

St. Luke's Rehabilitation Institute Community Health Needs Assessment 2015



St. Luke's Rehabilitation Institute
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st-lukes.org

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Community Health Needs Assessment 2015

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December, 2015

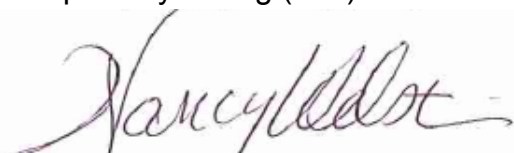
A Letter from St. Luke's Leadership —

Assessing community health needs and developing plans to address those needs are essential for hospitals to understand and help meet the needs of the communities they serve. This concept was reinforced by the Patient Protection and Affordable Care Act which contains requirements for tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years, and to adopt Implementation Strategies to meet the health needs identified through the assessment. The regulation requires that the hospital take into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of public health, and that the results of the CHNA be made widely available to the public.

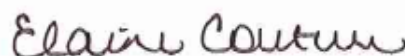
This document reports the results of the 2015 CHNA conducted by St. Luke's Rehabilitation Institute (St. Luke's). Our CHNA is based on a CHNA that was conducted in 2013 for Spokane County by a consortium of community partners, including members from the parent organization for St. Luke's, Providence Health and Services. While the 2013 community-wide CHNA remains the most up to date data available, its findings have been supplemented with 2015 data when available. St. Luke's used the community needs identified in the 2013 Spokane County CHNA, and augmented the findings with additional feedback that explored the needs for individuals that St. Luke's cares for – people with temporary or permanent disability caused by injury or disease. This assessment specifically focused on the health needs of individuals with disability from neurological or orthopedic conditions when they return to live in their home community.

The community health needs identified by this CHNA will be used by St. Luke's to develop implementation strategies in order for St. Luke's, in collaboration with others in the Spokane community, to address these needs. The end goal is to improve the health of the community, especially among the most vulnerable populations due to disability or socioeconomic challenge.

This CHNA is posted on the St. Luke's website at www.st-lukes.org or available upon request by calling (509) 473-6298.



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Introduction

Who we are

St. Luke's Rehabilitation Institute, located in Spokane, Washington, is a private, not-for-profit, 102-bed post-acute care hospital specializing in medical rehabilitation for people with neurological or orthopedic injuries and illnesses. It is the only free-standing inpatient rehabilitation facility in Spokane County, and the region's only Level I trauma rehabilitation hospital. St. Luke's has been continuously accredited by The Joint Commission and The Commission on Accreditation



of Rehabilitation Facilities since 1998. In 2014, more than 1400 patients received inpatient care through St. Luke's with 77% of these patients coming from Spokane County. The majority of these patients received care for stroke, traumatic brain injury, or spinal cord injury. Of the more than 400 patients receiving inpatient care for stroke at St. Luke's in 2014, one was younger than 18, 153 were between the ages of 18-64, and 288 were age 65 or older. In 2014, of the more than 240 patients receiving inpatient care for brain injury at St. Luke's, eight were younger than 18, 123 were between the ages of 18-64, and 109 were age 65 or older. Of more than 100 patients receiving inpatient care for spinal cord injury at St. Luke's in 2014, four were younger than 18, 60 were between the ages of 18-64, and 43 were age 65 or older. The remaining inpatients received rehabilitation services for a variety of medical conditions, such as cardiac conditions, pulmonary conditions, orthopedic and other major trauma injuries, post-surgical care, amputations and other limb deficiencies, and other neurological conditions.

In addition to our inpatient rehabilitation hospital, St. Luke's provides specialized therapy services at two acute care hospitals in Spokane, Providence Sacred Heart Medical Center & Children's Hospital, and Holy Family Hospital. With its comprehensive therapy staff, St. Luke's also provides outpatient therapy services at 9 clinic locations, and contracted therapy staffing services to Providence VNA Home Health and rural hospitals throughout the region. Thus, we truly span the continuum of care for patients with medical rehabilitation needs.

St. Luke's is a division of Inland Northwest Health Services, a non-profit company that includes a variety of health care divisions and services in addition to St. Luke's:

- Northwest MedStar regional medical air transport
- Center for Occupational Health & Education Community of Eastern Washington
- Northwest TeleHealth videoconferencing telemedicine network
- Engage health information technology services
- Community Wellness
- Health Training Network for professional education

Inland Northwest Health Services is an affiliate organization of Providence Health Care, which wholly controls the board for Inland Northwest Health Services. Providence Health Care is the northeastern Washington region of Providence Health & Services. Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services makes it the third largest not-for-profit health system in the United States.

Mission and vision

At St. Luke's, our number one goal is getting patients back to living their lives to their fullest. We achieve that goal every day through a combination of a highly-skilled and certified rehabilitation team members, leading-edge technology and innovation of thought.

Mission

Our mission is to be a resource for health and wellness, in order to optimize the potential for a full and productive life. We serve individuals and their families requiring expertise in medical rehabilitation.

St. Luke's Rehabilitation Institute seeks to provide value to those served by treating the whole person with regard to physical, intellectual, emotional, cultural and spiritual needs in order to restore to their fullest potential the capacity for living. Excellence of care will take place in an atmosphere of compassion, reverence and integrity.

Vision

Our vision is to be nationally recognized as the regional rehabilitation center of choice based upon reputation, quality outcomes and innovative care.

Cultural Responsiveness Mission/Vision

St. Luke's Rehabilitation Institute provides an environment which encourages acknowledgment, understanding, respect and awareness of individual differences. Our goal is to embrace the diverse cultures and experiences of our community.

St. Luke's embraced its commitment of service to the vulnerable due to disability or socioeconomic challenge, long before it was a requirement enacted through the Affordable Care Act. It is at the very core of what we do. As health care continues to evolve, St. Luke's is responding with dedication to the Mission and a core strategy to *create healthier communities, together*. By conducting a formal community health needs assessment, we learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources.

Description of the community

This section provides a definition of the community served by St. Luke's including a description of the medically underserved, low-income, and minority populations.

St. Luke's is located in Spokane County, the fourth-largest county in Washington State. Geographically, the county is located on the eastern side of the state, bordering Idaho.



Population and age demographics

The total population of Spokane County is about 485,000, with an annual growth rate of about 0.9 percent in 2014. Age demographics are fairly evenly distributed, with the oldest age group comprising the smallest proportion of the population. In 2013 the population comprised:

- 22.9 percent youth (0-17 years)
- 24.6 percent young adults (18-39 years)
- 38.4 percent older adults (40-64 years)
- 14.1 percent seniors (65 years and older)

Ethnicity

Among Spokane County residents in 2013, 90 percent were white, 2.2 percent African American, 1 percent American Indian, 2.8 percent Asian/Pacific Islander, and 4.5 percent were of two or more races.

Income levels and housing

In 2013, the median household income for Spokane County was \$47,576, and the county's unemployment rate was 7.8 percent. The share of those with incomes below the federal poverty line for all ages in Spokane County was 15.9 percent in 2012. In the same time frame, 19 percent of Spokane County youth under age 18 were living below the federal poverty line. This represents an increase of 1.6 percent since 2009, and is higher than the state average but lower than the national average.

The ZIP codes with the highest Community Needs Index (CNI) within the county are 99201, 99202, and 99207. These all have a total CNI of four out of five. Within these

ZIP codes there is a high of 38.68 percent of youth in poverty and 60.55 percent of single parents in poverty. In this population area, 18.9 percent are unemployed, 42.99 percent are uninsured and 74.52 percent are renting. The 2014 Spokane Regional Point-in-Time Count found 1,149 homeless persons, including 146 families with children. The 2012-13 school year counted 3,148 school-aged children as homeless in Spokane County.

Health care and coverage

The share of Spokane county residents who are ages 64 and younger and uninsured was 16.5 percent in 2012. The top three causes of death in Spokane County were heart disease at 23 percent, cancer at 20.1 percent, and stroke at 4.4 percent. Heart disease and strokes are on a decreasing trend while cancer is increasing. Avoidable hospital admissions in Spokane County have decreased to 8.8 percent in 2012¹.

¹ Sources: Spokane Community Indicators Website; Thomas Reuters Data 2013; Spokane Consolidated Plan 2015-2020; OSPI data.

Process and methods

This section provides a summary of the community and public health input, how it was obtained, and over what period of time. It also provides a description of the processes and methods used to conduct the assessment, including data obtained from the assessment, and describes the methods of collecting and analyzing the information.

In September 2013 a consortium of community partners, including members from the parent organization for St. Luke's, Providence Health Care, met with staff from Priority Spokane and the Spokane Regional Health District to begin planning for a 2015 needs assessment. There is a significant desire for the community to come together for one communitywide needs assessment, in which health would be one factor. Priority Spokane had conducted a community needs assessment at the end of 2013. The community consortium agreed to use this data and enhance it with newer data including preliminary quality of life survey data, hospital homeless and marginalized patient data and the Spokane Counts report.

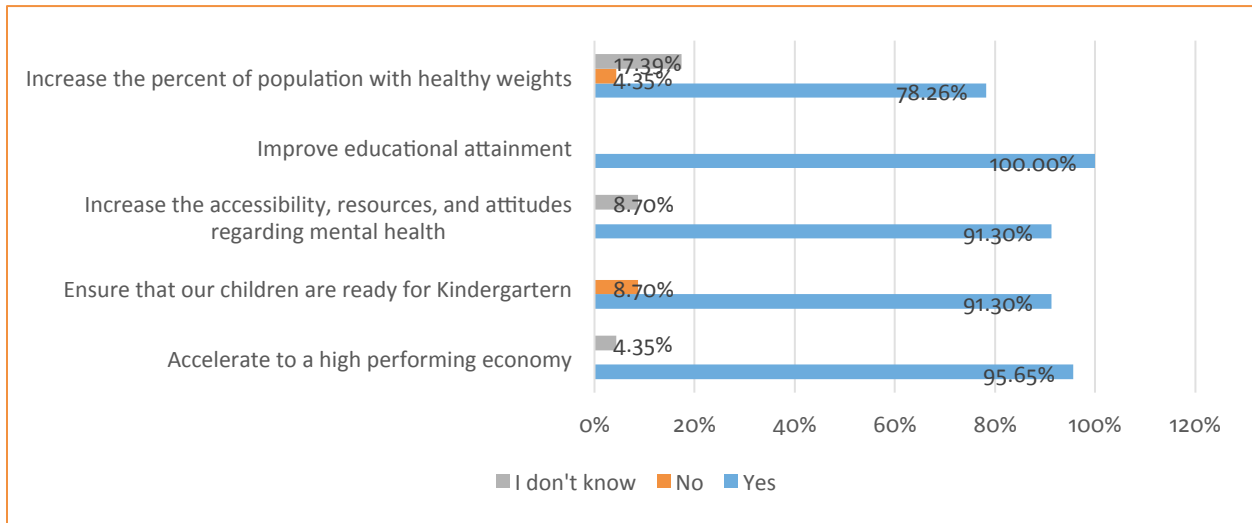
The purpose of the 2013 needs assessment was to prioritize the needs of the community, especially among those living in poverty and with least access to resources, and to promote collaborative opportunities to improve health and well-being in Spokane County. Over 300 email invitations were extended to community members, including the corporation of which St. Luke's is a division, Inland Northwest Health Services, to participate in one of five task force committees: Healthy People; Education; Economic Vitality; Public Safety; and Environment.

Each task force was headed by members of Priority Spokane with expertise in that area. Each committee reviewed the community indicators initiative for their area. Committee members engaged in lively and thought-provoking conversations about how to prioritize their indicators. Participants were encouraged to consider root causes or closely correlating factors behind the indicators. Votes were obtained and the top three priorities from each committee were forwarded to the final meeting. About 75 individuals and organizations from the 150 who participated in the committee process attended the final assembly. The 15 committee priorities were presented and thoroughly discussed. The three areas that received the most votes were: mental health, high quality jobs, and early intervention programs (see Appendix 1).

Using the results from the community vote and grouping similar areas of work, the final five priorities for the 2013 CHNA were (see Appendix 2):

- Accelerate to a high-performing economy
- Ensure that all our children are ready for kindergarten
- Increase the accessibility, resources, and attitudes regarding mental health
- Improve educational attainment
- Increase the percent of population with healthy weights by among others, promoting walking, biking and transit use.

To update this to 2015 data, Providence Health Care, the organization for which St. Luke's is an affiliate, conducted an electronic survey of those individuals and organizations who participated in the task force vote of the top needs for the 2013 CHNA (see list of participants in Appendix 3). There was overwhelming support for all of the needs remaining as issues to continue to be addressed, as indicated below.



The Spokane Regional Health District also conducted a quality of life survey of Spokane County residents to supplement the 2013 data with current data. Over 1,600 residents responded. The survey is yet to be published. However, the district released preliminary mental health data in mid-April 2015 to enhance available data on mental health.²

Some of the findings for mental health were:

- The largest group with poor mental health are those ages 50-59, at 16.6 percent.
- Poor mental health is associated with household income: the lower the income, the higher the rates of mental health issues.
- The largest educational group with poor mental health are those with some college, but no degree at 13.2 percent.
- Those unable to work or out of work for less than one year have higher rates of poor mental health.
- Overall, 12 percent received treatment or counseling for mental health issues during the last 12 months.
- Of those not receiving treatment:
 - 50 percent indicated they did not need treatment.
 - 20 percent stated health insurance reimbursement rates and costs as the barrier to treatment.
 - Overall, 7 percent lacked any kind of health care coverage.
 - Among those with poor mental health who did not receive treatment, 12 percent stated it was due to a lack of any health care coverage.

² The Quality of Life survey was conducted from January – June 2015 of Spokane County residents. The Spokane Regional Health District released preliminary mental health data in mid-April to be used for this needs assessment. <http://qolspokane.org/>

Spokane Counts data obtained in the 2013 Spokane CHNA were compared to more recent data. The most recent data were given a color code³ to indicate if the measure was improving or worsening from the previous assessment.

Spokane Counts Indicator	2011	2013
Health care		
Dental check-up	73.7%	72.1%
Insured (adult)	85.0%	81.7%
Personal doctor (adult)	78.6%	78.4%
Health status		
Asthma (youth)	14.6%	16.4%
Depression (youth)	26.6%	28.5%
Diabetes (adult)	7.2%	10.0%
Obesity (Adult)	28.6%	26.0%
Overweight (youth)	23.2%	24.4%
Poor mental health (adult)	12.4%	10.9%
Healthy behavior		
Binge drinking (adult)	17.80%	16.10%
Illicit narcotic use (adult)	1.2%	0.3%
Maternal smoking	16.0%	15.9%
Physical activity (adult)	69.9%	55.7%
Injury and violence		
Adverse childhood experience	35.6%	29.9%
Bullied (youth)	26.5%	27.2%
Child abuse	40/100,000	48.1/100,000
Domestic violence	9.5/100,000	9.4/100,000
Physical abuse (youth)	17.5%	17.1%
Unintentional injury	726.4/100,000	717.7/100,000
Infectious disease		
Preschool immunizations	60.2%	40.0%
School-age immunization exemptions	7.3%	6.2%

³ ** Color Key**

- Red** = Worsening trend from previous measurement
- Yellow** = Trend stayed the same from previous measurement
- Green** = Trend has improved from previous measurement

Prioritization process

This sub-section provides a description of the prioritized significant community health needs identified through the community health needs assessment, including a description of the process and criteria used in prioritizing these health needs.

The community was asked to prioritize the current identified needs to reduce duplication and community burnout. Through an electronic survey, respondents were asked to prioritize with the same criteria they were asked to prioritize in 2013. This information was brought to an internal Providence work group including leadership from St. Luke's for consideration and to identify the top needs Providence and its affiliates should address within the community.

Prioritization criteria

The Providence top health priorities were prioritized based on the following criteria:

- Does the community need align with Providence's core values and vision for creating healthier communities, together?
- How many people will benefit from the project/program? Are the poor and vulnerable more affected by the need?
- Are there potential resources outside of Providence that can be leveraged to help more people?
- Is there a gap that needs to be filled to address this need?
- Does the community recognize this issue as a need? Would community members welcome our involvement?
- Is there a way to measure the outcome of our involvement?

After prioritizing the top issues from the needs assessments, community surveys and gaps, the local Providence system chose to focus on the following areas, in no particular rank-order, in the health improvement plan implementation strategies:

Dental Care

Diabetes

Mental health

Immunizations

Stable housing

What we heard from the community

This section describes how St. Luke's and Providence Health Care took into account input from persons who represent the broad interests of the community. It includes names of organizations providing input along with a summary of what they said.

Prioritized needs were presented to the Spokane Regional Community Health Assessment Board on May 8, 2015. This group consists of various agencies interested in coordinating a communitywide needs assessment. Members endorsed the selection of needs that Providence facilities had selected to address.

Community Health Assessment Board members:

Adams County Health Department	Empire Health Foundation
Better Health Together	Gonzaga University
Community Health Systems-Rockwood	Spokane Regional Health District
Eastern Washington University	Washington State University
EWU Institute for Public Policy & Economic Analysis	Providence Health Care
	St. Luke's Rehabilitation Institute

Prioritized needs were presented to the Spokane Homeless Coalition on July 9, 2015. This group consists of various agencies interesting in addressing the needs of the homeless population within Spokane County. Many of the participants at this meeting were interested in how Providence would specifically respond to the need for stable housing. They were in agreement with many of the other needs, but as expected were interested in how Providence interpreted stable housing.

Spokane Homeless Coalition members:

Aging and Long Term Care of Eastern Washington	Martin Luther King Jr. Center
Amerigroup	Molina Health Care
Center for Justice	NW Justice Project
Children's Administration	Priority Spokane
City of Spokane	Safe Families for Children
City of Spokane – Public Defender	Spokane COPS
Community Health Plan of Washington	Spokane Police Department
Family Promise of Spokane	Transitional Programs for Women - New Leaf Bakery
Frontier Behavior Health – Homeless Outreach	Women's Hearth
Gathering Place	Worksource
House of Charity	YWCA

Prioritized needs were presented to Priority Spokane Steering Committee on July 15, 2015. This group consists of leaders developing and initiating a collective impact model to address high priority needs. Currently, the group is focused on homeless and at-risk youth and how to increase graduation rates for this population. They were in agreement with the use of the community data and how Providence defines its role in addressing

these overall community needs.

Priority Spokane Steering Committee participants:

Avista	Rogers High School
Eastern Washington University – Institute of Public Policy	Spokane County
Whitworth University	Spokane Housing Authority
ESD 101	Spokane Regional Health District
Gonzaga University – Department of Education	United Way
Inland Northwest Community Foundation	Washington State University

Prioritized health needs

With broad community endorsement for the needs identified by Providence to address with implementation strategies, St. Luke's augmented the 2015 Providence CHNA with additional information from further community input on health issues affecting the community that St. Luke's serves.

St. Luke's sought input from organizations serving and representing the interests of our defined community – patients across the lifespan from Spokane County with rehabilitation needs arising from neurological or orthopedic injuries or conditions.

Input was sought from public and private agencies providing health or related services within the County, including societies and support groups. The

inclusion of societies and support groups was deemed critical since it allowed, in many cases, for us to hear directly from patients and family members of the vulnerable populations St. Luke's serves.



These stakeholders and organizations were invited to provide feedback via surveys and focus group interviews. They were specifically tasked with ranking the five priorities as identified by Providence in terms of priority health needs for the community St. Luke's serves: Dental Care, Diabetes, Immunizations, Mental Health, and Stable Housing. In addition to ranking needs by priority, participants were asked to justify their selection of priority health needs. The list of stakeholders invited to respond to St. Luke's survey and participate in focus groups is in Appendix 4.

Stakeholder responses to St. Luke's needs assessment

This section describes the results of the stakeholder needs assessment, and illustrates how each one fits into the overall community-identified health needs.

The ranking of priorities by stakeholders, in order from most important (1) to least important (5) as a health need for St. Luke's to consider, were:

- 1. Mental Health**
- 2. Diabetes**
- 3. Immunizations**
- 4. Dental Care**
- 5. Stable Housing**

What we heard from our stakeholders

- Throughout the St. Luke's population, mental health and the rehabilitation process go hand in hand
- Access to services for dementia/cognitive decline impacts so many of St. Luke's rehabilitation populations - either in isolation (cognition and aphasia) or as part of a larger issue (dementias)
- Diabetes is at an all time high and common in the St. Luke's population
- The effect of diabetes on rehabilitation and healing is a significant health problem
- Education around prevention for dental health is needed—this is a community need not specific to St. Luke's
- General community-wide education about the health benefits of immunizations is important—this is a community need not specific to St. Luke's
- Many patients face housing issues once they transition from the rehabilitation phase
- Stability of the family and home is important to aid in physical, mental and emotional health and healing

How St. Luke's prioritized needs reflect needs identified in the larger community

This chart explains how St. Luke's prioritized needs parallel the larger community prioritized needs. Community measures indicate that the health needs identified through the St. Luke's CHNA match the significant health needs of the larger community. ***The prioritized health needs identified through the CHNA will become the basis for implementation strategies in St. Luke's Community Health Improvement Plan.***

Leading Health Issues	Measure
Mental health	Poor mental health in adults 10.9% Depression in youth 28.5%
Diabetes	Diabetes in adults 10% Obesity in adults 26% Overweight youth 24.4% Physical activity in adults 55.7%
Dental Care	Dental check-up 72.1%
Immunizations	Preschool immunizations 40% School-age immunizations exemptions 6.2% ⁴
Stable housing	1,149 homeless persons (2014 Point-in-Time count)

⁴ Listed in Spokane Counts as School-age immunizations.

Results from the 2013 CHNA

This section evaluates success with implementing strategies to address the needs identified in our most recent community health needs assessment in 2013.

Four significant health needs, presented in no particular order, were identified through St. Luke's 2013 CHNA:

- Care coordination and management of services for patients
- Mental health services
- Access to services/providers
- Education and resources for patients and their informal caregivers

Progress on strategies to meet these health needs is provided below.

Care coordination and management of services for patients

During the 2013 community health needs assessment, it was emphasized that St. Luke's could play a primary role in addressing falls in the elderly, a serious local public health problem. By conducting a pre-discharge formal assessment of fall risk, St. Luke's could help assure that services were arranged for patients prone to or at risk for falling after rehabilitation discharge. This would assist with coordinating care and services for a major public health problem in the elderly.

Progress with addressing this health need has been made as detailed in the following outcomes:

1. An audit of patient medical records for the 12 months of 2014 indicated that all inpatients are assessed for fall risk during the inpatient stay with the Morse Fall Scale, a validated tool to assess risk for falling in the hospital setting.
2. The audit further indicated that inpatients shown to be at high risk for falling are secondarily assessed by physical therapy staff with the Berg Balance Scale, Tinetti assessment, and the Timed Up-and-Go, all common, validated fall risk assessment tools used across inpatient and outpatient settings.
3. The audit also indicated that the inpatient fall risk assessments were being used at discharge to refer patients shown to be at-risk for falling to outpatient or home health physical therapy services focusing on balance and strength training as an evidence-based fall risk-reduction strategy. Referral to additional services were noted for 95% of patients discharged. This indicates both our success with addressing this health need and the scope of the problem of falls in our patient population.

Mental health services

It was emphasized in the 2013 community health needs assessment that health systems in our community, including St. Luke's, needed to do more to screen for mental health conditions and, if screening indicated the need, refer patients for post-discharge mental health services. St. Luke's was encouraged, in particular, to screen for patients

depressive disorders as this was cited as an urgent need in our community because it is the most prevalent and treatable mental health disorder.

Progress with addressing this health need has been made as detailed in the following outcomes:

1. St. Luke's implemented a plan to screen all inpatients at admission for a depressive disorder with the PHQ-9, a validated tool to assess the frequency of depressed mood. An audit of patient medical records in 2015 indicated that all patients able to respond to the PHQ-9 were screened. The only patients not screened at admission were those unable to comprehend the questions due to cognitive deficits or aphasic communication disorders. Of the patients screening positive for a depressive disorder, 98% were referred to St. Luke's inpatient psychology staff for diagnostic work-up and counseling services.
2. We investigated options with local mental health service providers for referring patients screening positive for depression to mental health services following discharge. However, we were informed that local mental health service providers do not accept referrals for mental health appointments due to the extremely high rates of patient no-shows. Instead, patients are seen on a first-come, first-served basis. Despite this, to continue addressing the need for patients to receive outpatient mental health services, we developed a resource list of local mental health service providers that is located in a binder of materials that each patient is provided with at discharge. This resource is referred to as "Your Journey Forward." Patients in need of mental health services are encouraged to seek services from providers on the list. The list takes into consideration the disability and economic status of the patient to assure that vulnerable patients are referred to low or no-cost services in our community offered by such organizations as Frontier Behavioral Health and Family Service Spokane.

Education and resources for patients and their informal caregivers

During the 2013 community health needs assessment, it was emphasized that St. Luke's could play a primary role in public education for primary prevention of falls, and to engage in community fall risk screening opportunities. By assuming a prominent role in public education on fall prevention, St. Luke's would partner with the Spokane Regional Health District to address a major public health problem in the elderly in Spokane County.

Progress with addressing this health need has been made as detailed in the following outcomes:

1. St. Luke's staff are serving in leadership roles on "Fall Free Spokane (FFS)," a community-based falls prevention coalition organized by the Spokane Regional Health District (SRHD).

2. To assist with expanding education on fall prevention and resources developed by FFS to rural, St Luke's hosted quarterly meetings of the Coalition and linked in rural areas by videoconference.
3. St. Luke's hosted a state Fall Free coalition quarterly meeting in 2015. The full day meeting provided educational activities and networking for entities working to prevent falls.
4. St. Luke's therapy staff have provided fall screening, education, and resource sharing at numerous community events across the region. For example, staff performed more than 100 screenings at health fair events at the Corbin Center in March, 2014 and the Stroke awareness event in May, 2015.
5. St. Luke's staff presented two educational offerings to professionals, caregivers, and older adults at the 4th annual Falls Conference in October, 2015.
6. To assure that St. Luke's inpatients have access to information on community fall prevention programs after discharge, we have included a document titled, "How to Prevent Falls," developed by SRHD in the "Your Journey Forward" binder that each patient receives.
7. Therapy staff also provide inpatients at risk for falling based on fall risk assessments with a resource guide for locating and enrolling in a Stay Active and Independent for Life (SAIL) fall prevention fitness program and/or a Balance Enhancement Training program. Both programs are supervised by certified senior fitness instructors. Patients are encouraged to participate in these classes after their regular outpatient therapy care has ended.

Access to services/providers

It was emphasized in the 2013 community health needs assessment that health systems in our community, including St. Luke's, needed to address patients' and caregivers' lack of awareness about the existence of community services for local outpatient health and support services, and even if aware, confusion about how to access these services. This resulted in a consistent suggestion that St. Luke's collaborate with others in the community to develop or make more broadly available collections or guides of community resources.

Progress with addressing this health need has been made as detailed in the following outcomes:

1. St. Luke's conducted a search for already existing collections in print and electronic format that focused on outpatient health and support services of relevance to our patients. Several excellent existing but not broadly distributed collections in print were located. In addition, many stand alone websites for support services existed. Given that print resources allowed for a true "one stop" collection, and would overcome issues that our primarily elderly patient and

caregiver population would have with access to electronic resources, the decision was made to make print collections more broadly available to our patients.

2. The *Senior Resource Guide*, a 140-page resource guide updated and printed annually by a local Spokane print company, is offered free-of-charge to our inpatients by St. Luke's social workers assigned to manage the discharge process.
3. The *Guide to Congregations and Community Resources*, a 200-page resource guide updated and printed annually by a Spokane non-profit organization, is offered free-of-charge to our inpatients by St. Luke's social workers assigned to manage the discharge process.
4. A list of frequently used community resources that meet the needs of our patients is located in the "Your Journey Forward" binder that each patient receives. Depending on the patient's needs, St. Luke's social workers make recommendations to patients and caregivers on the resources that may be useful for making the transition home successful and for assuring that basic needs are being met.

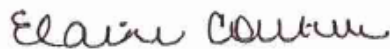
Community Health Needs Assessment Approval



12/16/15

Nancy Webster
Hospital Administrator
St. Luke's Rehabilitation Institute

Date



12/16/15

Elaine Couture
Chief Executive Officer, Inland Northwest Health Services
Regional Chief Executive, Providence Health Care

Date



12/16/15

Ronald Wells
Chair, Board of Directors
Inland Northwest Health Services

Date

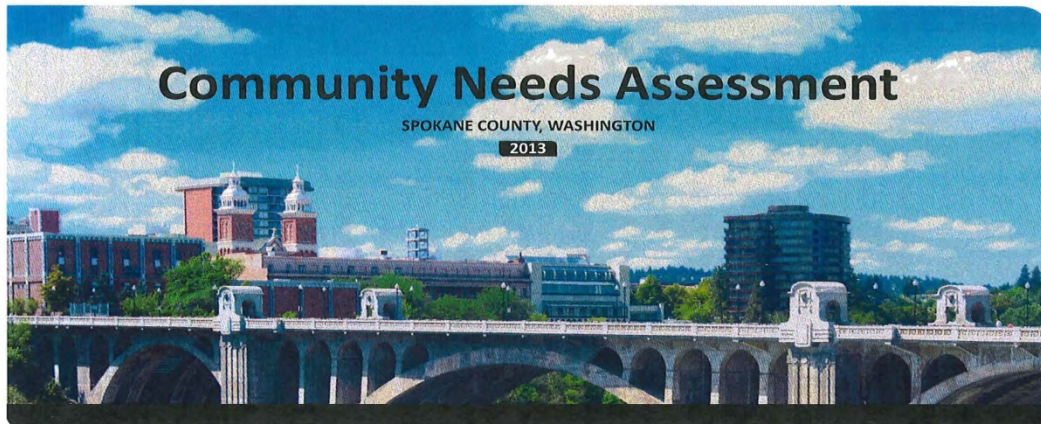
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Appendix 1

Priority Areas of Steering Committee Agencies									
City of Spokane	Empire Health Foundation	Eastern WA University	Greater Spokane Incorporated	Greater Spokane Valley Network	Inland NW Foundation	Priority Spokane	Providence Health and Services	Spokane Regional Health District	United Way of Spokane County
Public safety: Criminal justice delivery, fire and EMS model, police culture, citizen neighborhood safety, parks environment	Improve access and integrate services to achieve better health for everyone at less cost (2013)	Continue the development of Mental Health Professionals	Education attainment: By 2025, 60% of adults will have attained at least a 2-year degree/certificate (early learning, K-12 support, higher education)	Food Insecurity - back packs for students prior to holidays coordinates with K Valley Partners	Education through middle school achievement	Accelerate to a high-performing economy	Mental health and substance use	Reduce inequities that contribute to health disparities	Education: helping people achieve their potential (Children are ready for kindergarten, Students are successful in and out of the classroom; Students graduate from high school on time; Adults complete advanced training or college)
Jobs & economic growth: Infrastructure; high-wage job creation; customer service; federal investment in job growth; partnerships; shovel-ready development; Fairchild; high-performing workforce	Prevent Adverse Childhood Experiences and mitigate long-term health effects of complex trauma (2012)	Healthcare Education: Through educational programs and experiences for students	Healthcare: Advocacy role for medical school, convenor of healthcare committees, career awareness	Health - dental education	Economic attainment by eliminating intergenerational poverty and increasing education	Ensure that all our children are ready for kindergarten	Obesity and diabetes	Develop a strategic health agenda to address emerging and ongoing public health issues	Income: Increasing financial stability & opportunity (People have income and resources adequate to meet basic needs; People acquire family sustaining employment; People gain and sustain assets)
Budget: Invest in direct services, partnerships, integration; program results; financial strength and stability	Reduce obesity, starting with school-aged children (2011)	Providing Services: School of Social Work effort with non-profits	Raising Income: Through economic development and workforce development	Housing - focused on homeless youth in CSO, providing resources working identified by homeless school liaison		Increase the accessibility, resources, and attitudes regarding mental health	Care coordination and access		Health: Improving people's health (Children and youth are nurtured and safe; People make healthy choices; People can access quality health care; Vulnerable populations are included and not isolated)
Infrastructure: Integrated plan for investments; innovative operations models	Respond to immediate needs of the nonprofit sector (2010)	Increased Community Engagement: University strategic goal of more community engagement by all academic programs		Resources and Networking - working with Spokane Cares		Improve educational attainment (PS' current focus, w/ middle school emphasis)			
Quality of life: High quality, efficient services; engage citizens; social and housing services; citizen relationship with city	Build local capacity and leadership by attracting and leveraging outside resources (2010)			Youth at-risk - mentoring and advocacy		Increase the % of population w/ healthy weights by among others, promoting walking, biking & transit use			Selected in 2009, revised in 2013
Selected in 2014	Stimulate health workforce development (2012)					Selected in 2014			
	Reduce health disparities in Indian Country (2011)								
	Improve oral health outcomes and reduce tooth decay (2013)								
	Improve health outcomes and quality of life for rural aging populations (2014)								
	Increase collaboration, volunteerism and giving in the region (2014)								

Appendix 2



Purpose

The 2013 Community Needs Assessment was conducted by Priority Spokane. The purpose was to prioritize the needs of the community, especially among those living in poverty and with least access to resources, and to promote collaborative opportunities to improve health and well-being in Spokane County.

Community Engagement Process

Step 1: Priority Spokane members served on the planning committee, headed by Dr. D. Patrick Jones, Executive Director, EWU Institute of Public Policy & Economic Analysis. Dr. Jones and his team maintain the Spokane Community Indicators Initiative (CII), a database intended to provide democratic access to information needed by individuals, organizations, and government for decision-making (communityindicators.ewu.edu).

Step 2: Over 300 email invitations were extended to community members, inviting them to participate in one of five taskforce committees: Healthy People, Education, Economic Vitality, Public Safety, and Environment. Each taskforce was headed by members of Priority Spokane having expertise in that area.

Step 3: Each committee reviewed CII indicators for their area, discussed which indicators were out-of-date and why, and suggested new indicators that reflected current needs. A viable metric had to be submitted with each suggestion, one that could be easily tracked annually by the EWU team.

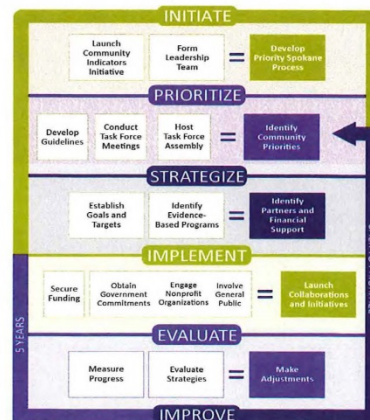
Step 4: Committee members engaged in lively and thought-provoking conversations about how to prioritize their indicators. Participants were encouraged to consider root causes or closely correlating factors behind the indicators; for example, the fact that most of those in the county jail have less than a high school education. Votes were tabulated and the top three priorities from each committee were forwarded to the final meeting.

Continued on back >



A unique collaboration of community leaders who endeavor to create a vibrant future for Spokane County by implementing community-defined goals.

We serve as a catalyst and convener for data-driven and focused improvements to economic vitality, education, the environment, health, and community safety.



Community Engagement Process *(continued)*

Step 5: About 75 individuals/organizations from the 150+ who participated in the committee process attended the taskforce assembly. The fifteen committee priorities were presented and thoroughly discussed. At the close of the meeting, each person could vote for their first, second, and third choices; the choices were weighted three, two, and one point respectively. The 3 areas that received the most votes were: mental health, high quality jobs, and early intervention programs.

Step 6: Using the results from the community vote and grouping similar areas of work, the final five priorities are listed below. After hearing from community content experts on the top 5 areas, PS determined to direct their work around **mental health issues**.

2013 Priority Areas for Spokane County

- Accelerate to a high-performing economy
- Ensure that all our children are ready for Kindergarten
- Increase the accessibility, resources, and attitudes regarding mental health
- Improve educational attainment (PS's current focus, with middle school emphasis)
- Increase the % of population w/ healthy weights, by among others, promoting walking, biking & transit use

Conclusion

Priority Spokane led a similar process in 2009 that resulted in educational attainment being the top priority. Since then high school graduation rates have improved because the community became aware and began to collaborate in new ways to accomplish a single priority that was based on data. We are beginning to see systems change, which is the only way to accomplish long-term results.

The many partners of this prioritization assessment process see opportunities for the same level of awareness, convening, catalyzing, and collaboration moving forward to build a true culture of health in Spokane County.

Next Step: Strategize

- Analyze issue further - define target population
- Compile community assets working on issue
- Identify gaps in services
- Identify model practice strategies
- Identify funds to implement strategies

November 2014

Guidelines in Community Prioritization

- An issue that affects the greatest number of residents in Spokane County, either directly or indirectly.
- A condition that is unambiguously below where we want it to be, via a comparison to a benchmark or its own trend.
- A condition that is unambiguously above a benchmark, and therefore one that we want to preserve.
- An issue that is predictive of other outcomes, as best as we can currently determine.
- An issue that appears to impact several aspects of community life.
- A condition that we, at the local level, have some opportunity to change.
- A proposed time horizon: 5 years

During 2012 in Spokane County

- The share of 10th graders who felt sad or hopeless for almost every day for two weeks or more in row was 29.0%, matching the 2006 share.
- The percent of adults who self-reported that their mental health was not good on 14 or more days in the last 30 days was 10.9% increasing from 10.6% in 2006.
- The local government expenditure on a per capita basis for mental health was \$88.03, increasing from \$35.27 in 2001.



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Appendix 3

Invited community participants in Spokane community needs assessment

Aging and Long Term Care of Eastern Washington
AHANA
American Red Cross, Spokane Chapter
Area Health & Education Center, WSU-Spokane
Avista
BDO Seidmans
Better Business Bureau
Board of Health - SRHD
Cascade Windows
Central Valley School District
Central Valley School District Board
Center for Environmental Law & Policy
Center for Justice
Cheney School District
Christ Clinic
City of Cheney Police Department
City of Spokane
City of Spokane, Department of Human Services
City of Spokane Municipal Court Judge
City of Spokane Plan Commission
Communities in Schools
Community Building Foundation
Community-Minded Enterprises
Daybreak Youth Services
Department of Social and Human Services
Downtown Spokane Partnership
Eastern Washington University
EWU, Sociology & Criminal Justice
Eco Building Guild
ESD 101
Empire Health Foundation
Empire Health Foundation Board
Excelsior Youth Center
Family Home Health Care
First Choice Health
Friends of the Falls
Frontier Behavioral Health
Futurewise
GeoEngineers
Gonzaga Prep
Gonzaga University Campus Public Safety & Security
Greater Spokane, Inc.
Group Health
Haskins Steel Co, Inc.
Health Sciences & Services Association of Spokane County Healthcare Management Services
Hospice of Spokane
Inland Empire Distribution Systems
Inland NW Association of General Contractors
Inland NW Community Foundation
Inland Northwest Health Services (St. Luke's is a division of INHS)
Inland Northwest Land Trust

Inland Northwest Trails Coalition
Jim Kolva Associates
Kiemle Hagood
Lands Council
Life Services
Mead School District
Moloney O'Neill
Native Project
Nine Mile Falls School
Out There Monthly
Planned Parenthood of Eastern WA & N. Idaho
Prairieview Elementary, Mead
Premera Blue Cross
Project Access
Providence Health Care
Saint George's School
Spokane Alliance
Spokane City/County Emergency Management
Spokane County
Spokane County Commissioner
Spokane County Juvenile Court
Spokane County Public Defenders' Office
Spokane County Sheriff's Office
Spokane County United Way
Spokane District Dental Society Foundation
Spokane Falls Community College
Spokane Fire Department
Spokane Neighborhood Action Programs
Spokane Police Department
Spokane Public Schools
Spokane Public Schools, Safety/Security/Trans.
Spokane Public Schools School Board
Spokane Regional Health District
Spokane Regional Labor Council
Spokane Regional Solid Waste
Spokane River Forum
Spokane Schools
Spokane Tribe
Spokane Valley Police Department
The Spokesman Review
Transitional Programs for Women
United Way of Spokane Success by Six
YMCA of the Inland Northwest
Valley Hospital
Washington State University-Spokane
WA State Department of Ecology
WWAMI – Spokane
West Central Community Center
West Valley Alternative School
West Valley School District No. 363
Whitworth University
Yakima Valley Farm Workers Clinic
YWCA Spokane

Appendix 4

Invited community participants in St. Luke's 2015 community health needs assessment

Patients/Families and Support Groups

- American Heart Association/American Stroke Association
- Amputee Patient
- Brain Injury Association of Washington
- Brain Injury Governor's Steering Committee
- Dystonia Support Group
- Outpatient Focus Group
- Parkinson's Resource Center
- Spinal Cord Injury Family Member/Caregiver
- Stroke Patients
- Stroke Patients' Caregivers
- Traumatic Brain Injury Patient
- Traumatic Brain Injury Caregiver

Community Partners

- Community Health Association of Spokane (CHAS)
- Eastern Washington University Physical Therapy Department
- Eastern Washington University Speech Therapy Department
- Lincoln County Hospital (critical access hospital located in Davenport, WA)
- Mann-Grandstaff VA Medical Center (Spokane VA Medical Center)
- Providence St. Joseph's Care Center
- Providence Visiting Nurses Association (VNA) Home Health Care Services
- Spokane Community College Nursing Program
- Spokane Falls Community College Occupational Therapist Assistant Department
- Spokane Falls Community College Physical Therapist Assistant Department
- Washington State University College of Nursing
- Wheelchair and Durable Medical Equipment Vendors

Community Programs & Services that Overlap with St. Luke's

- American Cancer Society
- African-American, Hispanic, Asian, Native American Association (AHANA)
- Aging and Long Term Care of Eastern Washington (ALTCEW)
- Catholic Charities of Spokane
- Community Minded Enterprises
- Empire Health Foundation
- Spokane Neighborhood Action Program (SNAP) - Housing Unit
- Spokane Public Schools
- Spokane Regional Health District

Community Health Improvement Plan 2016-2018

St. Luke's Rehabilitation Institute
Spokane, Washington



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St. Luke's Rehabilitation Institute
711 S. Cowley St.
Spokane, Washington 99202
st-lukes.org

Introduction

Who we are



St. Luke's Rehabilitation Institute, located in Spokane, Washington, is a private, not-for-profit, 102-bed post-acute care hospital specializing in medical rehabilitation for people with neurological or orthopedic injuries and illnesses. It is the only free-standing inpatient rehabilitation facility in Spokane County, and the region's only Level I trauma rehabilitation hospital. St. Luke's has been continuously accredited by The Joint Commission and The Commission on Accreditation of Rehabilitation Facilities since 1998. In 2015, more than 1300 patients received inpatient care through St. Luke's. The majority of these patients received care for neurological conditions such as stroke, brain injury, or spinal cord injury. Of the more than 450 patients receiving inpatient care for stroke in 2015, 152 were between the ages of 18-64, and 320 were age 65 or older. In 2015, of the more than 185 patients receiving inpatient care for brain injury, six were younger than 18, 108 were between the ages of 18-64, and 71 were age 65 or older. Of more than 90 patients receiving inpatient care for spinal cord injury in 2015, 44 were between the ages of 18-64, and 49 were age 65 or older. The remaining inpatients received rehabilitation services for a variety of medical conditions, such as cardiac conditions, pulmonary conditions, orthopedic and other major trauma injuries, post-surgical care, amputations and other limb deficiencies, and other neurological conditions.

In addition to our inpatient rehabilitation hospital, St. Luke's provides specialized therapy services at two acute care hospitals in Spokane, Providence Sacred Heart Medical Center & Children's Hospital, and Holy Family Hospital. With its comprehensive therapy staff, St. Luke's also provides outpatient therapy services at 9 clinic locations, and contracted therapy staffing services to Providence VNA Home Health and rural hospitals throughout the region. Thus, we truly span the continuum of care for patients with medical rehabilitation needs.

St. Luke's is a division of Inland Northwest Health Services, a non-profit company that includes a variety of health care divisions and services in addition to St. Luke's:

- Center for Occupational Health & Education of Eastern Washington
- Northwest TeleHealth videoconferencing telemedicine network
- Engage health information technology services
- Community Wellness
- Health Training Network for professional education

Inland Northwest Health Services is an affiliate organization of Providence Health Care, which wholly controls the board for Inland Northwest Health Services. Providence

Health Care is the northeastern Washington region of Providence Health & Services. Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services makes it the third largest not-for-profit health system in the United States.

Mission and Vision

At St. Luke's, our number one goal is getting patients back to living their lives to their fullest. We achieve that goal every day through a combination of a highly-skilled and certified rehabilitation team members, leading-edge technology and innovation of thought.

Mission

Our mission is to be a resource for health and wellness, in order to optimize the potential for a full and productive life. We serve individuals and their families requiring expertise in medical rehabilitation.

St. Luke's Rehabilitation Institute seeks to provide value to those served by treating the whole person with regard to physical, intellectual, emotional, cultural and spiritual needs in order to restore to their fullest potential the capacity for living. Excellence of care will take place in an atmosphere of compassion, reverence and integrity.

Vision

Our vision is to be nationally recognized as the regional rehabilitation center of choice based upon reputation, quality outcomes and innovative care.

Cultural Responsiveness Mission/Vision

St. Luke's Rehabilitation Institute provides an environment which encourages acknowledgment, understanding, respect and awareness of individual differences. Our goal is to embrace the diverse cultures and experiences of our community.

St. Luke's embraced its commitment of service to the vulnerable due to disability or socioeconomic challenge, long before it was a requirement enacted through the Affordable Care Act. It is at the very core of what we do. As health care continues to evolve, St. Luke's is responding with dedication to the Mission and a core strategy to *create healthier communities, together*. By conducting a formal community health needs assessment, we learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources.

Purpose and process

St. Luke's Rehabilitation Institute has developed a community health improvement plan designed to address key health needs identified in our community health needs assessment. In the community health needs assessment, the prioritized needs were chosen based on surveys and focus groups with our community stakeholders, community health data, and identifiable gaps in available care and services. In the course of our collaborative work, we determined that emphasis on these needs would have the greatest impact on the community's overall health with significant opportunities for collaboration. The ranking of priorities by stakeholders, in order from most important (1) to least important (5) as a health need for St. Luke's to consider, were:

- 1. Mental Health**
- 2. Diabetes**
- 3. Immunizations**
- 4. Dental Care**
- 5. Stable Housing**

The objective of this improvement plan is to measurably improve the health of individuals and families living in the communities served by St. Luke's. The plan's target population includes the community as a whole, and specific population groups including those made vulnerable by disability and other underserved demographics.

This plan includes components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers. It will be facilitated by the hospital, through our mission services with assistance from key staff in various departments.

Target population

The target population for St. Luke's community health improvement plan are our patients, across the lifespan, from Spokane County with rehabilitation needs arising from neurological or orthopedic injuries or conditions. Special emphasis is given to those who are underserved and low-income populations of Spokane County.

Prioritized health need: Mental health

Goal

Improve the mental health of St. Luke's patients at our inpatient and outpatient facilities by identifying self-reported depression, a common comorbidity in patients with rehabilitation needs arising from neurological or orthopedic injuries or conditions.

Strategies

Respond to mental health needs by addressing depression and access to care.

Action plan

Screen for depression in our patient population, and when a screen is positive for depression, collaborate with community partners to provide health resources and services targeting mental health issues.

Current tactics

- Continue screening our inpatients at admission with the PHQ-9 depression screening tool.
- Continue providing a list of local mental health resources to all of our inpatients in the *Journey Forward* patient binder provided to each inpatient.
- Continue to include results of the PHQ-9 screening status on discharge documentation for our inpatients.

Future tactics

- Increase the frequency of patients screened for depression in the outpatient cardiac and pulmonary rehabilitation program.
- Provide a list of local mental health resources to patients who screen positive for depression in the outpatient cardiac and pulmonary rehabilitation program.
- Include results of the PHQ-9 screening status in electronic medical record for patients in our outpatient cardiac and pulmonary rehabilitation program, and for a PHQ-9 score of 10 or greater, staff will communicate results to primary care providers or specialists of patients.

Existing community resources

- Outpatient Psychology at St. Luke's
- First Call for Help Crisis Hotline
- Frontier Behavioral Health/Spokane Mental Health
- Community Health Association of Spokane
- Lutheran Community Services
- Anchor Counseling Services
- St. Joseph's Family Center
- Catholic Charities Counseling Services
- Native Health
- Regional Service Network
- Heart to Heart Counseling
- Survivor Support Services

Prioritized health need: Diabetes

Goal

Improve overall health of St. Luke's patients with diabetes by decreasing the burden of diabetes, a common comorbidity in patients with rehabilitation needs arising from neurological or orthopedic injuries or conditions.

Strategies

Respond to needs of our patients with diabetes by addressing, education, disease management, and access to care follow-up care.

Action plan

Increase education and treatment opportunities for St. Luke's patients with diabetes.

Current tactics

- Coordinate with Providence Medical Group (PMG) primary care providers to access diabetes care and seamless transition on discharge through Community Wellness at INHS.
- For patients with primary care providers outside of PMG, refer to other diabetes education providers in the community.
- Refer patients with prediabetes (e.g., metabolic syndrome, metabolic risks from rehabilitation conditions, high body mass index, or recognized pre-diabetes) to INHS pre-diabetes classes held monthly in the community.

Future tactics

- Perform blood glucose screenings in conjunction with Community Wellness at St. Luke's Awareness Day events for brain injury, spinal cord injury, and stroke.
- Change inpatient hypoglycemic protocol to initiate early treatment of low blood sugar and reduce critical values at a blood glucose threshold of 60 mg/dl (previously was 70 mg/dl).

Existing community resources

- Christ Clinic
- Columbia Medical Associates
- Community Health Association of Spokane
- Community Colleges of Spokane
- Empire Health Foundation
- Mid-City Concerns-Meals on Wheels
- Native Project
- Second Harvest Food Bank
- Spokane Public Schools
- Spokane Regional Health District
- Women's and Children's Free Restaurant
- YMCA of Spokane

Prioritized health need: Stable housing

Goal

Improve overall health of St. Luke's patients by assuring that home environments are safe and adapted to the level of independence of the patient and caregiver.

Strategies

Assure stability of the home environment to which the patient will be discharged to aid in physical, mental, and emotional health and healing.

Action plan

Improve health and well-being by supporting programs that address issues that result in unstable housing.

Current tactics

- Provide in-home assessments to ensure stable housing before we discharge inpatients to home.
- Continue building a relationship with Catholic Charities to provide stable housing for St. Luke's patients with housing needs at discharge.
- Continue home safety education sessions and fall recovery education sessions with members of Spokane Tribe of Indians.

Future tactics

- Identify adult family homes willing to take complex patients at discharge to assure safe housing alternatives for St. Luke's patients.
- Educate adult family homes about what constitutes a safe environment for patients with complex rehabilitation conditions.
- Conduct in-home safety assessments for fall risks for members of Spokane Tribe of Indians.

Existing community resources

- Aging and Long Term Care of Eastern Washington
- Catholic Charities House of Charity
- Catholic Charities St. Margaret's Shelter
- Catholic Charities Senior & Family Housing
- City of Spokane
- Goodwill Industries
- Habitat for Humanity
- Housing Authority
- Priority Spokane
- Salvation Army
- Salvation Army's Sally's House
- School District Homeless Liaisons
- Spokane County
- Spokane Homeless Coalition
- Spokane Neighborhood Action Network
- Veterans Administration
- Volunteers of America

Needs not directly addressed

IRS regulations require that the Implementation Plan include a brief explanation for why a hospital facility does not intend to address a health needs identified through the CHNA. This section explains why St. Luke's is not addressing an identified community need. However, although we are not directly addressing these needs, St. Luke's is committed to working with other facilities and organizations in the community who are addressing these needs.

Dental Care

This need is being addressed by others in the community and is out of the scope of care for St. Luke's Rehabilitation Institute.

Immunizations

This need is being addressed by others in the community and is out of the scope of care for St. Luke's Rehabilitation Institute.

Next steps

St. Luke's will continue to participate in the Community Health Assessment Board led by the Spokane Regional Health District to help guide efforts to bring together one communitywide needs assessment in 2018.

Although local community needs have been broadly identified by the excellent work of Priority Spokane, St. Luke's has done additional work to identify our role in addressing these needs and improving the overall health of our community. We approach improvement planning by using the cyclical form of planning, implementation, and evaluation. That document lays out our plan for the next three-year period, from 2016-2018, and articulates our role in addressing large community needs.

We offer our sincere thanks to our community partners and stakeholders for participating as a community member in the process through which community health needs for St. Luke's to address were determined. Without the generous gift of their time, completion of the needs assessment and this implementation plan would not have been possible.

Plan approval



Nancy Webster
Hospital Administrator
St. Luke's Rehabilitation Institute

Date *March 31, 2016*



Elaine Couture
Chief Executive Officer, Inland Northwest Health Services
Regional Chief Executive, Providence Health Care

Date *4-1-2016*



Ronald Wells
Chair, Board of Directors
Inland Northwest Health Services

Date *April 1, 2016*

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