

**COMMUNITY HEALTH NEEDS
ASSESSMENT
COLORADO RIVER MEDICAL
CENTER
2021**



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BACKGROUND

ABOUT COLORADO RIVER MEDICAL CENTER

Colorado River Medical Center (CRMC) is a 25-bed critical access hospital located in the city of Needles, California. CRMC serves the residents of Needles and the travelers on the Interstate 40 and Highway 95; the residents of lower Mohave Valley, Arizona, and approximately 3,100 square miles of unincorporated San Bernardino County.

CRMC provides basic emergency services through its 24-hour emergency department. Other hospital services include x-ray, inpatient pharmacy, outpatient surgery, laboratory services, and hospital related support services.

CRMC also has airship capabilities should medical transfers be necessary. CRMC is Medicare certified.

Consistent delivery of health care
Reliable service for all out patients
Multi-faceted techniques and technology
Continuing commitment to this community

ABOUT COMMUNITY HEALTH NEEDS ASSESSMENTS

The Affordable Care Act (ACA), which was enacted March 23, 2010 added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3) as a well as new reporting and excise tax.

These new requirements for Charitable 501(c)(3) Hospitals are articulated in section 501(r). The ACA imposes the following new requirements on organizations that operate one or more hospital facilities (Hospital Organizations). Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis:

- Establish written financial assistance and emergency medical care policies
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy

- Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital’s financial policy before engaging in extraordinary collection actions against the individual
- Conduct a Community Health Needs Assessment (CHNA) and adopt a Community Health Implementation Plan (CHIP) at least once every three years

These CHNA requirements are effective for tax years beginning after March 23, 2012. They carry the minimum requirement of once every three years, however, hospitals are not penalized for doing them more often.

Colorado River Medical Center has the Best, Friendliest, Courteous and Helpful staff. They are all willing to go above and beyond to help a person.
— Susie —

IRS ruling 69-545 established the community benefit standard as the basis for a tax exemption. Community benefit is determined if the hospital promotes the health of a broad class of individuals in the community, based on factors that include:

- Emergency room care is open to all, regardless of ability to pay
- Surplus funds are used to improve patient care, expand facilities, train staff, etc.
- The hospital is controlled by independent civic leaders, and
- All available qualified physicians are privileged

The healthcare reform law, the Patient Protection and Affordable Care Act, added a new provision to the IRS code for “not for profit” hospitals. Under this provision, not for profit hospitals must conduct a Community Health Needs Assessment every three years. The health needs identified in the CHNA must be addressed in an action or implementation plan. Other requirements of the new IRS provision include:

- The CHNA must take into account the broad interests of the community
- The Assessment must involve individuals with expertise in public health
- The findings must be made widely available to the public

IRS requirements also specify that the deadline for completion of the CHNA is the end of the hospital’s tax year starting after March 2012. Failure to complete a CHNA could result in a \$50,000 excise tax and possible loss of tax-exempt status.

Colorado River Medical Center engaged Cycle of Business(COB) to:

- Complete a Community Health Needs Assessment report
- Provide Colorado River Medical Center with the requirement necessary to be compliant on the IRS Form 990
- Provide information needed for the hospital to issue an assessment of community health need and to document how it intends to respond to the identified needs

SERVICE AREA

For purposes of this CHNA, we defined the Colorado River Medical Center Service Area as an area which covers a small portion of Eastern San Bernardino County California and extends to cover a small portion of Arizona comprising Golden Shores AZ and the surrounding area. The area starts on I-40 near the town of Ludlow and extends eastward to the city of Needles. From Needles it continues on to cross the border to include the city of Golden Shores, AZ. The area then turns south following the colorado river to the city of Havasu Lake California.

Colorado River Medical Center has defined its primary service area to include the following zip codes:

Community	Zip Code	Population-2019
Needles	92363	5,348
Mohave Valley, AZ	86440	6,906
Fort Mohave, AZ	86426	14,928
Essex, CA	92332	11
Amboy, CA	92304	17
Estimated Service Area Population		27,210

Based on the California zip codes used for our survey the population of Colorado River Medical Center's Primary Service Area is approximately 8,841. However, a portion of patients come from outside the service area zip codes. The population of San Bernardino County is much larger and some of their patients come from across the border in Arizona.

Some of the people surveyed for the CHNA came from Arizona. There is a rather large population in Arizona could use CRMC, however, due to insurance contracts most of the patients at CRMC will be limited to the above California zip codes.

Data describing health status rankings at the zip code level was difficult if not impossible to find. Therefore data from San Bernardino County were used to represent the service area. Special note was taken when the focus group took exception with the data provided about the county in general.



PROCESSES AND METHODOLOGY

Completion of the CRMC Community Health Needs Assessment (CHNA) followed a modified outline designed by the Center for Rural Health at the University of North Dakota for the North Dakota Critical Access Hospitals. The sections of this CHNA generally follow their suggested methodology but were only slightly modified to meet the needs of CRMC.

A first meeting was held initially in person during the month of March 2021. This meeting was a general review of health information on a county level. The participants were asked to review the survey that would go out to the public to make sure we were able to get information to help the hospital address the health needs of the community.

The survey was further revised by Cycle of Business and Colorado River Medical Center to ensure the questions asked would help Senior Leadership and the Board decide on the best course of action for the Hospital. Before the survey was distributed to the community, special care was taken to ensure the verbiage was inclusive and members of that committee volunteered to make sure it was delivered to the Native American and Latin communities.

Once the community had been given time to fill out the survey, COB collected the data and reviewed the findings with community members from various departments within the hospital. This meeting allowed the group review of the information collected in the survey, and prioritize the most important health issues that could and should be addressed, given the resources of Colorado River Medical Center. Key findings from the survey were reviewed to see what needed to be addressed by the hospital and what needed to be given priority.

As the survey was reviewed by the staff from the hospital, areas of focus and clarification were outlined. The Senior Leadership Team wanted to ensure the CHNA was not only dealing with the opinions of the community, they wanted to make sure they had the data to make appropriate decisions. Employees from CRMC decided on the several goals to work on over the next few years that would allow them to better serve the community.

Finally, a revised CHNA was prepared and taken to the Board of Directors for their input and approval.

RESOURCES AND SECONDARY INFORMATION

The CHNA for Colorado River Medical Center utilized data from:

County Health Rankings. Since it began in 2010, County Health Rankings ranks the health of nearly every county in the nation and is a collaboration between the Robert Wood

Johnson Foundation and the University of Wisconsin Population Health Institute. The program awards grants to local coalitions and partnerships working to improve the health of people in their communities. The information received from this website appears to be from 2019.

Current Census Data. The United States Government conducts a census every few years to gather data on certain demographics in the country. The last census data for San Bernardino County, CA was conducted in 2019.

Survey Conducted Through the Hospital and Community. A survey was designed in conjunction with Cycle of Business and Colorado River Medical Center to gather information from the community on the immediate needs of the population.

Broad Interests of the Community Were Considered:

Special care was used to find individuals who could help define the health care needs of the community. MSRH looked for people representing the youth, the elderly, and varied cultures.

The individuals involved in the initial meeting were asked to review the survey and give their input on the needs of the hospital. Additional efforts were made to reach out to the community in general, to give input on the survey. A link to the survey was sent out to the major employers in the community, disbursed via social media, posted to the hospital website, and distributed within the hospital and family of clinics.

PARAMETERS FOR DATA COLLECTION

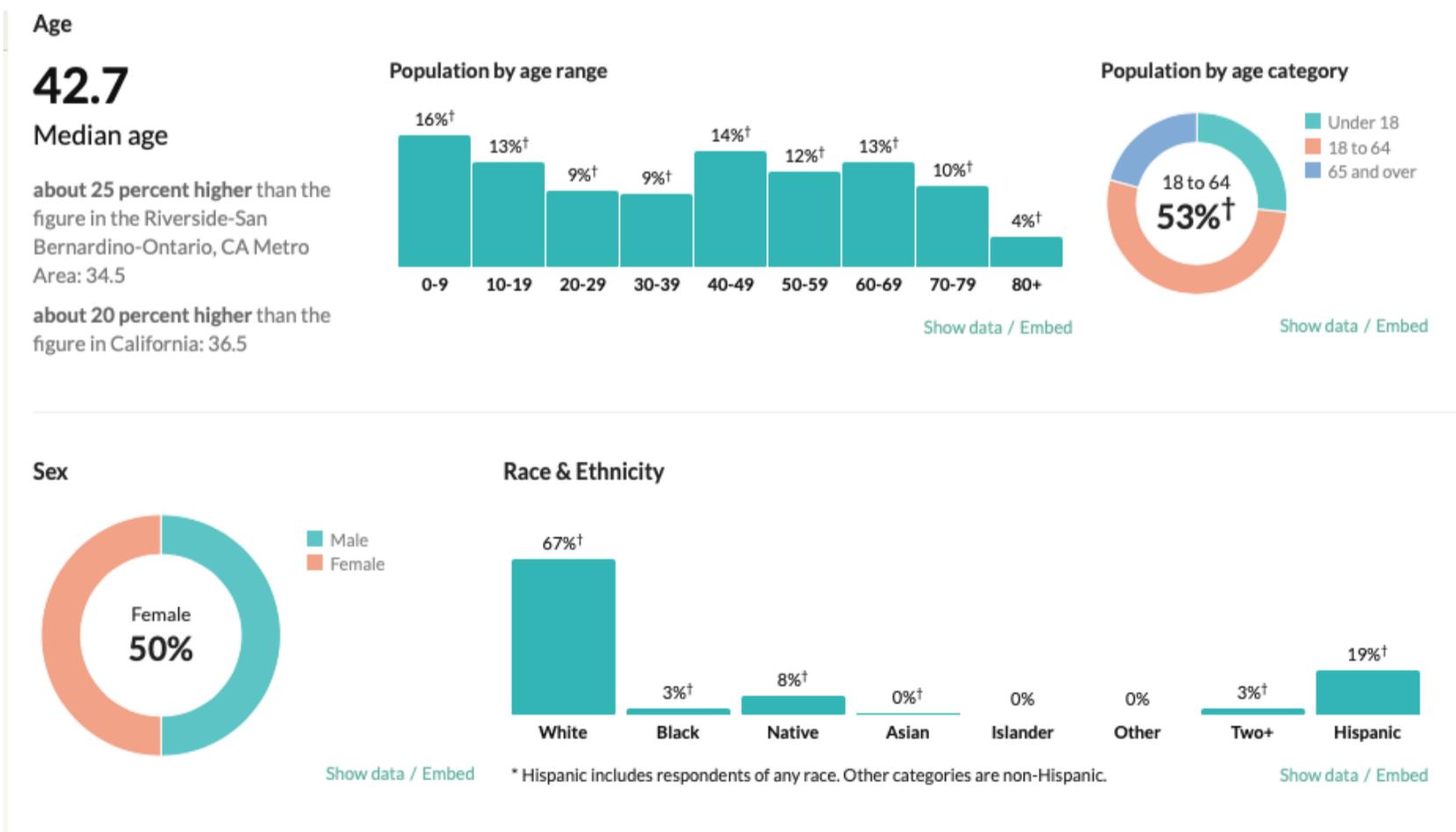
COB and CRMC used the most recent population and demographic information available to ensure the community needs were being met. This included gathering national statistics, as well as the demographics of the service area. The federal government tracks certain health statistics across the U.S. by county. This information was compiled to give a baseline, to show where certain health needs were being met and areas that needed improvement. Areas that needed improvement were considered when working on the implementations

DEMOGRAPHICS

The demographics for the area were collected through the use of census data and other reports. The latest data was as recent as the 2019 census. Although exact population and demographic information may vary slightly from that articulated in the CHNA, the outcomes of the CHNA will not be affected by any minor discrepancies.

The population of San Bernardino County, CRMC’s primary service area, is approximately 8,841 as of 2019. Due to the fact that additional zip codes from the secondary service area incorporated into this analysis only make up a small portion of people who actually use Colorado River Medical Center, COB used the demographic data from San Bernardino County to represent the combined service areas. The following is a basic understanding of the demographics and health situation in San Bernardino County:

- 53% of the population are between the ages of 18 and 64
- 27% are 60 or older
- 50% of the population are female
- 67% are white, 19% are Hispanic, and 8% are Native American.



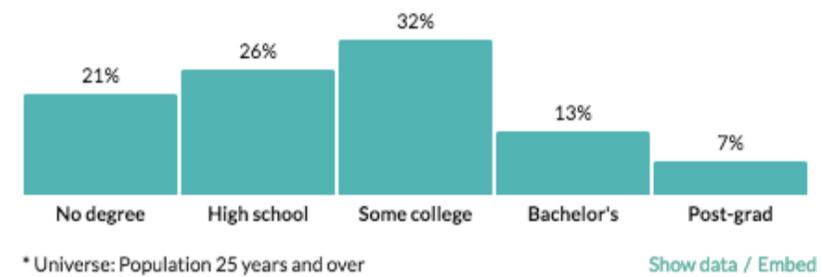
- 78.7% of San Bernardino County residents have graduated from high school compared to the California average of 82.4%
- 20% of San Bernardino County residents have a Bachelor's degree or higher

Educational attainment

78.7%
High school grad or higher
a little less than the rate in California: 82.4%
about 90 percent of the rate in United States: 87.5%

20% ±0.6%
(267,503 ±8,406.7)
Bachelor's degree or higher
about three-fifths of the rate in California: 32.9% 8,660,470 (±0.2% / ±42,025.9)
about two-thirds of the rate in United States: 31.3% 68,334,277 (±0.1% / ±133,659.9)

Population by minimum level of education



censusreporter.org

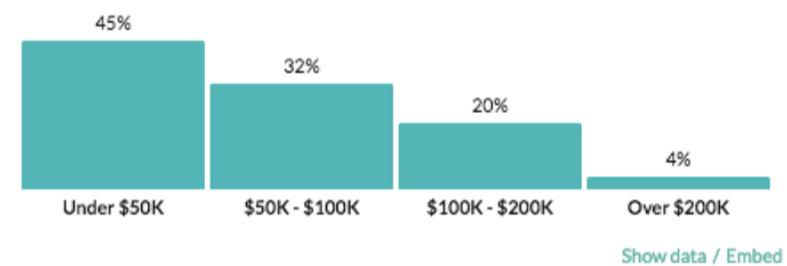
- The median household income in San Bernardino County is \$56,337 with a per capita income of \$22,641
- 20.3% of the population live in poverty
- 31% of children live in poverty as opposed to 11.8% in the State of California

Income

\$22,641
Per capita income
about two-thirds of the amount in California: \$33,389
about three-quarters of the amount in United States: \$31,128

\$56,337
Median household income
about 80 percent of the amount in California: \$67,739
about the same as the amount in United States: \$57,617

Household income



Poverty

20.3%
Persons below poverty line
more than 1.5 times the rate in the Riverside-San Bernardino-Ontario, CA Metro Area: 12.2%
more than 1.5 times the rate in California: 11.8%

Children (Under 18)



Seniors (65 and over)



[Show data / Embed](#)

[Show data / Embed](#)

censusreporter.org

San Bernardino County, like many rural areas, struggles with attracting and retaining healthcare professionals:

- San Bernardino County has a fairly low number of Primary Care Physicians in relation to the population. 1700:1 where top performers are 1030:1
- The number of Dentists in the county is closer to national top performing counties. 1370:1 compared to national top performers at 1210:1
- Mental Health providers are at a 410:1 ratio compared to 270:1 for top performers

	San Bernardino County	Top Performers	California
Primary Care	1700:1	1030:1	1250:1
Dentist	1370:1	1210:1	1150:1
Mental Health	410:1	270:1	270:1
Poor Health	24%	14%	18%

countyhealthrankings.org

San Bernardino County has a fairly high ratio in the following health risk factors:

- 24% of the population reported poor health. This is significantly higher than Top Performers and even California.
- Adult Smoking is higher than the California Average even though it is at Top Performer levels
- Adult Obesity is sitting at 28%, however, California only has a 24% obesity rate.
- Excessive Drinking happens occasionally affecting only 18% of the population. San Bernardino County is doing better than the state average and not too far from the top performers, however, their Alcohol Impaired Driving Deaths are more than double the California rate and 6 times the rate of top performers.

Wonderful Staff and Kitchen Crew is awesome. Good Food. Michelle and Mary G. are so kind.
— Hansel —

	San Bernardino County	Top Performers	California
Poor Health	24%	14%	18%
Adult Smoking	14%	14%	11%
Adult Obesity	28%	26%	24%
Excessive Drinking	18%	13%	19%
Alcohol Impaired Driving Deaths	67%	11%	30%

countyhealthrankings.org

Another area of great concern for the county is teen sexuality:

- Sexually Transmitted Diseases are almost 4 times higher than top performing counties, but only slightly higher than California numbers.
- Teen Births are double the numbers of top performing counties, it is only slightly higher than California.
- HIV prevalence is 5 times the number of top performing counties, although lower than than the numbers in California.

	San Bernardino County	Top Performers	California
Sexually Transmitted Infections per 100,000	618	161.4	585.3
Teen Births per 1000	24	12	17
HIV Prevalence	254	50	396

countyhealthrankings.org

Other areas deserving review:

- The average life expectancy for residents of the county is 78.8 as compared to 81 for California
- Premature age adjusted mortality designates the people who died before their 75th birthday per 100,000. This means that if San Bernardino County had a population of 100,000 we should expect 350 to pass away before the age of 75.
- Mammography screenings were very low at 30%. Top performing counties are at 51%.
- Flu Vaccines at 32% are much lower than those of Top Cities or California.
- Both inactivity and access to exercise ranked worse than one would hope for. However, San Bernardino County is a rural community with lower levels of obesity and people in general have a fairly active lifestyles. CRMC should not be too concerned over this number.

	San Bernardino County	Top Performers	California
Life Expentancy	78.8	81	81
Premature Age Adjusted	350	280	270
Mammography Screenings	30%	51%	36%
Flu Vaccinations	32%	55%	43%
Inactivity	23%	20%	18%
Access to Exercise	84%	91%	93%

DEVELOPING THE CHNA

MEETINGS WITH COMMUNITY MEMBERS AND FOCUS GROUPS

Initial meeting:

On April 13, 2021 a meeting was held with members of the community. People representing the healthcare community as well as all demographics were invited to attend. The focus group invitees included large employers as well as members of special interest groups from the community. This gave a chance for all demographics to be represented.

Discussions took place to review a template of the survey to be distributed, and suggestions were made to ensure the survey would be acceptable to all potential respondents. The focus group recognized that health care needs may differ between genders, ethnicity, sexual preference and age. Special care was taken to ensure all people would be represented in the results of the survey. Those who were invited were passionate about helping the hospital and excited to contribute to the survey. Not everyone was able to attend, however, those who were not in attendance were contacted at a later date via phone, and were given a chance to give input on the survey.

The survey was written to go beyond the current national data that is readily available. CRMC wanted to be able to specifically look at the results required to meet the service needs of the community.

DISTRIBUTION OF SURVEY

After reviewing and revising the CHNA survey, CRMC sent a link for the survey to community members who represented the population at large and specific demographics within the community. The representatives then forwarded that link to their respective social and work connections in order to ensure that population was appropriately represented in the responses to the survey.

Additional links to the survey were also placed on the hospital's website, Facebook page and community groups to make sure the community would know how to access the survey. Finally, paper copies were placed in the post office since that is the place where most of the community goes to get the important updates for the community.

After giving the community several weeks to respond to the survey, our sample size included enough people to ensure that the population was represented. The responses were gathered and analyzed to be presented to the Senior Leadership and then taken to the community to ensure the needs of the population were met.

COMMUNITY ENGAGEMENT

Representatives from the community were involved in the process and their assistance was used to ensure the survey met the needs of the community they represented. Colorado River Medical Center staff wanted to ensure any hospital needs were also included once the community had weighed in on the survey. Therefore, once the results were analyzed CRMC leadership had a chance to review and add their perspective.

73 members of the community responded to the survey. Respondents covered all demographics of the community. Their feedback was enlisted to articulate the health needs in the area. They were candid in their responses and gave the hospital information that will assist CRMC to improve on their service to the community. Although there was great effort to reach out to the Hispanic and Native American communities participation from people in those demographical groups were not proportionate to their percentage of the population. Representatives of the under-represented communities were in the meetings to review the information and ensure the results were representative of their needs.

The feedback from this survey was then used to create a Community Health Implementation Plan. (CHIP)

THE RESULTS

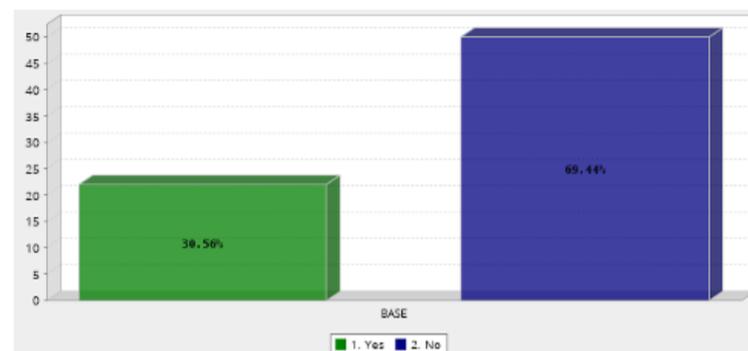
SURVEY RESULTS

The survey was designed to enable CRMC to better understand the needs of the community and their perception of the hospital. Several aspects of healthcare were addressed. General healthcare needs, specialties, groups in need, youth specific challenges, and general perceptions of the hospital. All of these areas give the hospital a robust view of what would help them meet the needs of the community as well as what areas might bring more profitability.

GENERAL USE OF CRMC:

In our survey 72% of the respondents said that they live in San Bernardino County. Many of those for longer than 5 years. Surprisingly only 30% of respondents said they used CRMC or one of its clinics for their primary healthcare needs. When taking into consideration the fact there are hospitals in Las Vegas and Bullhead City, it is not surprising people are getting healthcare in other locations.

Q8. Do you use Colorado River Medical Center for your main healthcare needs?



In some cases patients are looking for certain services they are unable to receive at CRMC. This is to be understood given the lack of volume to support specialties.

CRMC understands their role is to provide basic healthcare, emergency care and a few specialties as needed. However, there is room for improvement in winning others over to the hospital for their basic needs.

SERVICES DESIRED AT CRMC:

CRMC asked which specialties were needed in the community, Items listed fell into basic

	Needed	Not needed	Go elsewhere
Emergency Medical Services (Ambulance, or Emergency Room)	81.82%	10.39%	6.49%
Diagnostic Lab, MRI and X-ray	79.52%	13.25%	6.02%
Primary Care Services (Family Medicine)	78.57%	9.52%	9.52%
Wellness Clinic (Adult Immunizations, Check-ups)	76.32%	17.11%	3.95%
Pharmacy	73.97%	17.81%	4.11%
Immunizations	72.22%	23.61%	2.78%
Dental Health Preventative	71.6%	17.28%	9.88%
Gynecological Care (Female Issues)	71.6%	14.81%	12.35%
Ear, Nose, Throat	68%	25.33%	5.33%
Dermatology	67.86%	21.43%	7.14%

services the hospital was already supplying. Within the top 10 services, were several services that people would consider the basic needs. Primary care and Gynecological care were within the top to as well as immunizations. Many people stated that Pharmacy, and more diagnostic equipment would also be appreciated. The number one area respondents stated was to have Emergency Medical Services.

Finally there were a few specialties that were mentioned. Ear, Nose, Throat (ENT), Dermatology and Dental services were also perceived to be areas needed in the community.

HEALTHCARE SERVICES:

When looking at the way in which healthcare services are being provided in the community there were some areas where the population felt improvement was a possibility. Appointments seemed to be an area of desire. Respondents felt that Appointments on the weekends and Urgent Care Appointments within 24 hours ranked in the top three concerns. In addition the range of services or specialties ranked second on the list.

Respondents also felt that having more active care management would help them with improving their health and in their recoveries. The final area of the top five concerns was that CRMC expand their linkages with out of area specialists to ensure that in the rare case of a special need the transition would be smooth.

	Needs Being Met	Somewhat Met	Not Being Met
Appointments on weekends	3.03%	18.18%	78.79%
Range of health care services	3.13%	18.75%	78.13%
Urgent care appointments within 24hrs	8.00%	16.00%	76.00%
More active care management	5.00%	20.00%	75.00%
Linkages with out of area specialists	7.14%	25.00%	67.86%
Lower fee for low income individuals	6.25%	31.25%	62.50%
Spanish speaking practitioners	40.00%	0.00%	60.00%
Proximity to employer	37.93%	24.14%	37.93%
Proximity to home	41.67%	27.78%	30.56%
Credentials of staff	20.00%	50.00%	30.00%

YOUTH AND CHILDREN:

CRMC was concerned about the health and wellbeing of the youth and children in the area.

	Highly Applicable	Applicable	Not Applicable
Poor Diet	59.38%	34.38%	6.25%
Depression or Anxiety	58.46%	35.38%	6.15%
Lack of Exercise (Couch Potato)	58.46%	33.85%	7.69%
Teen Sexuality	58.46%	36.92%	4.62%
Internet Safety	56.25%	34.38%	9.38%
Substance Abuse	47.69%	43.08%	9.23%
Bullying	45.45%	39.39%	15.15%
Child Abuse	42.19%	50.00%	7.81%
School Attendance	41.94%	53.23%	4.84%
Special Needs (please explain)	31.67%	50.00%	18.33%

The survey was distributed to the adults in the area, and CRMC wanted to more fully understand the mental and physical health of the youth. Especially since they had just come out of the COVID-19 pandemic which had caused so much mental stress on them. One question in particular focused on the challenges they might be facing in order to

better understand what the hospital could do to help them. It was not surprising that the top ranking challenges facing the youth are seen in the sequestered and sedentary lifestyle they have been living in for the past several months.

Poor Diet, Depression or Anxiety, Lack of Exercise, could all be considered a direct result of the circumstances they were forced into because of the restrictions imposed on them during the shutdown.

Internet Safety and Teen Sexuality are common problems youth across the country face and may always be a challenge for parents to address.

AWARENESS AND IMPROVEMENT:

Finally there were a couple of questions on the survey that addressed services currently offered and areas of improvement for the hospital. Specialties are an area that are difficult for rural hospitals in that there needs to be the right amount of volume to support a specialist in order for it to be profitable. CRMC has been able to bring in some specialists that the public are unaware they even have. Areas such as Vascular Surgery, Ophthalmology, and IV Infusion are specialties that the majority of the respondents were unaware were available at the hospital.

Other supportive services CRMC offers need to be reviewed to see if there is a way to improve them for the population. For example, respondents to the survey felt there was a need for the hospital to improve in the areas of Support Groups, Counseling / Assessment, and Community Outreach.

BARRIERS TO USING CRMC:

When asked if there were barriers to using CRMC 36% of the respondents said there were. The reasons ranged from lack of specialties to a perception of quality of care. Most of the respondents were going elsewhere for services CRMC was unable to provide.

Colorado River Medical Center is well aware that some services are being lost to outside facilities. They are also aware that some of that may be mitigated if CRMC would do more to create a positive relationship with the community.

IMPLEMENTATION PLAN

Currently hospitals are being asked to have a Community Health Implementation Plan to outline what they are doing to address the needs of the community. Through these Implementation Plans, the IRS is able to see hospitals are doing their best to address the needs of the community.

While evaluating the results of the survey, the CRMC leadership team began to see how addressing certain issues could help improve the overall access to local healthcare. By increasing the public perception of CRMC, expanding primary care, and improving the patient experience, Colorado River Medical Center hopes to encourage residents of the area take advantage of the local quality healthcare rather than traveling outside the area for a similar experience.

INCREASE PUBLIC PERCEPTION OF CRMC:

How the community sees CRMC: Rural hospitals often face a challenge with perception. These negative perceptions are often not connected to the quality of care, but rather the lack of specialties or the appearance of the hospital. The good news for hospitals is that public perception can be improved.

1.1 Increase public perception of CRMC (Lum)
1.1.1 Expand marketing efforts to increase reach and improve public perception (Lum)
1.1.2 Clarify E/R Hours and set public expectations (Lum)
1.1.3 Improve Customer Service in the E/R and throughout the hospital (Lum)
1.1.4 Conduct health fairs to help community take control of their health and understand the capabilities of the hospital (Lum)
1.1.5 Open newly remodeled lobby (Lum)
1.1.6 Promote benefits of new diagnostic equipment (Lum)

In the case of Colorado River Medical Center, several projects are readily available. Some of the areas will revolve around what the public sees. A focus on improving customer service, Increasing the number of health fairs and opening the newly remodeled lobby should increase the public perception of the hospital and the quality of local

health care.

A second part of perception is in clarifying the public understanding of what is going on behind the scenes. These marketing efforts can help to clarify things the public may not understand. Clarification on Emergency Room hours and additional diagnostic equipment, and Services that are under utilized, will help the community understand there is more and better care they can receive through CRMC than they may have thought previously.

EXPANDING PRIMARY CARE:

Many community members have the perception of the hospital as only a place for major healthcare issues and emergencies. In order to help change that perception, CRMC realizes the importance of promoting the work they are doing in primary care.

CRMC is exploring the option of building and staffing a new clinic. This will give the community a place for basic health care or primary care.

Two other things CRMC is looking into doing to help the community is to ensure youth and others are immunized and improve the processes for referring those suffering with drug abuse problems to community organizations that can help them gain control of their lives and health.

1.2 Expand Primary Care (Lum)
1.2.1 Create and staff new clinic (Lum)
1.2.2 Promote primary care functions at hospital and clinic (Lum)
1.2.3 Promote immunizations in the community (Lum)
1.2.4 Refine referral process for Drug Abuse (Lum)

IMPROVE THE PATIENT EXPERIENCE:

Finally Colorado River Medical Center realized that one of the greatest things they can do is build their trust within the community through improving their patient experience. Some of

1.3 Improve the Patient Experience (Lum)
1.3.1 Promote improved healthcare in the hispanic community through Spanish translation iPad app (Lum)
1.3.2 Reduce wait times in the Emergency Room (Lum)
1.3.3 Promote convenience of new clinic (Lum)
1.3.4 Install new backup chem unit in lab to eliminate down time (Lum)

the areas they will improve the experience is through reducing the wait times in the E/R and their future clinic. In addition CRMC has purchase an additional “Chem” unit for their laboratory so there will be less down time or increased volume when necessary.

Ultimately there is a large Spanish speaking community and there is an opportunity to improve their experience through the use of a Spanish translation app that has proven effective in diagnostic and patient care.

By focusing on these 3 areas Colorado River Medical Center looks to meet the needs of the community. and remain a viable health care facility for decades to come.

APPENDIX

CHNA TEAM

Name		Company	Representing
Bing Lum	CEO	Colorado River Medical Center	General Healthcare, The Hospital
Michelle Smith	Director of Business Development	Colorado River Medical Center	General Healthcare
Knaya Tabora	CNO/COO	Colorado River Medical Center	General Healthcare
Joy Papa	CAO	Colorado River Medical Center	General Healthcare
Maureen Welch	Director of Cardio-Pulmonary	Colorado River Medical Center	General Healthcare
Celia Ulibarri	Director of Radiology	Colorado River Medical Center	General Healthcare
Kim Duncan	Case Management/QA/Risk Management	Colorado River Medical Center	General Healthcare
Gracie Hernandez	HR	Colorado River Medical Center	General Healthcare
Dr. Mary McNeil		NUSD	Children / Youth
Lyn Parker		Needles Chamber of Commerce	General Public
Rick Daniels		City of Needles	General Public
Pastor Marty		Set Free Church	General Public
Christina Floyd		Ft Mohave Health Center	General Public



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