> • Tift (hospital, clinic and outpatient services) • Cook (hospital, skilled nursing, clinic and outpatient services) • Turner (clinic services) 	<ul style="list-style-type: none"> • Worth (clinic services) • Colquitt (clinic services) • Lowndes (clinic services) • Berrien (clinic services) • Irwin (clinic services) • Ben Hill (clinic services) 	<ul style="list-style-type: none"> • Brooks • Atkinson • Coffee • Wilcox • Crisp

Approval. The Southwell, Inc. Board of Directors and Tift Regional Health System, Inc. Board of Directors approved this Implementation Strategy through board votes on June 15, 2021. The Implementation Strategy was presented to the boards by Dr. Cameron Nixon, Chief Transformation Officer, and Chris Efav, Vice President, Outreach and Development.

TOP FIVE PRIORITIZED NEEDS

Detailed information is included in the CHNA, but below is a listing of the top five prioritized needs:

Rank	Health Need	Domain(s)
1	Transportation services for people who need to go to a doctor's appointment or to the hospital	Access to Care
2	Affordable prescription medications	Access to Care
3	Senior health services (grouped): <ul style="list-style-type: none"> Care coordination, diagnosis and treatment Dementia spectrum services 	Care Coordination Services and System Capacity
4	Behavioral health services (grouped): <ul style="list-style-type: none"> Substance abuse screening, intervention, treatment, care coordination Behavioral health services for adults for depression, anxiety, or other mental health conditions. 	Care Coordination Services and System Capacity
5	Health and wellness enhancement (grouped): <ul style="list-style-type: none"> Access to healthful food Wellness initiatives for adults—exercise and nutrition Obesity—education and prevention 	Access to Care

Needs not addressed in the CHNA implementation plan. Many other issues were discussed and prioritized by the CHNA Advisory Committee and Southwell staff members, but none scored as highly as the priorities that were ultimately chosen.

COMMUNITY WORK PLAN

Rank	Health Need	Domain(s)
1	Transportation services for people who need to go to a doctor's appointment or to the hospital	Access to Care
Outcome Objective (Anticipated Impact)		
<ul style="list-style-type: none"> • Make healthcare more accessible to people who live in rural or isolated communities. • Make services more readily available or convenient for people with limited mobility, time or transportation options. 		
Implementation Strategy		
<ul style="list-style-type: none"> • Deploy Mobile Health Clinic to medically-underserved areas within primary service area. • Launch Southwell Connect virtual visit program through a partnership with AmWell. 		
Possible Collaborations		
<ul style="list-style-type: none"> • Local churches • AmWell 		
Service Area Counties Impacted		
<ul style="list-style-type: none"> • Mobile Health Clinic: Tift, Turner, and Cook Counties • Southwell Connect: all counties 		

Rank	Health Need	Domain(s)
2	Affordable prescription medications	Access to Care
Outcome Objective (Anticipated Impact)		
<ul style="list-style-type: none"> Facilitate access to pharmaceutical financial assistance programs to help economically-disadvantaged patients receive medications for little or no cost. 		
Implementation Strategy		
<ul style="list-style-type: none"> Through Southwell Medical Community Health Center, offer a Prescription Assistance Program (PAP) with pharmaceutical companies, the Tift Regional Medical Center Foundation, government-assisted programs, and nonprofit-sponsored initiatives. Leverage Section 340B of the Public Health Service Act which requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to healthcare organizations that care for uninsured and low-income patients, especially oncology patients. 		
Possible Collaborations		
<ul style="list-style-type: none"> Pharmaceutical companies Tift Regional Medical Center Foundation Government-assisted programs Nonprofit-sponsored initiatives 		
Service Area Counties Impacted		
<ul style="list-style-type: none"> Mainly Tift, Turner, and Cook counties 		

Rank	Health Need	Domain(s)
3	Senior health services (grouped): <ul style="list-style-type: none"> • Care coordination, diagnosis and treatment • Dementia spectrum services 	Care Coordination Services and System Capacity
Outcome Objective (Anticipated Impact)		
<ul style="list-style-type: none"> • Help increase access to care, reduce health problems, and improving quality of life for older adults. 		
Implementation Strategy		
<ul style="list-style-type: none"> • Increase telemedicine utilization in local nursing homes. • Continue to educate the public and referring providers about the new, 95-bed Southwell Health and Rehabilitation skilled nursing facility and the 12-bed Sylvia Barr Center geriatric psychiatric unit at Southwell Medical in Adel. • Complete a feasibility study on the recruitment of a board-certified geriatric primary care physician to serve as system medical director for senior care. • Continue to serve as a community partner for Meals-on-Wheels, the Leroy Rogers Center, Delle Beamguard Community Center, and other local senior programs. 		
Possible Collaborations		
<ul style="list-style-type: none"> • Nursing homes • Meals-on-Wheels • Leroy Rogers Center • Delle Beamguard Community Center—Senior Programs 		
Service Area Counties Impacted		
<ul style="list-style-type: none"> • Telemedicine/nursing homes: Tift, Turner and Cook Counties • Southwell Health and Rehabilitation and Sylvia Barr Center: all counties • Geriatric primary care physician: all counties • Community partnerships: Tift and Cook counties. 		

Rank	Health Need	Domain(s)
4	Behavioral health services (grouped): <ul style="list-style-type: none"> • Substance abuse screening, intervention, treatment, care coordination • Behavioral health services for adults for depression, anxiety, or other mental health conditions. 	Care Coordination Services and System Capacity
Outcome Objective (Anticipated Impact)		
<ul style="list-style-type: none"> • To contribute to the further development of a community-based behavioral health system that supports prevention, resiliency, and recovery. 		
Implementation Strategy		
<ul style="list-style-type: none"> • Continue to serve as a community partner with the OASIS Substance Abuse Recovery Center. • Recruit a psychiatrist to serve as system medical director for Southwell’s Behavioral Health Department and recruit additional advanced practice providers and licensed clinical social workers as needed. • Further integrate behavioral health into the primary care setting to help improve access to mental health services and treatment of co-morbid physical conditions. • Launch Southwell Connect virtual visit program through a partnership with AmWell (to include behavioral health component). • Continue to educate the public and referring providers about the new, 12-bed Sylvia Barr Center geriatric psychiatric unit at Southwell Medical in Adel. • Continue to serve as a community partner for Meals-on-Wheels, whose clients include seniors with dementia. 		
Possible Collaborations		
<ul style="list-style-type: none"> • OASIS Substance Abuse Recovery Center • Meals-on-Wheels 		
Service Area Counties Impacted		
<ul style="list-style-type: none"> • OASIS Substance Abuse Recovery Center: Tift County • Psychiatrist: all counties • Behavioral health/integration with primary care: all counties • Southwell Connect: all counties • Sylvia Barr Center: all counties • Meals-on-Wheels: Tift County 		

Rank	Health Need	Domain(s)
5	Health and wellness enhancement (grouped): <ul style="list-style-type: none"> • Access to healthful food • Wellness initiatives for adults—exercise and nutrition • Obesity—education and prevention 	Access to Care
Outcome Objective (Anticipated Impact)		
<ul style="list-style-type: none"> • To assess, plan and implement activities that will help community residents be more aware, motivated, and skilled around life decisions that increase wellbeing. 		
Implementation Strategy		
<ul style="list-style-type: none"> • Continue to serve as a community partner with the Tiftarea YMCA. • Conduct periodic food insecurity screening surveys and guide patients to proper community resources as needed. • Develop affordable, farm-to-table, fresh food access points in partnership with local farmers. • Develop fun nutrition educational programs (“Eat This, Not That”) for primary school students with Southwell’s dietitians and the University of Georgia Family and Consumer Sciences-Tift County Extension Service. • At school-based clinics, provide ongoing education to children on the benefits of being active and eating healthy. • Develop educational activities (both web-conference based and in-person events) and informational videos and posts (for social media and website) that touch on preventive health, fitness, nutrition, and other wellness topics. • Include prevention and wellness articles in Southwell’s health magazine (mailed to residents three-times-a-year). 		
Possible Collaborations		
<ul style="list-style-type: none"> • Tiftarea YMCA • Local farmers • Local agencies and community partners that serve as resources for food insecurity • University of Georgia Family and Consumer Sciences-Tift County Extension Service • School systems 		
Service Area Counties Impacted		
<ul style="list-style-type: none"> • Tiftarea YMCA: Tift, Worth, Turner, Irwin, and Cook counties • Food insecurity screenings: all counties • Fresh food access points: Tift and Cook counties • Nutrition education programs for schools: Tift and Cook counties • School-based clinics: Tift County • Educational activities and informational posts: all counties • Southwell magazine: Tift, Turner, Cook, Berrien, Irwin, Ben Hill, Lowndes and Colquitt counties 		