



Spanish Peaks Strategic Plan

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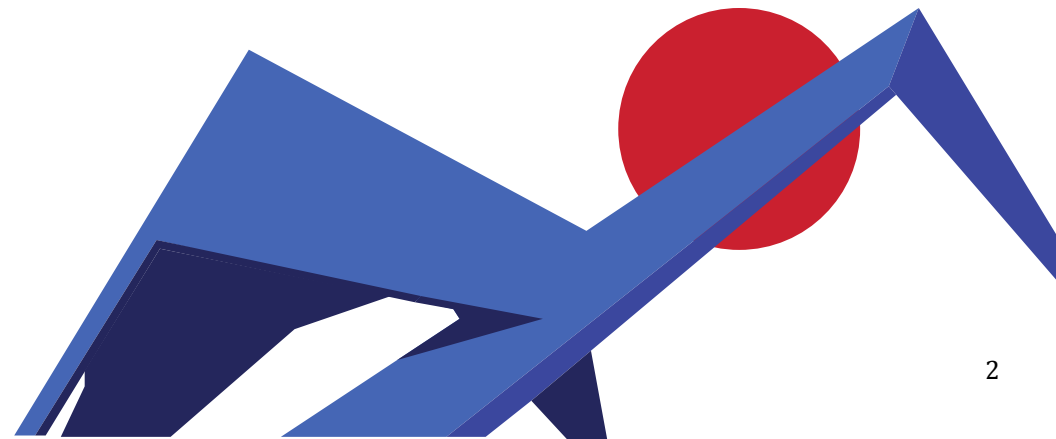
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A Letter from Kay Whitley

Welcome to the long-term strategic plan for Spanish Peaks.

You will see that there are themes, and within them, 11 different goals that will help us grow and amplify the positive impact that we have on our community. Within each theme, we also share the data and thinking that has guided the design of the plan. At each stage of the journey, members of the SPRHC/VCLC community have provided critical input and feedback; this has truly been a collaborative experience, and my deepest thanks goes out to our entire, amazing team.

This “living document” will remain a crucial tool that will be annually reviewed and adjusted, as needed, to meet the many new demands and challenges facing our organization. The Spanish Peaks plan must remain at the forefront of our decision making; it must remain nimble and strong to help guide us on our journey to support and enhance our mission.

As we have all witnessed, change is evident in every facet of our industry. The economic challenges are real, and with no solid evidence of recovery, everyone continues to struggle. The Spanish Peaks plan is structured to provide direction in these challenging times. It is also energized by exciting opportunities to grow with our community.

Thank you again for sharing your ideas and contributing to our future success.

Kay Whitley

President and CEO

Spanish Peaks Regional Health Center & Spanish Peaks Veterans Community Living Center



02

**The Strategy
Design Process**

The Strategic Planning Process



In December 2023, we kicked off the strategic planning process by running three different ‘focus group sessions’ with facility and provider colleagues from SPRHC. We also conducted a survey across the organization to understand the current state of our work and mission. The insights we gathered about where we are doing well, where we can do better, and what opportunities we might pursue were critical inputs for our design work in January.

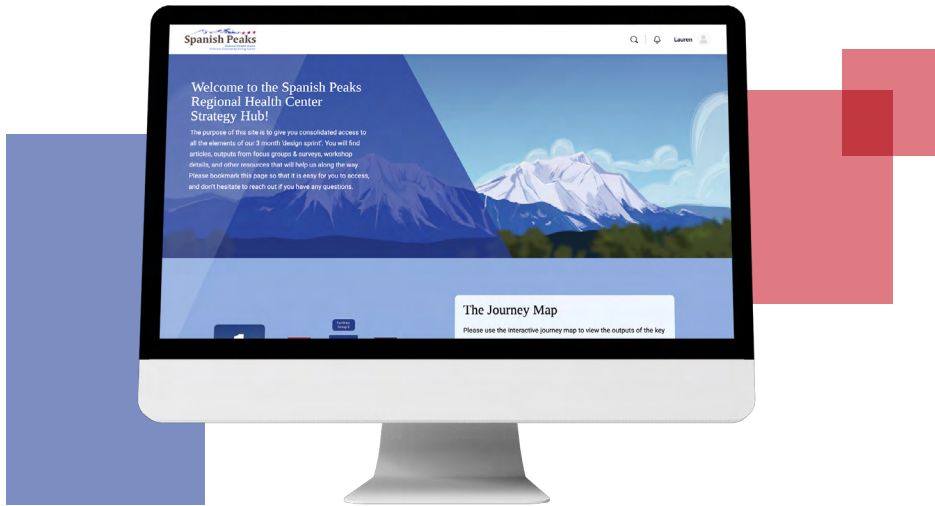
In late January, after summarizing and discussing what was learned from our internal research, senior leadership met for a full-day design workshop to create a first draft of the strategic plan. On the following day, the board was convened to critique and update that first prototype.

Leveraging a digital hub that was built to organize the design journey and gather feedback, we then shared the prototype that was designed by leadership and refined by the board.

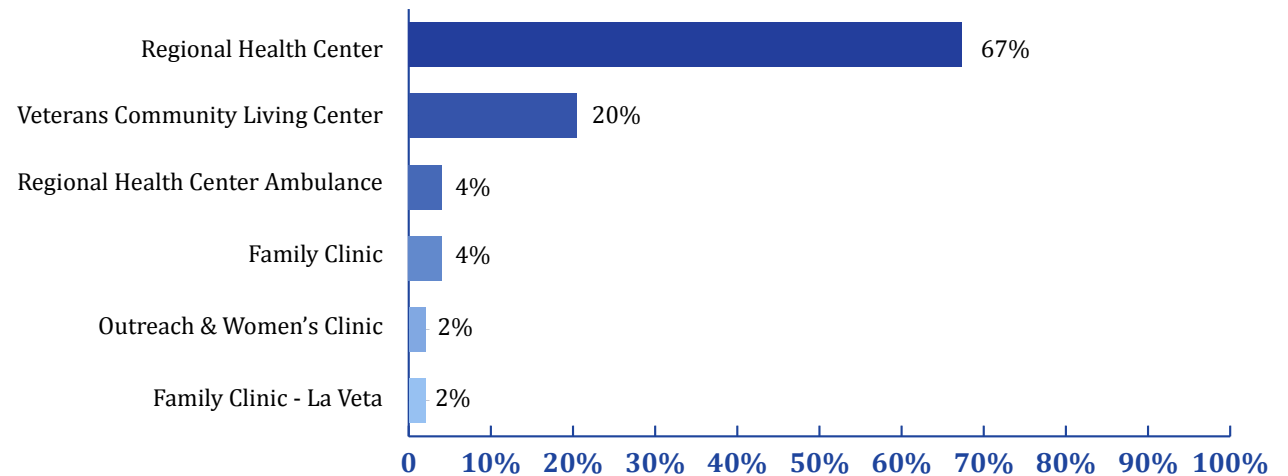
In February, twenty two leaders from across the organization were invited to share what they liked, disliked, and found missing from the first draft. Once the objectives and goals were solidified, leaders from across the organization attended a 3 hour workshop in March to help define the tactics that will help us reach our goals and the metrics that will define success. Subsequent iterations and refinement by the senior leadership team have produced the strategic plan that you see before you.

A digital hub was created to help us manage all the steps of the strategy design journey. Leadership used this digital space to reference past strategy outputs, workshop insights, prototypes, and feedback from operational leaders.

Interactive focus group sessions explored perspectives about our current state, immediate opportunities, and long term vision:



Where Our Survey Respondents Primarily Work



In order to build engagement and gather input from the wider organization, we shared an 8 question survey and gathered responses from 49 people across the organization.



Over the course of the first quarter of 2024, multiple interactive, in-person design workshops were conducted with senior leadership, the board of directors, and operational leaders throughout the organization.

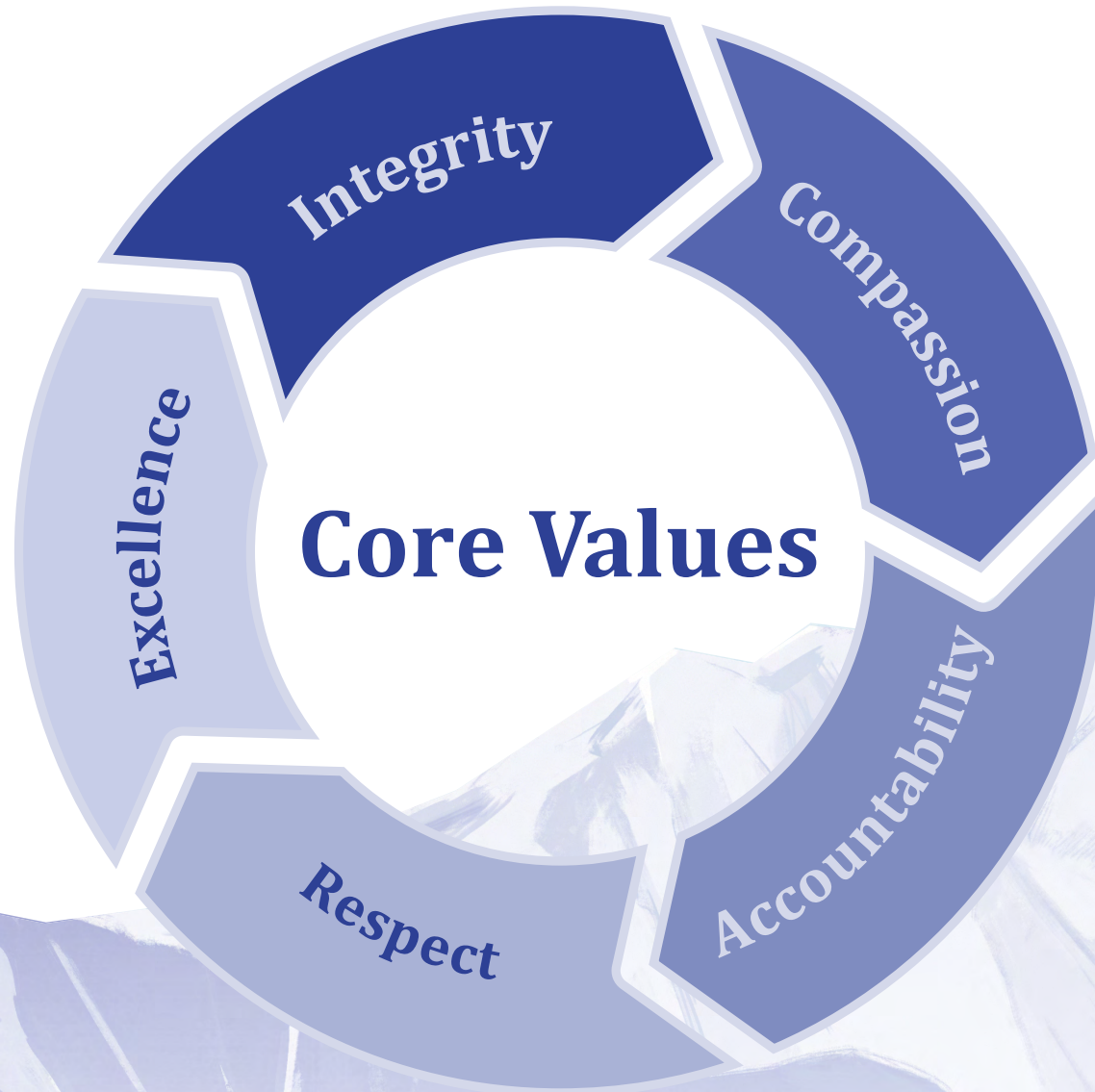






03

**The Strategic
Plan**



Integrity

Compassion

Core Values

Accountability

Respect

Excellence

Vision: To be the best Rural Healthcare Provider in Southern Colorado

Commitment to Sustainability: To achieve our vision for patients, we must be able to sustain the hospital and the Veterans Community Living Center in Walsenburg.



Our Patients/ Our Community

- Patient Engagement Programming
- Community Engagement Programming



Our People/ Our Organization

- Recruit, Retain, Grow
- Maximizing Integration and Optimal Use of Technology



Service Line Optimization

- NH Expansion of Restorative Program
- ED Modernization
- Comprehensive Infusion Center
- Diversify Surgical Services



New Services

- Recruit New Physician Specialties
- New Dom (VA Assisted Living)
- Health and Wellness Campus

Financial Stability

Growth

Critical Next Steps:

To make smart investments and to validate our thinking, we will evaluate our organizational structure at all levels and are currently securing a partnership to create a Master Facilities Plan.



Our Patients / Our Community



Patient Engagement Programming

Champion: CEO

Why:

We have an opportunity to provide enhanced care and access to our community by meeting them where they are, before they show up at the ED. We must leverage these to deliver care that is received ‘at the right place, at the right time, and in the right fashion’. Our desired outcomes around patient engagement will be closely aligned with our community partner programming.

Fig. 1 Barriers for Medicare Beneficiaries to Accessing Care in Rural Communities

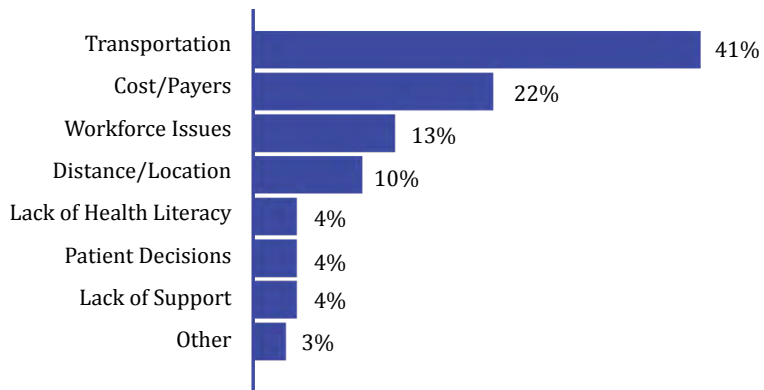


Fig. 2 Recommendations for Improving Access to Care for Medicare Beneficiaries in Rural Communities

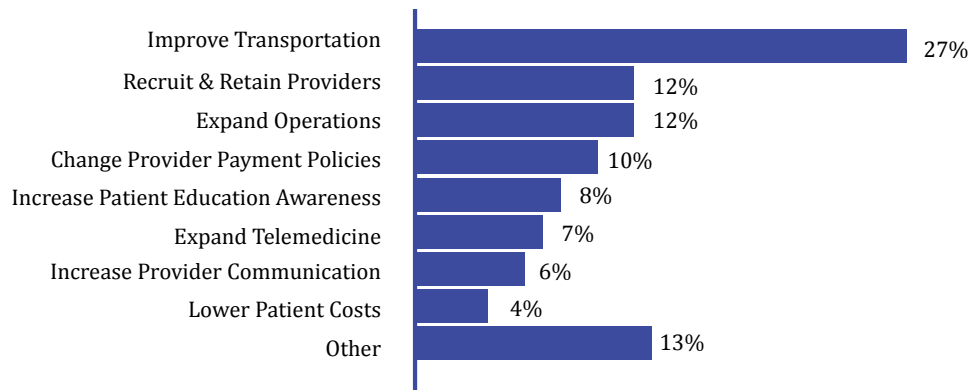


Fig. 3 Adoption Rate of telemedicine among adults in the U.S. from 2015 to 2022, by channel

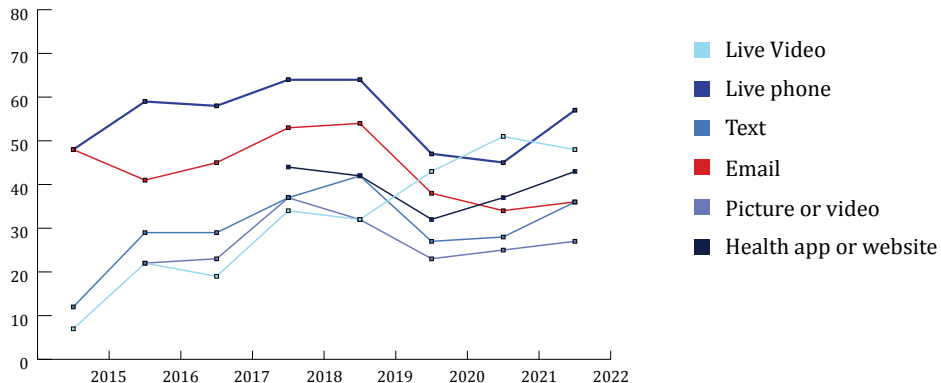


Fig. 4 Survey results

On a scale of 1-10, how well do you think that members of our community understand the services that Spanish Peaks provides and how to access them?

5.9

★★★★★☆☆☆☆☆



Patient Engagement Programming

Now (1-2 Years)

Understand and complement existing services

We will measure:

- Appointment cancellations (reduction)
- ED visits (reduction)
- Clinic visits (increase)

Tactics:

- Assess what services our community needs in the home (i.e. wound, respiratory care)
- Understand needs for home health and mobile clinic; determine which partners to work with
- Educate community members on what transportation services already exist
- Deepen partnerships around scheduled rides: MedRide, cab service, looping shuttle to town
- Support community initiatives that would increase internet access for telemedicine purposes and raise awareness around public resources (i.e. the library)
- Share our success stories; deepen communication & engagement
- Refine our patient portal and promote its use
- Actively market select service lines

Near (3-5 Years)

Create and expand needed services

We will measure:

- The 'near term metrics' (cancellations, ED visits, clinic visits)
- % of the population served across key service lines

Tactics:

- Expand telehealth services
- Engage community on our other strategic initiatives as they develop (i.e. new physician specialties, services offered in new spaces like the Boy's Camp)
- Continue to actively monitor what people are leaving the community for and promote/develop services that align with those gaps
- Wellness care within the schools

Far (6+ Years)

Support growth and engagement

We will measure:

- Health outcomes
- The success of new services
- Improvement relative to key areas highlighted in the CHNA

Tactics:

- Addressing behavioral health is a priority - creatively engage the community around this topic
- Promote the emerging services that are outlined in this strategic plan
- Continue to engage patients and partners around the significant health needs of our community, as identified by the CHNA and data analysis



Community Partner Programming

Champion: VP of HR and Quality

Why:

As outlined in our 2023 Community Health Needs Assessment, we have strong partnerships that are developing to engage people around significant health needs in our community. We have an opportunity to work with community partners to increase referrals, education, and mental health support resources in Huerfano County. There has also been an identified need for partnering with community based organizations to address particular challenges such as drug and alcohol abuse.

Fig. 5

Nursing Shortage

- 100,000 RNs left the workforce during the COVID-19 Pandemic.
- 3.3% decline in the U.S. nursing workforce in the past two years.
- One-fifth of RNs nationally are projected to leave the health care workforce by 2027.
- 34,000 licensed practical/vocational nurses (LPNs and LVNs) left the workforce since 2020, with 184,000 reporting an Intent to leave by 2027.

Majority of hospitals experience high vacancy rates, 2023

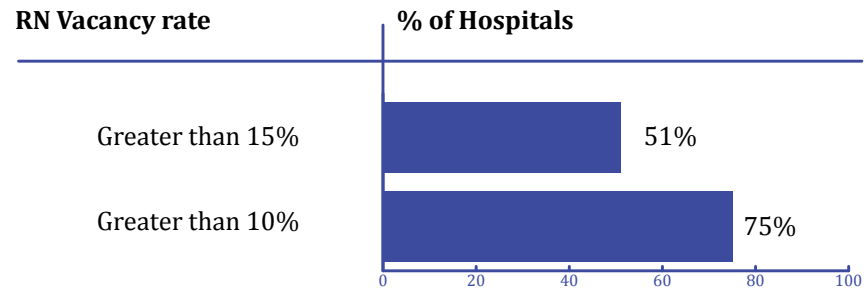


Fig. 6

2023 CHNA Significant Health Needs Identified

1. The Health Center will maintain and improve access to care for the community.
2. The Health Center will increase access and participation in preventative services and education to target residents in the areas of chronic disease, cancer screening, nutrition, diabetes, and lifestyle.
3. The Health Center will work with community partners to increase referrals, education, and mental health support resources in Huerfano County.
4. The Health Center will work with community partners to address drug and alcohol abuse in Huerfano County.



Community Partner Programming

Now (1-2 Years)

Develop an engaged partnership with the community we serve

We will measure:

- Community survey results
- Performance and outcomes of partner based initiatives
- Sign In sheets
- Marketing reports

Tactics:

- Inventory and understand how we are currently engaged (i.e. staff who are on Boards, group membership, etc.) and identify new opportunities
- Invite community organizations to provider and leadership meetings
- Increase our presence at fairs and outreach events
- Continue our partnership with Community Coalition
- Build a community resource page on our website
- Launch a "Did You Know?" campaign: "Did you know that we partner with ABC for XYZ services?"
- Increase attendance to CHNE/HTP/Health Fair events in 2024
- Increase vendor partnerships (Booths) at CHNE/HTP/Health Fair events in 2024
- Increase number of VCLC Community events to 4 in 2024

Near (3-5 Years)

Strengthen partner relationships

We will measure:

- Community survey results
- Performance and outcomes of partner based initiatives

Tactics:

- Potentially lead the development of an 'all encompassing' resource guide
- Leverage internal relationships (i.e. staff who are on Boards, group membership, etc.) to grow partnerships
- 1-2 community outreach events per year
- Collaborate with partners on a paper marketing campaign
- Evaluate the potential for an Assisted Living build

Far (6+ Years)

Expand and grow partner relationships

We will measure:

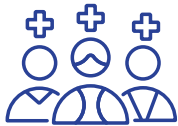
- Number of participants and community engagement in events
- Hospital Transformation project performance
- Number of events attended
- Referrals after engagement events

Tactics:

- Annual give back event for LDI
- Complete annual CHNE Event
- Work with the Marketing Team to extend community reach and referrals.



Our People / Our Organization



Recruit, Retain, Grow

Champion: VP of HR and Quality

Why:

We have high turnover, our staff is telling us we can improve and we have a high number of individuals who will be retiring soon. We must focus on the recruitment, retention and growth of our workforce in a way that is employee driven. We want to involve our staff more in the strategy and operations of Spanish Peaks. The strategies and tactics outlined will ensure that we have constant communication and integration of our staff's voices into decision making processes across the board.

Fig. 7

Shortages

- 12% of physicians practice in rural communities.*
- 61% of areas deemed health professional shortage areas are in rural areas.
- 4,040 mental health professional shortage areas are in rural counties, which is more than 60% of the total number of the shortage area designations.

Top 5 ways rural health care organizations are addressing the labor shortage:

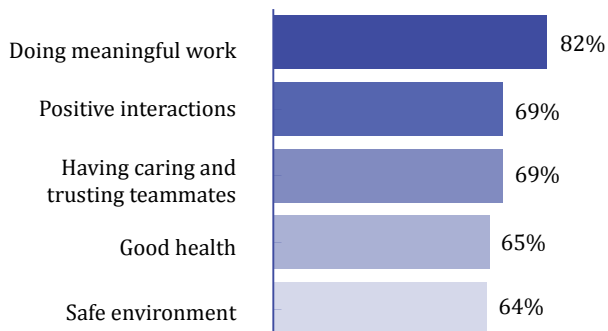
1. Increasing wages.
2. Recruiting candidates more proactively.
3. Using technology (e.g., automated phone systems and apps.)
4. Using traveling/temporary nonclinical staff.
5. Developing medical education and residency programs.

Workforce tops the list of challenges for rural health care organizations in 2023

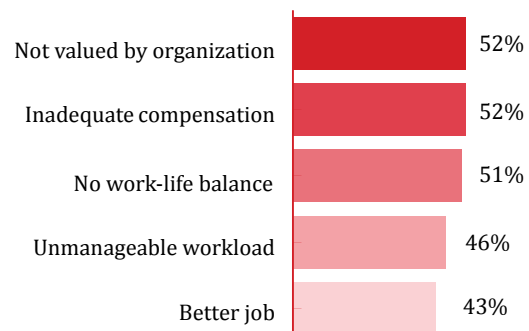
1. The cost of labor, benefits and other people expenses.
2. Labor shortages and employee turnover.
3. Medicare/Medicaid reimbursements.

Fig. 8

Top factors influencing RNs to stay in current positions



Top factors influencing RNs to leave jobs in the past 18 months

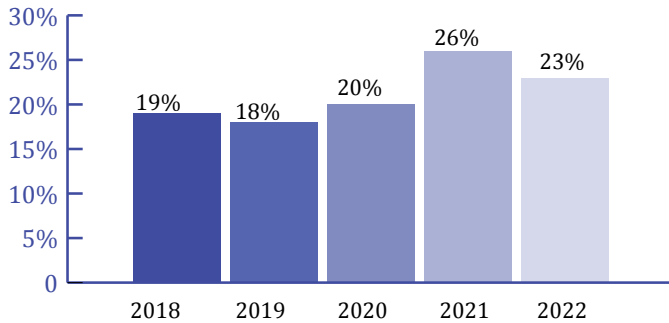




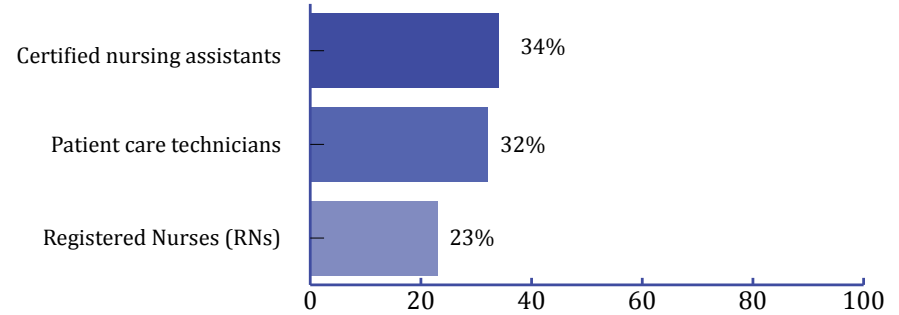
Recruit, Retain, Grow

Fig. 9

Hospital Staff Turnover Rate

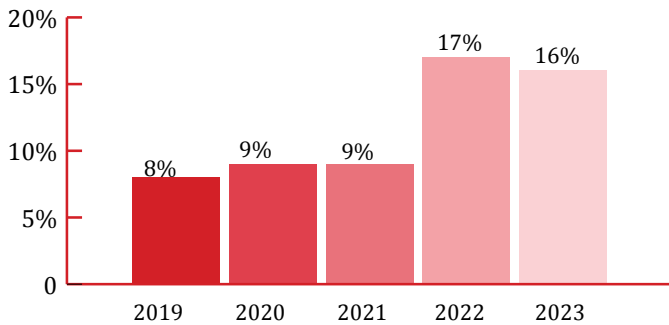


The top turnover rates for advanced practice and allied health professionals, 2022



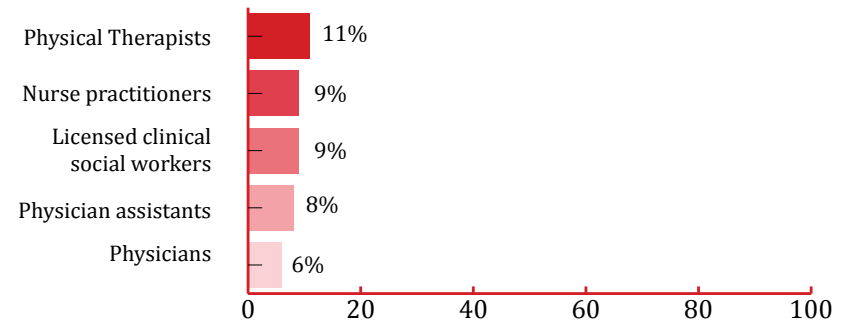
- Only pharmacists (0.6%) and physician assistants (2.8%) saw an increase in turnover from 2021.

Average RN vacancy rate



Providers leave the workforce, 2021-2022

Percentage who left the workforce by provider type



- 145,213 U.S. health care providers left the profession.



Recruit, Retain, Grow

Now (1-2 Years)

Increase employee satisfaction and reduce first year voluntary turnover organization-wide

We will measure:

- Decrease first year voluntary turnover rate from (2023) 51% to 25% (will decrease from 51 employees to 25 employees)
- Employee survey rate of return will meet or exceed 70%

Tactics:

- Succession planning
- Employee recognition (monthly/quarterly)
- Education Portal
- Enhanced communication (newsletters, etc.)
- Improve access for remote and hybrid opportunities
- Recruit for our area (entice people based on what the community can offer)
- Clear policies and procedures with open access to all staff
- Define current leaders' roles and gaps to develop in staff
- Outline career paths to help people know how to grow professionally
- Training and education to further career development
- Mentor/Mentee program and shadowing

Near (3-5 Years)

Retention, recognition and staff engagement

We will measure:

- Retention monitoring

Tactics:

- Evaluate retention strategies
- Employees share their stories and their "why"
- Continue leadership development training
- Evaluate recognition opportunities (departmental and individual)
- Staff engagement (enhanced frontline and operational engagement of all staff)

Far (6+ Years)

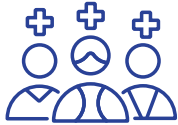
Create a program to ensure career advancement opportunities for all staff

We will measure:

- Career growth of staff and celebrate staff members
- Complete employee engagement survey - aim for 75% participation

Tactics:

- Need nurse or facility educator
- RV access for employees
- Tiny Homes
- Complete employee engagement survey



Maximizing Integration and Optimal Use of Technology

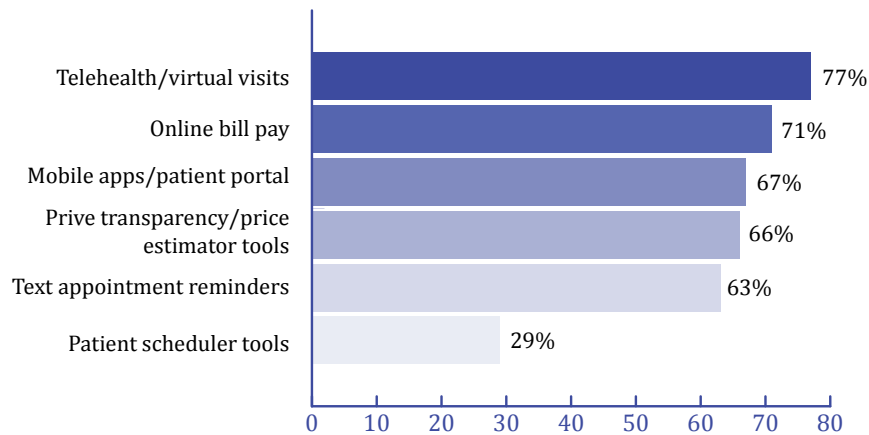
Champion: CIO/CISCO

Why:

In a highly technical and increasingly digital work environment, it is critical that we continue to pursue IT efficiencies that lead to improved care, better documentation, reduced burden and better outcomes. We currently hear a lot of feedback from providers that is encouraging us to improve our infrastructure and support. We currently have too many systems that are highly underutilized and an abundance of ‘tickets’ that we have not been able to properly address.

Fig. 10 Rural health care organizations offer tools to improve the customer experience

% of rural health care respondents who offer the following tools:



Rural telehealth use increasing

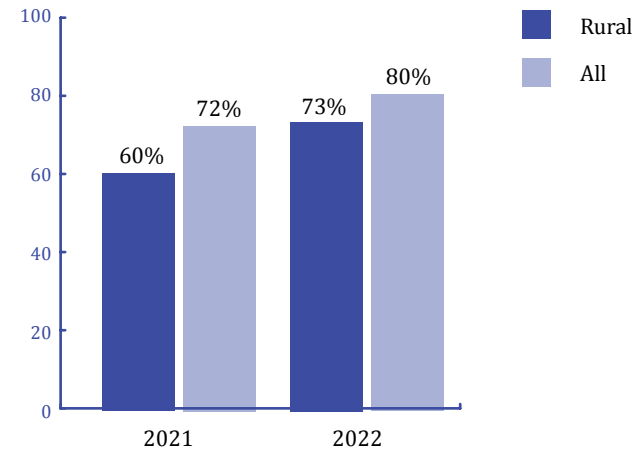
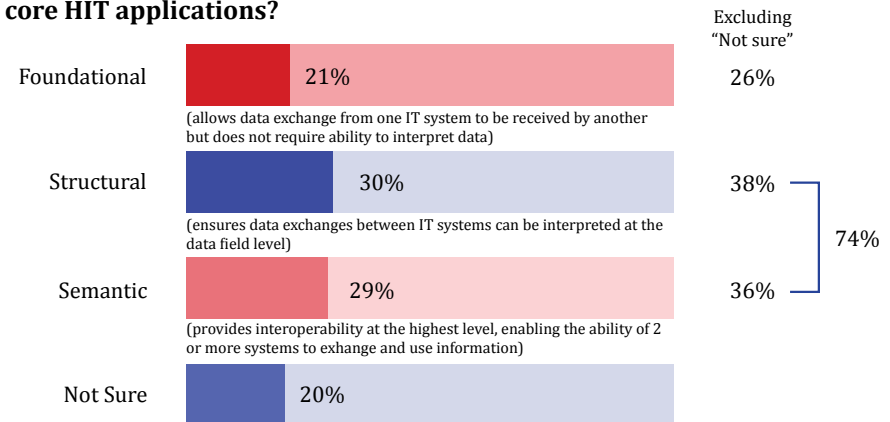


Fig. 11

2020 Computers and Internet Use Status Huerfano County		
Computers and Internet Use	2016-2020 Estimates	2011-2015 Estimates
Total Households	3,057	(x)
With a computer	82.2%	(x)
With a broadband Internet subscription	69.7%	(x)

Fig. 12 Which best describes the highest level of health information technology interoperability your organization has achieved across core HIT applications?





Maximizing Integration and Optimal Use of Technology

Now (1-2 Years)

Create and launch an IT committee

We will measure:

- Detailed user satisfaction surveys
- Rounding feedback
- Reduction in service desk and MEDITECH ticket numbers

Tactics:

- Complete IT strategy
- Implement HIPAA information security policies
- Meet monthly
- Include a provider ‘champion’ on the committee
- Clean up unused or redundant software
- Enable single sign-on for improved access
- Analyze and optimize the use of MEDITECH
- Continue to pursue partnerships and engagement in external organizations

Near (3-5 Years)

Increase education and modernization

We will measure:

- User satisfaction surveys
- Number of tickets
- Billing metrics: turn around time, coding changes, invoice changes
- Continue the enhancement and additions to the current security footprint
- All metrics related to response and communication
- Continuous review of current vendors in order to potentially reduce the total number as well as the cost

Tactics:

- Create a ‘service desk’ that employees can access for all IT issues
- Host training sessions for specific software applications that we own and manage
- Enhance access to knowledge through a dedicated IT space on the intranet - “IT Education Center”
- Transition from ‘paperwork’ to ‘digital’
- Review remote access - empower those that are able to work from home to do so more easily
- Begin the complete re-architecture of the entire Spanish Peaks IT network
- Create and deploy system redundancy in all systems
- Continue to enhance the Spanish Peaks security posture
- Create a hybrid system environment in order to realize cost reductions by taking advantage of cloud environment

Far (6+ Years)

Optimize and improve utilization of resources

We will measure:

- Speed of ‘turn arounds’ on IT issues
- Improved patient care

Tactics:

- Strong focus on a more seamless connection between the VA/Nursing Home and the hospital
- Enact a maintenance and upgrade plan to allow the facility to stay up to date
- Apply best practices and best of breed scenarios throughout the environment



Service Line Optimization



NH Expansion of Restorative Program

Champion: VP of Senior Care

Why:

This is something that veterans are increasingly asking for, and it aligns with the needs and desires of our anticipated future population. There is an opportunity to address mental health needs and increase the overall health and wellness of our community. With dedicated staff and resources, we can better capture billable services.

Fig. 13
U.S. Skilled Nursing Facility Market Size 2022 to 2032

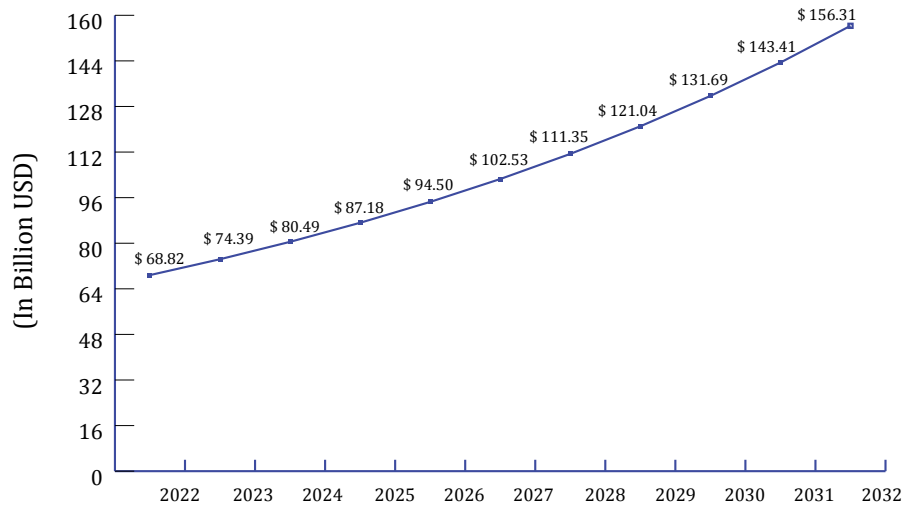
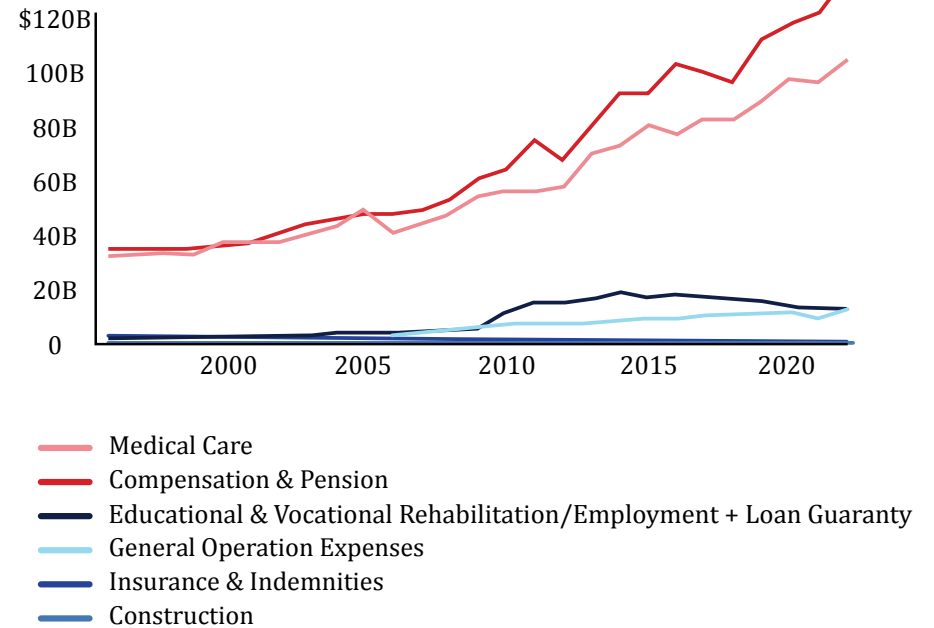


Fig. 14
Medical Care for veterans accounts for nearly 40% of VA spending

Department of Veterans Affairs expenditures and utilization by expenditures type, adjusted for inflation (2022 dollars), 1996-2022





NH Expansion of Restorative Program

Now (1-2 Years)

Understand space and staff requirements

We will measure:

- Progress on evaluation and concept planning

Tactics:

- Use insights from the Master Facilities Plan to understand how we might need to expand space
- Create conceptual drawings for new space requirements
- Hire and onboard a dedicated restorative staff; stop pulling staff from this to meet other needs (necessary for optimal billing)

Near (3-5 Years)

Implementation and outfitting of the space

We will measure:

- Completion of space

Tactics:

- Start/continue any construction or remodeling that is required
- Apply for grant funding to support the expansion
- Potentially have an MDS Coordinator
- Obtain restorative/skilled equipment

Far (6+ Years)

Growth of the restorative program

We will measure:

- Impact on revenue

Tactics:

- Identify potential residents through the MDS that would be candidates for the program
- Market restorative program for potential admissions



ED Modernization

Champion: CNO

Why:

The current layout is not optimal. Over the years, different areas have been appended to the original design, and the entire layout needs to be reconsidered and redesigned. We have an opportunity to improve throughput and efficiency, preparation for future regulatory requirements, and addressing 'significant health needs' in our community (i.e. behavioral health).

Fig. 15
Share of ED Visits by Triage Level

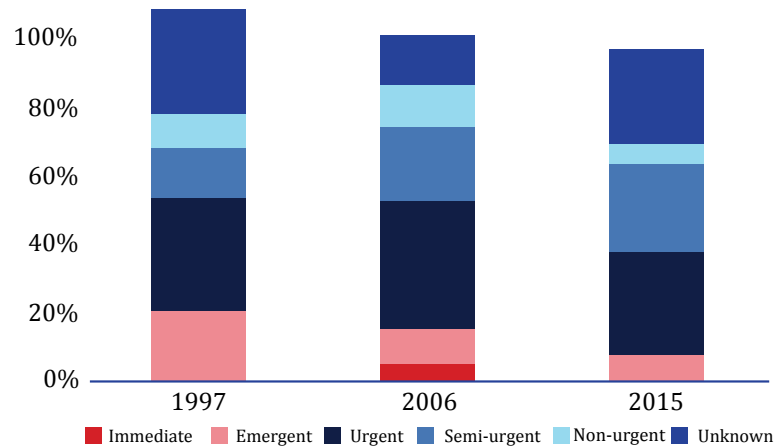
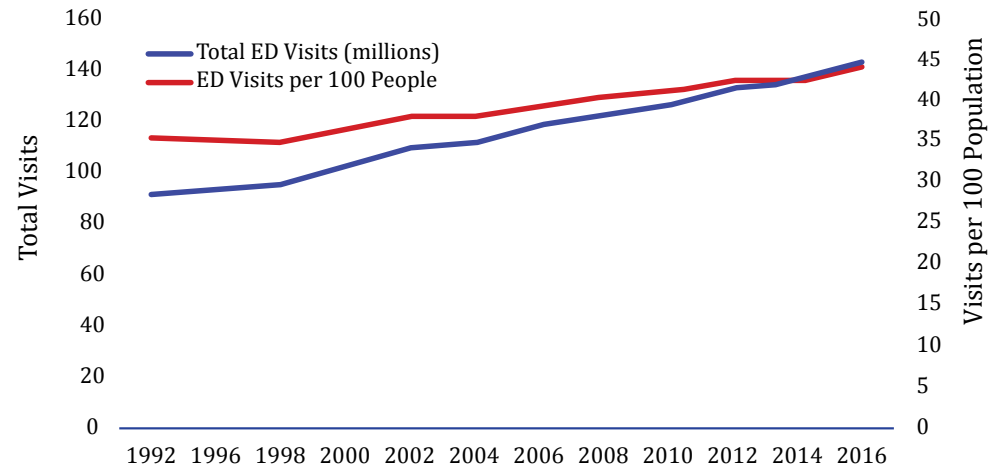


Fig. 16
Annual Emergency Department Visits Growing Faster than Population





ED Modernization

Now (1-2 Years)

Understand space and staff requirements

We will measure:

- Completion of the Master Facility Plan

Tactics:

- Study our current usage and statistics in the ED
- Analyze the current layout
- Understand market trends and local needs
- Create conceptual drawings
- Early stage feature ideas (that will be either included or removed based on assessment results): triage area, trauma specific bay, dedicated behavioral health room, private consult room

Near (3-5 Years)

Expand the entire ED

We will measure:

- How well things have been redesigned for efficiency and quality
- Implementation of Master Facility Plan based on securing financial support

Tactics:

- Expand nursing staff

Far (6+ Years)

Urgent Care

We will measure:

- Implementation of Master Facility Plan based on financial support

Tactics:

- Look at recommendations from Master Facility Plan to determine best “tactics”



Comprehensive Infusion Center

Champion: CNO

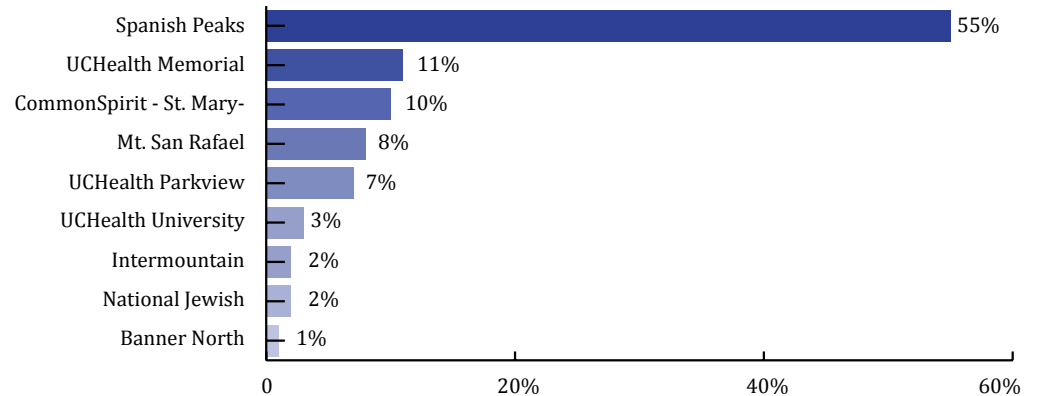
Why:

Explicitly cited in our ODIHN data as something that people leave the area for; this is a current need for our community. In keeping with our desire to 'keep care local', this Comprehensive Infusion Center can yield greater comfort and buy-in from patients.

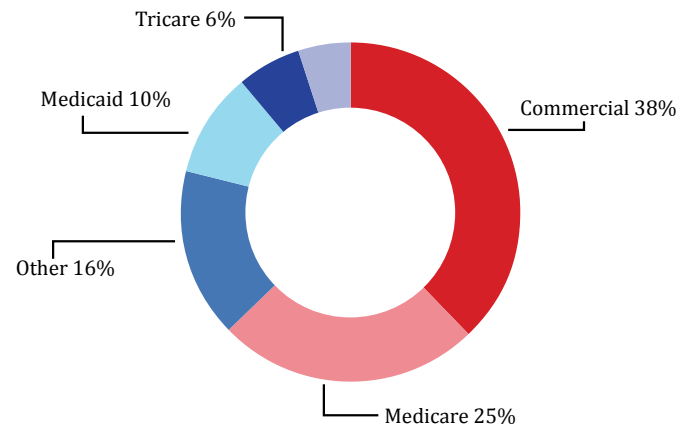
Fig. 17
Oncology Services

Hospital Name	Huerfano	Total
Spanish Peaks Regional Health Center & Veterans Co	304	304
UCHealth Memorial Hospital Central/UCHealth Memorial	58	58
CommonSpirit - St. Mary-Corwin Hospital	53	53
Mt. San Rafael Hospital	42	42
UCHealth Parkview Medical Center	41	41
UCHealth University of Colorado Hospital	18	18
Intermountain Health Saint Joseph Hospital	11	11
National Jewish Health	10	10
Banner North Colorado Medical Center	7	7
CommonSpirit - St. Thomas More Hospital	6	6
AdventHealth Porter	4	4
CommonSpirit - Penrose Hospital	4	4
Children's Hospital Colorado	3	3
Total	565	565

Market Share Percent, Top 10 Hospitals



Total Visits by Primary Payer





Comprehensive Infusion Center

Now (1-2 Years)

Determine whether to do this ourselves or to partner

We will measure:

- Completion of Master Facility Plan

Tactics:

- Connect with and learn from Banner, MD Anderson in Greeley
- If we partner, look at groups such as UCH, Common Spirit, Rocky Mountain Cancer Centers
- Understand how many times a month an oncologist may need to come to SPRHC
- Pharmacy: look at the need for a compounding area; is compounding done in partnership and what can we learn about chemo drugs from an outside vendor?
- Understand the nurse staffing needs

Near (3-5 Years)

Launch infusion center

We will measure:

- Implementation of Master Facility Plan based on financial feasibility

Tactics:

- Build infusion center
- Acquire specialized equipment (i.e. for chemo)
- Hire additional staff for infusions and nurses with specialized training
- Ensure that staff have authorizations for infusions
- Secure transportation solutions for patients

Far (6+ Years)

Growth of the center

We will measure:

- Implementation of Master Facility Plan based on financial feasibility

Tactics:

- Evaluate volume
- Evaluate chemo compounding



Diversify Surgical Services

Champion: CNO

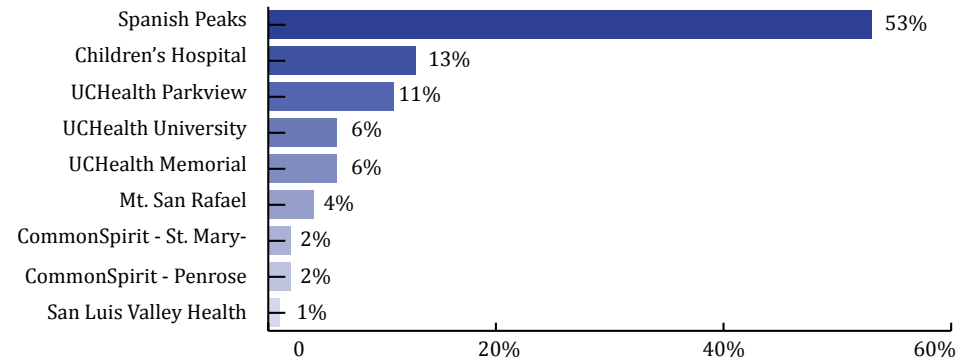
Why:

By offering more services and options to our community, we hope to realize our desire to 'keep care local'. With a greater portfolio of surgical services we hope to maximize the utilization of our OR and expertise.

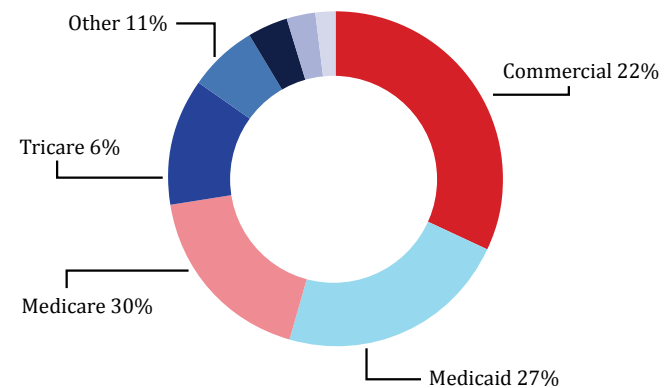
Fig. 18
Outpatient Surgical Services

Hospital Name	Huerfano	Total
Spanish Peaks Regional Health Center & Veterans Co	220	220
Children's Hospital Colorado	53	53
UCHealth Parkview Medical Center	47	47
UCHealth University of Colorado Hospital	26	26
UCHealth Memorial Hospital Central/UCHealth Memorial	25	25
Mt. San Rafael Hospital	17	17
CommonSpirit - St. Mary-Corwin Hospital	8	8
CommonSpirit - Penrose Hospital	7	7
San Luis Valley Health	6	6
UCHealth Highlands Ranch Hospital	6	6
CommonSpirit - St. Francis Hospital	5	5
Swedish Medical Center	5	5
AdventHealth Castle Rock	2	2
Total	444	444

Market Share Percent, Top 10 Hospitals



Total Visits by Primary Payer



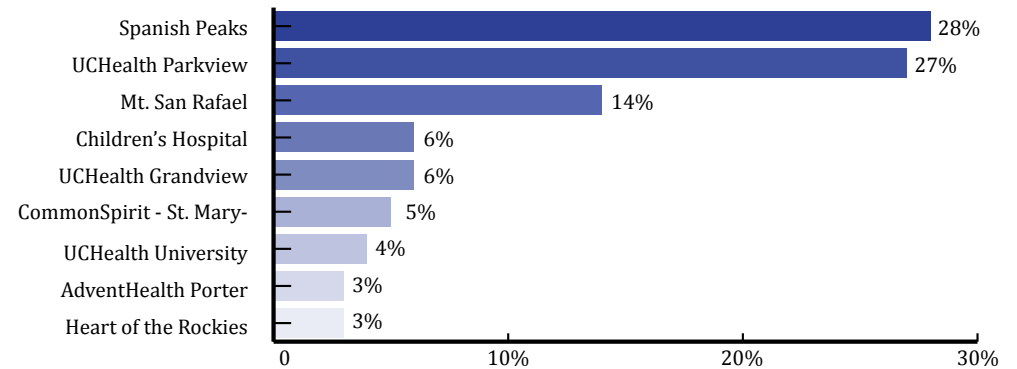


Diversify Surgical Services

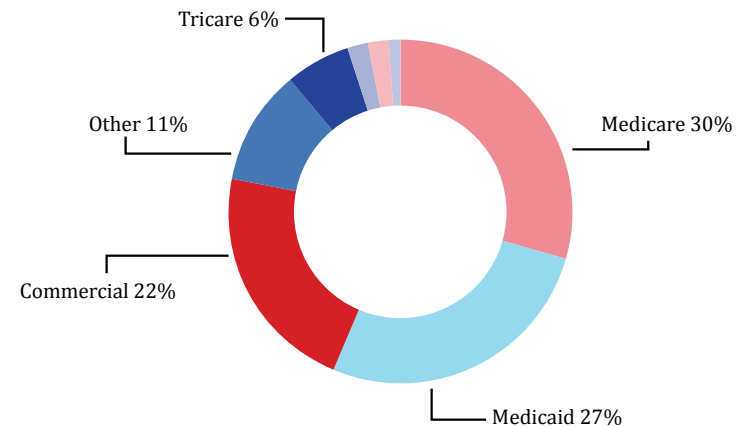
Fig. 19
Orthopedic Surgery (Outpatient)

Hospital Name	Huerfano	Total
Spanish Peaks Regional Health Center & Veterans Co	88	88
UCHealth Parkview Medical Center	84	84
Mt. San Rafael Hospital	42	42
Children's Hospital Colorado	20	20
UCHealth Grandview Hospital	19	19
CommonSpirit - St. Mary-Corwin Hospital	16	16
UCHealth University of Colorado Hospital	11	11
AdventHealth Porter	10	10
Heart of the Rockies Regional Medical Center	10	10
UCHealth Memorial Hospital Central/UCHealth Memorial	9	9
CommonSpirit - St. Francis Hospital	7	7
Sky Ridge Medical Center	6	6
San Luis Valley Health	5	5
Total	358	358

Market Share Percent, Top 10 Hospitals



Total Visits by Primary Payer





Diversify Surgical Services

Now (1-2 Years)

Prepare for surgical services expansion

We will measure:

- Completion of Master of Facility Plan

Tactics:

- Decide which surgical services to invest in
 - Conduct market analysis to determine needs: early options include a full time G.I., full-time Orthopedic, expanding blood services & cell saver for salvaging blood, general surgery services (i.e. follow up mammography services, breast biopsies, etc.)
 - Assess resourcing readiness and budgets
 - Explore availability of talent for specified surgical service(s)
- Determine where the surgery will go in the physical space (refer to Master Facilities Plan)
- Scope out equipment needs
- Additional training for on-call providers to help with new surgery types

Near (3-5 Years)

Launch new surgical services

We will measure:

- Implementation of Master Facility Plan based on financial feasibility

Tactics:

- Start/continue any builds in the physical space
- Make sure that staff has the proper training to support new services
- Install necessary new equipment
- Design and operationalize patient support needed for post-surgical care
- Community marketing and engagement

Far (6+ Years)

Escalate and grow our surgical services

We will measure:

- Implementation of Master Facility Plan based on financial feasibility

Tactics:

- Continue this objective to diversify surgical services: expand into additional specialties
 - Some long-term goals to consider:
 - Bring on trauma surgery
 - Remote robotic surgery
 - Build a surgical center



New Services



New Services

Recruit New Physician Specialties

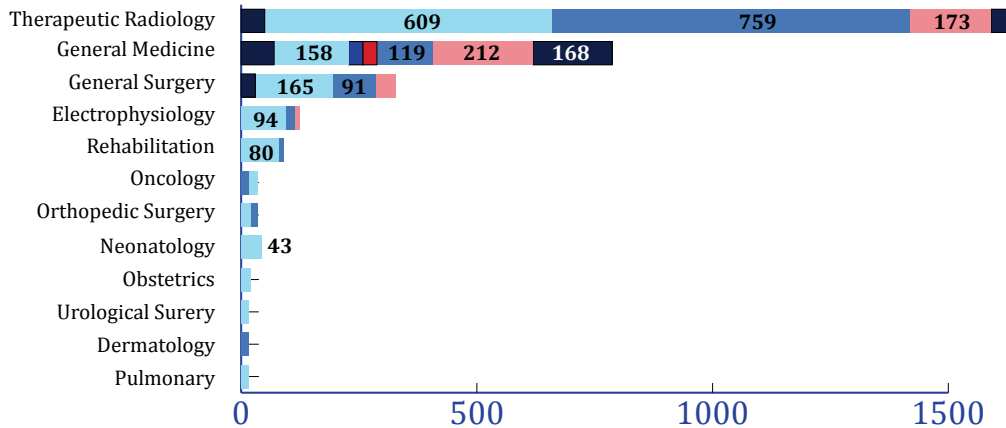
Champion: Chief Compliance Officer

Why:

In an effort to enhance revenue generation, and to keep care local, we must explore the recruitment of new physician specialties. There are opportunities in the market to expand our reach as we focus on enhancing access for our patient population and ensuring enhanced financial stability for Spanish Peaks.

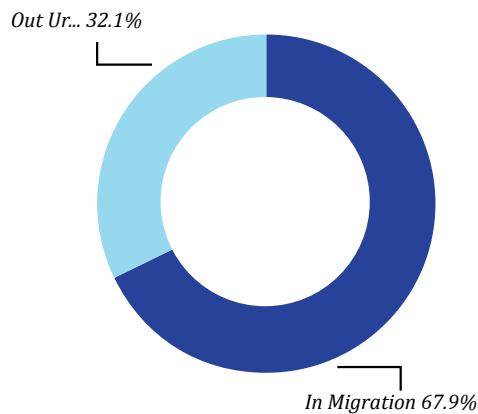
Fig. 20

Service Lines

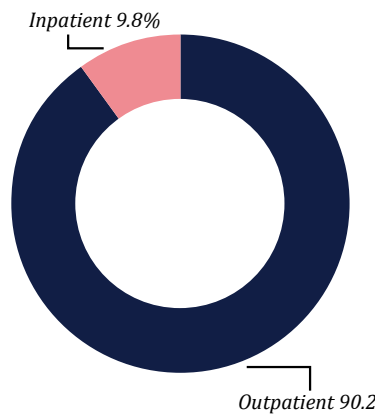


Discharged Hospital	City	Count	1CMI	Avg. Miles
Parkview Medical Center	Pueblo	1781	1.99	56.53
St Mary Corwin Med Center	Pueblo	1452	1.70	54.90
UCH Memorial Hospital	Colorado Springs	917	2.76	104.43
University of Colorado Hospital	Aurora	521	3.08	172.91
Children's Hospital	Aurora	305	1.26	170.78
Penrose Hospital	Colorado Springs	119	2.53	105.79
St. Francis Medical Center	Colorado Springs	56	2.01	117.85
Presbyterian St. Lukes Medical	Denver	48	4.71	169.27
National Jewish Health	Denver	41		166.91
UCH Grandview	Colorado	31	1.36	105.79
Total		5521	2.34	90.60

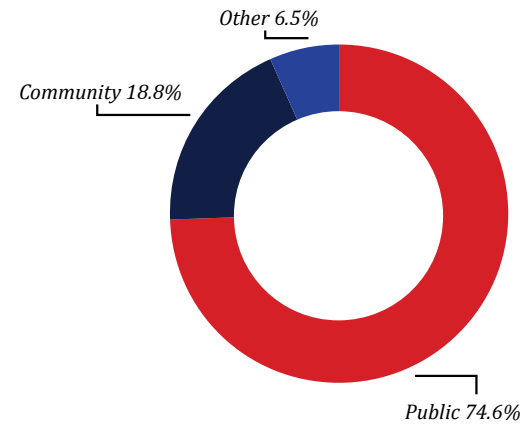
Migration



Patient Type



Payer Type





Recruit New Physician Specialties

Now (1-2 Years)

Evaluate which services to invest in based upon those identified in the Master Plan

We will measure:

- Completion of Master Facility Plan

Tactics:

- Partner with speciality service providers
- Evaluate Hospitalist Group agreement to provide 24/7/365 coverage
- Partner with physicians to provide additional coverage for provider vacancies
- Embark on physician needs assessment and evaluate succession plan

Near (3-5 Years)

Implement strategies identified as opportunities based upon the Master Facilities Plan

We will measure:

- Increased number of acute patient admissions
- Increased specialist volume

Tactics:

- Recruit specialists
- Expand specialty clinic
- Replace Primary Care providers opting to retire
- Align clinical staff training to support specialists for complex patient care needs
- Continue to evaluate succession plan

Far (6+ Years)

Continue to grow specialties identified in the Master Facilities Plan

We will measure:

- Increased number of acute patient admissions
- Increased Specialist Volume
- Increased Primary Care Volume

Tactics:

- Continue to evaluate succession planning based upon physician alignment
- Recruit to replace physicians retiring



New Services

New Dom (VA Assisted Living)

Champion: VP of Senior Care

Why:

We believe our VA population needs this, as the needs of this generation of veterans are different from previous generations. This will help us meet growing demand and expand the continuum of care that we offer veterans.

Post-9/11 Veterans are More Likely to Have a Disability Than Other Veterans

Fig. 21

Predicted probability of veterans having service-connected disability (percent)

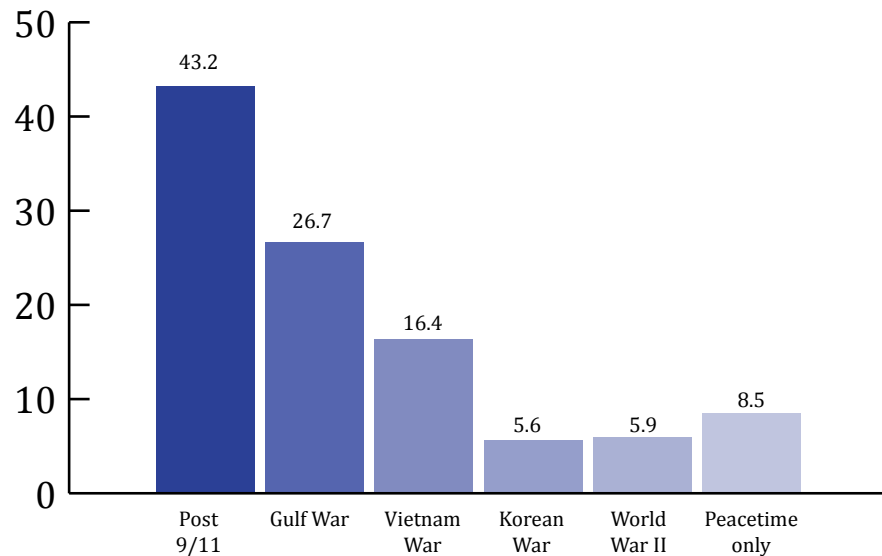
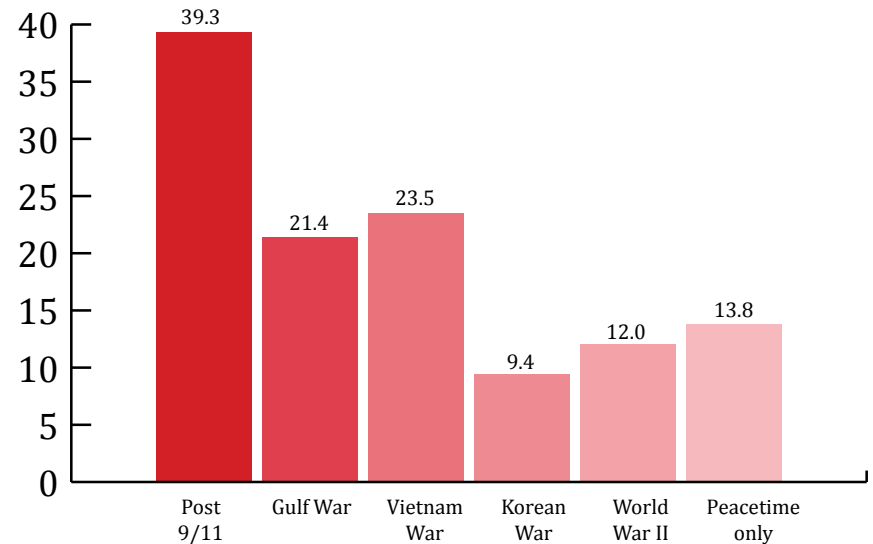


Fig. 22

Predicted probability of veterans having 70 percent or higher disability rating (percent)





New Dom (VA Assisted Living)

Now (1-2 Years)

Determine feasibility and location

We will measure:

- Board approval
- Contracting progress with the VA

Tactics:

- Conduct feasibility studies and pro forma
- Connect with the facility at Homelake to better understand demand and learn from their experience
- Acquire land (i.e. - the Boy's Camp)
- Explore the utilization of existing space if land acquisition isn't the best way forward
- Contract with the state and VA
- Staffing: CU nursing program and other educational organizations for continued CNA training
- Initiate search for grant funding
- Explore piloting options before committing to full expansion

Near (3-5 Years)

Acquire funding and build the facility

We will measure:

- Project completion

Tactics:

- Secure grant funding if possible
- Market new facility
- Construct the new assisted living center (community/VA)

Far (6+ Years)

Expansion

We will measure:

- Census (80%-100% goal)
- Revenues

Tactics:

- Evaluate feasibility and demand for expansion
- Marketing to drive admissions and potentially a wait list
- Evaluate campus and community center for recreation and entertainment



New Services

Health and Wellness Campus

Champion: CFO

Why:

We need to add services requested by the community which extend beyond our limited campus. A comprehensive Health and Wellness Campus would act both as an economic engine and a population health satisfier for our community.

Fig. 24a

2023 CHNA Significant Health Needs Identified	
1.	The Health Center will maintain and improve access to care for the community.
2.	The Health Center will increase access and participation in preventative services and education to target residents in the areas of chronic disease, cancer screening, nutrition, diabetes, and lifestyle.
3.	The Health Center will work with community partners to increase referrals, education, and mental health support resources in Huerfano County.
4.	The Health Center will work with community partners to address drug and alcohol abuse in Huerfano County.

The tables below provide a summary of Local Expert Advisor opinions regarding the needs of Priority Populations in Huerfano County:

Fig. 23b

2023 - Top Four Priority Populations	
1.	Low-income
2.	Older Adults
3.	Residents of rural areas
4.	Children

Fig. 23c

2023 - Summary of Unique or Pressing Needs	
1.	Access to affordable healthcare
2.	Access to urgent care services
3.	Education and health programs addressing chronic conditions: Obesity, heart disease, diabetes
4.	Education and health programs for mental health (including drug/alcohol and suicide)
5.	Transportation to obtain healthcare services



Health and Wellness Campus

Fig. 23d

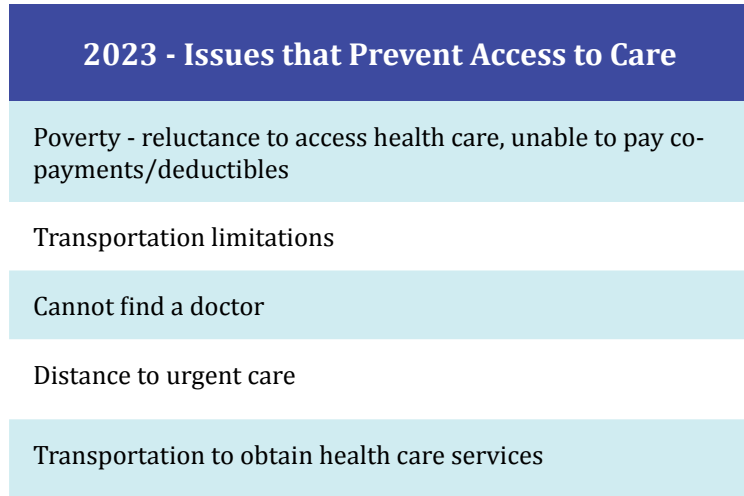


Fig. 23e

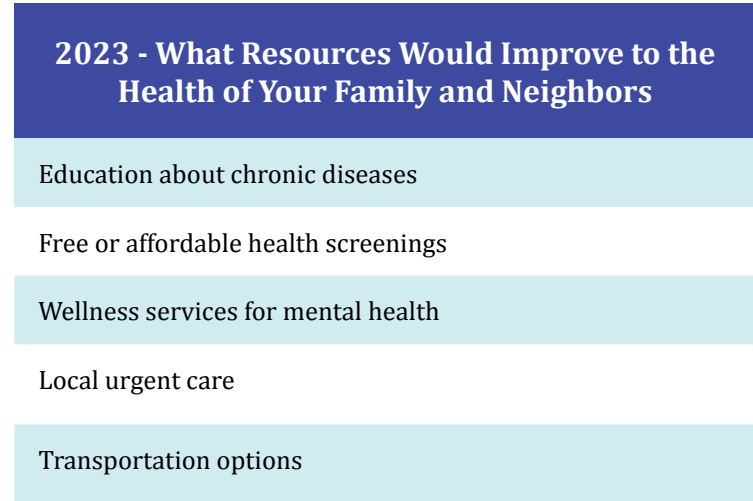
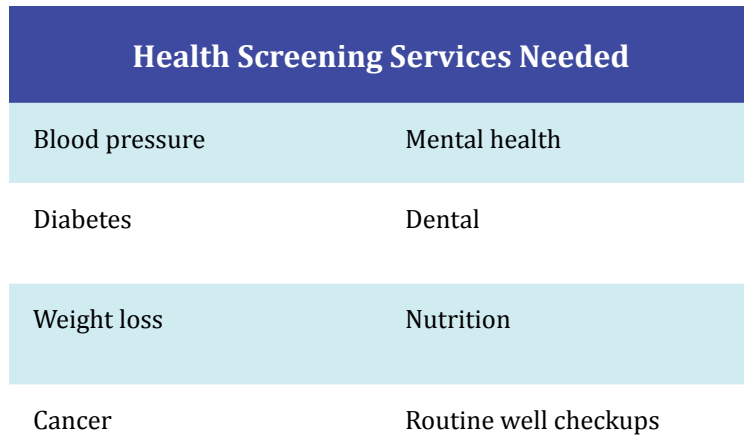


Fig. 23f





Health and Wellness Campus

Now (1-2 Years)

Find appropriate site and partners

We will measure:

- Acquisition of land/space for the campus

Tactics:

- Identify appropriate services
- Explore transportation solutions
- Evaluate grants and funding
- Tour other rural facilities that have health + wellness centers

Near (3-5 Years)

Operationalize the site and deploy the transportation strategy

We will measure:

- Construction costs allocated or Construction in Progress (CIP)

Tactics:

- Partner with state park for walking path
- Include conference rooms
- New campus west of clinic space
- Classes on nutrition
- Finalize Boys Camp

Far (6+ Years)

Site finalized with revenue generation

We will measure:

- Revenue generation

Tactics:

- Therapeutic pool
- Comprehensive Diabetes Center

The background features a stylized mountain peak with a blue gradient overlay. The mountain is white and appears to be covered in snow or ice, with a sharp peak. The sky is a clear, light blue. The overall composition is clean and modern, with a strong geometric feel.

04

**The 2024
Marketing Plan**

Marketing Plan 2024

Advertising

Newspaper, radio, Facebook/META & flyers

- Who We Are - revisit mission and vision
- Meet Our Team –Admin, Leadership, Individual Departments
- Board Members
- Physicians
- Hospital Services – Acute/Swing
- VCLC
- Clinics –Family, La Veta, Specialty and Outreach & Women’s – hours and services provided
- Service Lines – Inpatient & Outpatient, to include patient testimonials
- Patient Resources
- Careers
- Donations –Hospital/VCLC & revive Memorial Brick donations
- My Peak Health

Coming in 2024

- Summit Program at Spanish Peaks-Work Based Learning
- Veteran Flags – Downtown Walsenburg & La Veta
- SPRHC/VCLC Promo Wear



Rollover Items from 2023

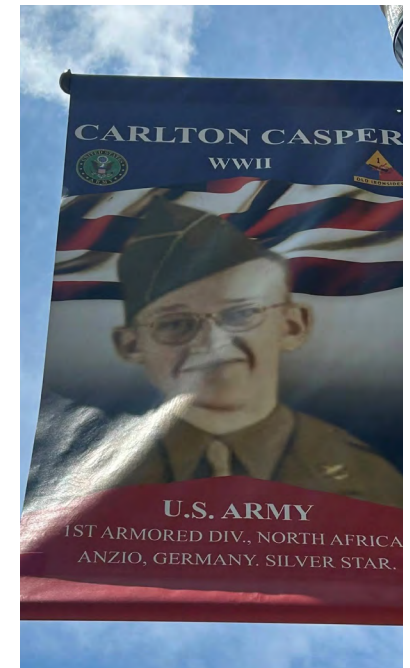
- Resubmit – Capital Budget
- Wayfinding
- Rebranding of vehicles – current logo
- EV Grant
- Hospital Website conversion to WIX/Digital Marketing HIPAA Compliancy
- Headshots – Board, Senior Team & Physicians
- Physician Profiles – rebuild with Med Staff/Clinics
- Service Anniversaries – Milestone only 5, 10, 15 etc.
- SPRHC/VCLC Celebrations
- Healthcare & Veterans Observances (with education tied to services)

Caring for Huerfano County & Beyond

WE ARE SPANISH PEAKS

- Critical Access Hospital
- Veterans Community Living Center
- Level IV Trauma Center
- Emergency Dept.
- Ambulance
- Diagnostic Imaging
- Clinical Laboratory
- Physical Therapy -Rehab
- Surgery/da Vinci Xi
- Cardiopulmonary
- Swing Bed Program
- Clinics - Family, Specialty, Outreach & Women's and La Veta Clinic
- Retail Pharmacy

23500 U.S. Hwy 160 Walsenburg, CO
 (719) 738-5100
 sprhc.org





05

**Citations &
Sources**

Citations & Sources

pg. 14 **Patient Engagement Programming**

Figure 1 + Figure 2

https://rhrc.umn.edu/wp-content/uploads/2021/09/UMN-RHC-Access-to-Care-PB_1.20_508.pdf

Figure 3

<https://topflightapps.com/ideas/how-to-create-a-telehealth-app/>

pg. 16 **Community Partner Programming**

Figure 5

AHA Environmental Scan 2024

Figure 6

<https://sprhc.org/community-health-needs-assessment.html>

pg. 18 **Recruit Retain Grow**

Figure 7

AHA Environmental Scan 2024

Figure 8

AHA Environmental Scan 2024

pg. 19 **Figure 9**

AHA Environmental Scan 2024

pg. 21 **Maximizing Integration and Optimal Use of Technology**

Figure 10

AHA Environmental Scan 2024

Figure 11

<https://sprhc.org/community-health-needs-assessment.html>

Figure 12

<https://www.healthcareitnews.com/news/interoperability-3-charts-take-pulse-health-data-sharing-today>

Citations & Sources

pg. 24 **NH Expansion of Restorative Program**

Figure 13

<https://www.precedenceresearch.com/skilled-nursing-facility-market>

Figure 14

<https://usafacts.org/articles/how-does-the-government-support-veterans/>

pg. 26 **ED Modernization**

Figure 15

<https://www.americanactionforum.org/research/primer-examining-trends-in-emergency-department-utilization-and-costs/>

Figure 16

<https://www.americanactionforum.org/research/primer-examining-trends-in-emergency-department-utilization-and-costs/>

pg. 28 **Comprehensive Infusion Center**

Figure 17

ODIHN data sourced from the Colorado Hospital Association. April 2024.

pg. 30 **Diversify Surgical Services**

Figure 18

ODIHN data sourced from the Colorado Hospital Association. April 2024.

pg. 31 **Figure 19**

ODIHN data sourced from the Colorado Hospital Association. April 2024.

pg. 34 **Recruit New Physician Specialties**

Figure 20

ODIHN data sourced from the Colorado Hospital Association. April 2024.

Citations & Sources

pg. 36 **New Dom (VA Assisted Living)**

Figures 21 + 22

<https://www.census.gov/library/stories/2020/06/who-are-the-nations-veterans.html>

pg. 38 **Health and Wellness Campus**

Figure 23 a, b, c

<https://sprhc.org/community-health-needs-assessment.html>

pg. 39 Figure 23 d, e, f

<https://sprhc.org/community-health-needs-assessment.html>