SOUTHWELL

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION STRATEGY FY 2024-2027

TIFT REGIONAL MEDICAL CENTER
SOUTHWELL MEDICAL

September 2024

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CHNA IMPLEMENTATION STRATEGY FY 2024-2027

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 four prioritized needs identified in the FY 2024 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 four 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
• Tift (hospital, clinic and outpatient services) • Cook (hospital, skilled nursing, clinic and outpatient services) • Turner (clinic services)	• Worth (clinic services) • Colquitt (clinic services) • Lowndes (clinic services) • Berrien (clinic services) • Irwin (clinic services)	• Ben Hill • 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 September 17, 2024. The Implementation Strategy was presented to the boards by Dr. Cameron Nixon, Chief Transformation Officer, and Chris Efaw, Vice President, Marketing and Communications.

TOP FOUR PRIORITIZED NEEDS

Below is a listing of the top four prioritized needs identified for both TRMC and Southwell. The identified needs are the same for each hospital, with the rankings slightly different for Southwell Medical.

The methodology used by an independent consulting group for identifying the prioritized needs included a community survey, a Medical Staff survey, focus groups, interviews with stakeholders, the formation of a CHNA Advisory Committee, data analysis, and other secondary research. Please see the full CHNA report for more detailed information.

Health Needs		
1	**BEHAVIORAL HEALTH**	• Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children. • Coordination of emergency mental health services with other regional providers and resources. • Counseling services for mental health issues such as depression, anxiety, suicidal thinking, anger management, and others for adults. • Drug and other substance abuse treatment and rehabilitation services, including detox. • Drug and other substance abuse education, prevention, and early intervention services.
2	**TRANSPORTATION**	• Availability, quality, and consistency of transportation services for people needing to access to primary care or to go to doctor's appointments or the hospital.
3	**CARE COORDINATION**	• Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others. • Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare. • Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers.
4	**BASIC NEEDS**	• Programs for obesity prevention, awareness, and care. • Secure sources for affordable, nutritious food.

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

Health Need	
1	**BEHAVIORAL HEALTH**

Outcome Objective (Anticipated Impact)

- To contribute to the further development of a community-based behavioral health system that supports prevention, resiliency, and recovery.

Implementation Strategy

- Continue to provide a psychiatrist to serve as system medical director for Southwell's Behavioral Health Department and recruit advanced practice providers and licensed clinical social workers as needed. An additional psychiatrist is also scheduled to start in fall 2026.
- Continue to provide a pediatric psychiatric-mental health nurse practitioner at Affinity Pediatrics.
- Continue to provide a primary care psychiatric-mental health nurse practitioner at Southwell Medical Community Health Clinic.
- Continue to educate the public and referring providers about the 12-bed Sylvia Barr Center geriatric psychiatric unit at Southwell Medical in Adel.
- Continue to serve as a community partner with the OASIS Substance Abuse Recovery Center in Tifton.
- Continue to serve as a community partner for Meals on Wheels in Tifton, whose clients include seniors with dementia.
- Team with other hospitals in the region on lobbying efforts at the state level to ensure that patients with emergent mental health needs can be sent to appropriate emergency receiving facilities.

Possible Collaborations

- OASIS Substance Abuse Recovery Center
- Meals on Wheels
- Other hospitals within the region

Service Area Counties Impacted

- Tift, Turner, and Cook Counties

Health Need	
2	TRANSPORTATION

Outcome Objective (Anticipated Impact)

- 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

- Continue the Community Paramedicine Program (CPP), which provides home visits to select patients with chronic disease conditions.
- Continue the Outpatient Palliative Care Program (OPCP), which offers specialized medical care for homebound patients with serious illnesses.
- Continue to offer a school clinic at Eighth Street Middle School in Tifton.
- Continue to provide a Case Management fund for taxi vouchers and home ambulance transports for qualified low-income patients.
- Team with PCOM-South Georgia to provide mobile clinic visits to medically-underserved areas.
- Work with county and state agencies to ensure that consistent transportation services are available.

Possible Collaborations

- Local churches
- Tiftarea YMCA
- Recreation departments
- Eighth Street Middle School
- PCOM-South Georgia
- County and state transportation agencies

Service Area Counties Impacted

- Tift, Turner, and Cook Counties

Health Need	
3	CARE COORDINATION

Outcome Objective (Anticipated Impact)

- Offer navigators for people with chronic diseases such diabetes, cancer, asthma, and others.
- Provide services to help area residents learn about and enroll in programs that offer financial support for people needing healthcare.
- Provide coordination of patient care between hospitals, clinics, private doctors, and other health service providers.

Implementation Strategy

- Continue to provide navigators for oncology, breast health, congestive heart failure, and chronic obstructive pulmonary disease.
- Continue to provide educators for patients diagnosed with chronic kidney disease.
- Continue to offer a Diabetes Learning Center for patients.
- Provide inpatient and outpatient case managers to coordinate between hospitals, clinics, private doctors, and other health service providers.
- Continue the Community Paramedicine Program (CPP), which provides home visits to select patients with chronic disease conditions.
- Continue the Outpatient Palliative Care Program (OPCP), which offers specialized medical care for homebound patients with serious illnesses.
- Hold periodic community resource events and post videos and information on social media for area residents to learn about and enroll in programs that offer financial support for people needing healthcare.

Possible Collaborations

- Area hospitals, clinics, private doctors, and other health service providers.

Service Area Counties Impacted

- Tift, Turner, and Cook Counties

Health Need	
4	**BASIC NEEDS**

Outcome Objective (Anticipated Impact)

- 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

- Continue to serve as a community partner with the Tiftarea YMCA and help support YMCA feeding programs.
- Study the feasibility of affordable, farm-to-table, fresh food access points in partnership with local farmers.
- Develop periodic nutrition educational programs for primary school students with Southwell's dietitians and Diabetes Learning Center nurse educators.
- Provide ongoing education to children on the benefits of being active and eating healthy at our school-based clinic and pediatric and family medicine practices,
- Continue to serve as a community partner for Meals on Wheels in Tifton.
- Serve as a community partner for the Feeding Futures program at the Boys and Girls Club of Greater Cook County in Adel.
- Develop educational activities, health fairs, and informational videos and posts (for social media and website) that touch on preventive health, fitness, nutrition, and wellness.

Possible Collaborations

- Tiftarea YMCA
- Local farmers
- Local agencies and community partners that serve as resources for food insecurity
- Local churches
- School systems
- Meals on Wheels
- Boys and Girls Club of Greater Cook County

Service Area Counties Impacted

- Tift, Turner, and Cook Counties