

Community Health Needs Assessment

Implementation Plan 2026-2028



KH.ORG



KootenaiHealth

Introduction

Purpose

The Community Health Improvement Plan is a **three year plan** that operationalizes the most pressing needs identified in Kootenai Health's Community Health Needs Assessment (CHNA). It translates findings into focused initiatives, partnerships, and measurable outcomes that improve health for the communities we serve.

How this workplan strengthens the system

This workplan aligns service line efforts (access, behavioral health, women's/children's services, and workforce), sets clear accountabilities, and embeds performance metrics and reporting cadences to drive continuous improvement across Kootenai Health's hospitals and clinics.

Overview of Kootenai Health

Kootenai Health is a nonprofit, integrated health system headquartered in Coeur d'Alene, Idaho, with a 381 bed hospital and an extensive Kootenai Clinic network serving North Idaho and the Inland Northwest. KH holds Magnet® designation, is a Level II Trauma Center, maintains a Level III NICU, and is accredited by the Commission on Cancer. In 2023, KH completed a transition to a **private 501(c)(3)** not for profit model to better support mission driven reinvestment in access, services, and caregivers.

Summary of the CHNA

Kootenai Health's **December 2025 CHNA** used secondary data, qualitative research, and a community survey to identify and prioritize needs that most affect access to care, behavioral health (including SUD), maternal child health, and specialty capacity across the multi county service area. These findings underpin this implementation plan and its measures.

Identified Priorities

1. **Long wait times for primary and specialty care (access).** Residents face geographic barriers and provider availability constraints that delay preventive, primary, and specialty care.
2. **Lack of substance use and treatment services.** Behavioral health and SUD needs are elevated; distance and capacity gaps limit timely detox, treatment, and recovery support.
3. **Lack of behavioral health services for youth and young adults.** Youth BH needs are rising; limited specialty access and transportation barriers contribute to delays in evaluation and treatment.
4. **Provider shortages (especially some specialists).** Shortages impede diagnosis and chronic disease management and are more pronounced in rural counties.
5. **Provider workforce.** Recruitment/retention challenges and growth in demand—especially in OB/GYN— affect availability and continuity of care.
6. **Prenatal education.** Variability in maternal/infant outcomes signals unmet needs for early education and supports, particularly in rural areas.

Rationale for selection

These priorities maximize Kootenai Health's current and emerging strategic initiatives and leverage regional partnerships to achieve measurable community benefit.

Measurement approach

Progress will be tracked through defined KPIs and outcome measures for each priority, with results reported in the next CHNA cycle. Oversight of initiative progress will be routinely reviewed through appropriate governance committees.

Access to Care (Long Wait Times for Primary & Specialty Care)

Situation

Across the 10 county service area, limited provider availability and long travel distances (especially in rural communities) delay preventive, primary, and specialty care and can increase avoidable ED utilization—findings reflected in KH's CHNA and service area experience.

Strategies and Partnerships

- **Family Medicine Residency rotations** to expand access where gaps are greatest in partnership with regional facilities.

Operational Improvements

- **Physical space assessment** to add exam rooms/clinician workspace where demand exceeds capacity.
- **Patient self-scheduling** optimization via **MyChart** to reduce phone bottlenecks and shorten time to appointment.
- **Provider panel management** to balance attribution and capacity by clinic/specialty.
- Continue implementing **efficiency technologies** (e.g., clinical documentation assistance) to increase daily visit capacity.
- **Maximize FM resident sessions** in primary care clinics to expand availability.
- Sustain **same-day appointment** options (protected acute slots).
- **New models of care** (e consults, virtual triage & tele follow ups) to expand **non-surgical specialty** access without added travel.

KPIs & Metrics

- **Days to 3rd next available appointment** (primary & key specialties).
- **Schedule utilization & provider utilization** by clinic.
- **Panel size vs AMGA median** by specialty.
- **No show / late cancel rates**.
- **Time to new patient appointment** (primary & specialty).

Lack of Substance Use and Treatment Services

Situation

KH's CHNA highlights high and rising behavioral health needs across the region and persistent barriers to SUD prevention and treatment—particularly for rural residents.

What Kootenai Health is doing / expanding

- **Hospital based detox (Adult Recovery Unit):** KH operates a medically monitored **Adult Recovery Unit** with 24 hour physician oversight, case management, and typical 3–5 day stays, connecting patients to next level care; it is the only unit of its kind in North Idaho.
- **Crisis stabilization:** Kootenai Health partners with The **Northern Idaho Crisis Center**, located on KH's campus and provides **free, voluntary, 24/7** support and linkage to ongoing care.
- Through the **EMERGE program**, Kootenai Health provides MAT and SUD therapy to approximately 50 pregnant patients per year, as well as quarterly education. Additionally, will provide twice yearly education for jail staff on MAT, SUD, and social determinants of health specific to incarcerated population.
- **Other outreach** through quarterly education on MAT, SUD, medications and lactation, and social determinants of health in pregnancy across the region including health departments, critical access hospitals, and local tribal partners.

- **Referral partnerships:**
 - **North Idaho Crisis Center; Rathdrum Counseling and Heritage Health** (assessments); **Cultivation Counseling and Healing Hearts Therapy** (1:1 therapy); **Walker Center, Moonlight Mountain, Phillips Ranch, Sundown M Ranch** (inpatient residential); **Kaniksu Community Health, Heritage Health, CHAS, Weeks & Vietri Counseling.**

Expected outcomes / measures of success

- Appropriate **referral rates** to detox, assessment, therapy, and residential treatment despite local provider shortages.
- Efficient **coordinated handoffs** among KH Behavioral Health, the Crisis Center, and community providers, reducing gaps for rural residents.

Lack of Behavioral Health Services for Youth & Young Adults

Situation

Youth and young adults experience rising behavioral health needs; capacity constraints and transportation barriers delay evaluation and treatment across Northern Idaho.

Strategies & partnerships

- KH provides **inpatient acute psychiatric** and **outpatient psychiatry** services; strengthening transitions and shared care pathways remains a core focus.
- **Collaboration** between Kootenai Health Integrated Behavioral Health program and regional critical access hospitals
- **Continue embedded outpatient behavioral health care** in participating Kootenai Health clinics, including Cancer Centers
- **Partner coordination: Heritage Health, Kaniksu Community Health, and Charlie Health** for youth focused services.
- **Tele psychiatry for complex cases** to extend reach into rural counties.

Expected outcomes / measures of success

- Efficient **care transitions** (e.g., inpatient → outpatient/IOP/PHP); improved geographic equity through virtual services.

KPIs / Metrics

- Outpatient Behavioral health screening rates
- Wait time for outpatient behavioral health appointments at KH
- Utilization of tele behavioral health

Provider Shortages (Especially Some Specialists)

Situation

Shortages of primary care and select specialties, particularly in rural counties, delay diagnosis, limit preventive screenings, and disrupt chronic disease management.

What we are doing

- Enhance recruitment, including **locums** support where high need is confirmed.
- **Optimize specialist time** via team based care and **telehealth** (virtual follow ups, e consults).
- Develop **targeted, market competitive recruitment and retention** incentives for high need specialties.

What we are doing (cont.)

- Identify **regional partnerships** to share scarce specialty resources.
- Expand **APP** (advanced practice provider) roles to top of license in specialty clinics.
- Expand **primary care recruitment** aligned with the new **Prairie Medical Campus** opening (planned capacity for five primary care providers).

Expected outcomes / measures of success

- Prioritized list of **highest impact specialty gaps**; improved **recruitment and retention** metrics; **reduced access delays** (e.g., days to 3rd next appointment); increased use of virtual consults to minimize travel burdens.

Provider Workforce

Situation

The CHNA notes workforce strain due to regional growth, retirements, and rural practice demands—especially acute in **OB/GYN**—reducing appointment availability and continuity.

What we are doing:

- **Rising OB demand** & deliveries; Kootenai Clinic has opened its **third OB/GYN clinic in Hayden** to expand access points.
- **UW OB/GYN Clerkship** begins **March 30** with six residents rotating at KH over the next year—supporting pipeline development and recruitment interest in Northern Idaho.
- **Family Medicine OB rotations** in partnership with rural hospitals to maintain rural competency, bolster perinatal workforce preparedness, and stabilize coverage.
- **Ongoing organizational focus** on caregiver development and operational efficiency to enhance provider experience and retention.

Prenatal Education

Situation

Maternal and infant outcomes vary regionally; earlier, accessible prenatal education and supports can improve preparedness and reduce preventable complications—an area where KH already offers a robust foundation.

What we are doing:

- **Comprehensive, accessible prenatal education**—KH offers free classes including **Labor of Love (childbirth preparation), Baby Talk, and Breastfeeding education**, with schedules adjusted for working families and those with transportation barriers.
- **Regional expansion**—Develop a **multi-site education model** across Northwest Alliance partner facilities to reduce geographic inequities and strengthen continuity.
- **KH Family Medicine Residency** will continue to provide all OB care for jail patients.
- **Quarterly collaboration** with local OB groups to align care coordination and education content.
- **Doula partnership development** to expand culturally concordant support and patient navigation.
- **Continue to provide OB services in Sandpoint** and assess opportunities for expansion to further serve rural communities.

Key partnerships

- **Northwest Hospital Alliance** —standardize education, share resources, and extend offerings to partner communities.
- **EMS partnership—NRP & STABLE training** for neonatal stabilization and safe transport, critical in rural settings.

Additional opportunities

- **Kootenai Health is developing** a program to encompass community resources and networks for those who are pregnant, thereby streamlining patient connection to social services and resources as part of OB care.
- **ALSO training** (Advanced Life Support in Obstetrics) for community partners to boost emergency readiness.
- **Blue Band program expansion**—pursue grant funding for home BP cuffs; track **discharge to first appointment** KPI; align with PQC/PIH best practices.

Expected outcomes / measures of success

- Higher **participation and completion** of prenatal education; earlier **first prenatal visit**.
- Improved **patient-reported understanding** and self management; reduced maternal/infant complications tied to preventable factors; more consistent provider competency across rural sites; stronger regional alignment.

KPIs / Metrics

- **Participation** in prenatal programs; **number of sessions** offered; **attendance rates**.
- **Patient-reported understanding**.

Conclusion

Kootenai Health’s 2026–2028 CHNA Implementation Plan establishes a clear, actionable roadmap for addressing the most significant health needs identified across the region. Grounded in comprehensive CHNA findings and aligned with the organization’s mission-driven commitment to improving community health, the plan advances targeted strategies to enhance access to care, strengthen behavioral health and substance use treatment pathways, bolster provider capacity, and expand prenatal education and support. By leveraging regional partnerships, optimizing care delivery models, and investing in workforce development, Kootenai Health is positioned to reduce barriers, improve health outcomes, and foster greater equity across its multi-county service area. Progress will be monitored through defined KPIs, ongoing reporting cycles, and continued collaboration with community partners, ensuring that the organization remains responsive, transparent, and accountable as it works to meet the evolving needs of the populations it serves.

Sources

- **Kootenai Health CHNA (Dec 2025)**—methods, findings, prioritized needs, and overall direction.
- **KH.org (About/Facts & Community Reports)**—organizational profile, recognitions, 501(c)(3) status, community reporting focus.
- **Behavioral Health (KH.org)**—program scope, inpatient/outpatient services.
- **Adult Recovery Unit / Detox (KH.org)**—medically monitored detox description and role in care pathway.
- **Northern Idaho Crisis Center (KH.org page)**—24/7, free, voluntary stabilization and linkage; partnership model.
- **Family Birth Center (Classes & Lactation Services, KH.org)**—“Labor of Love,” Baby Talk, breastfeeding education; NICU level and perinatal supports.