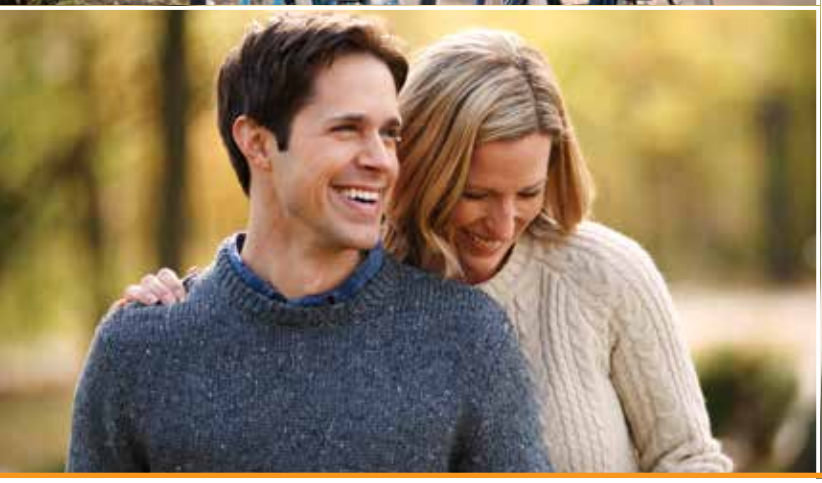
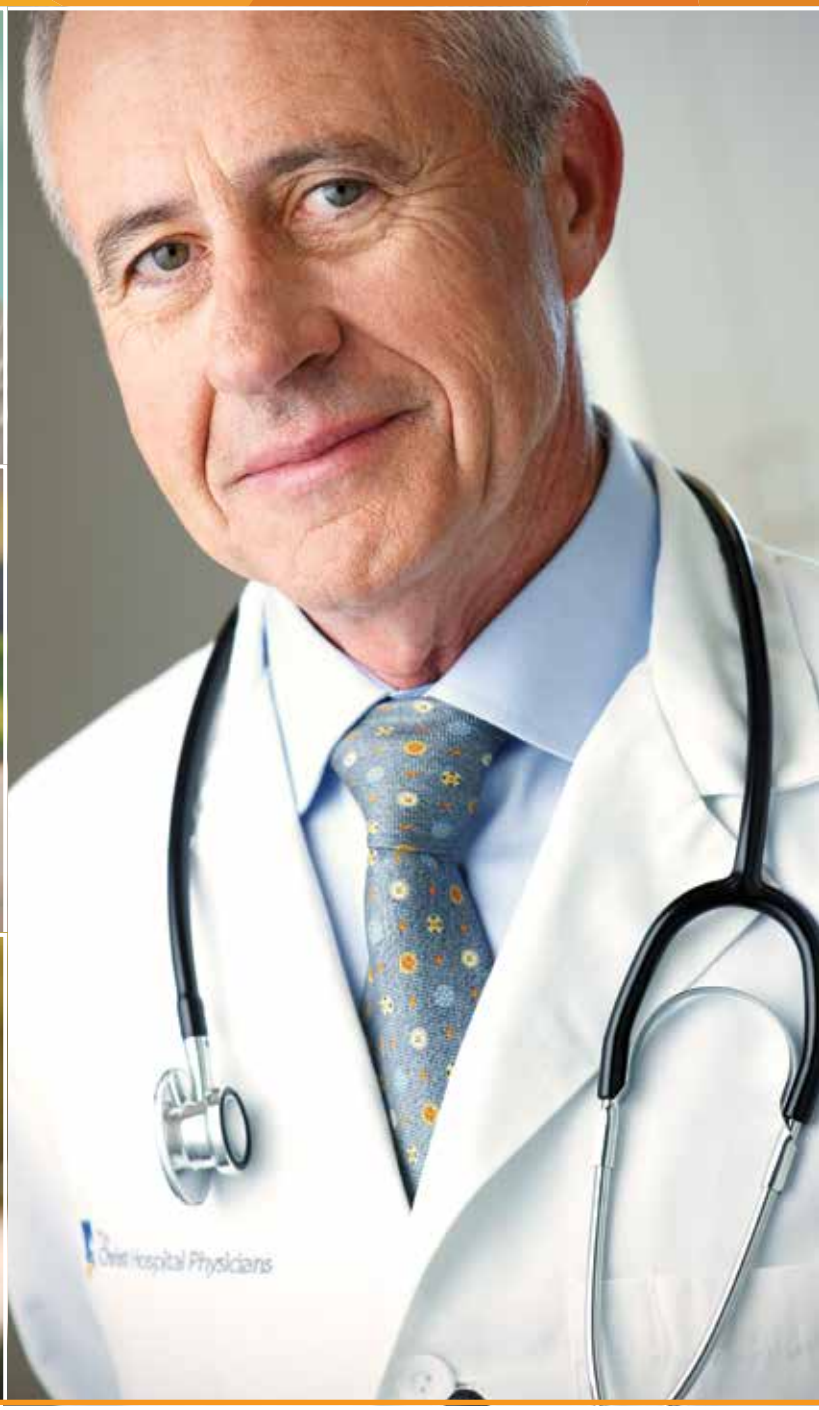
2016 Health Priority Implementation Plan





The Christ Hospital™ Health Network

Executive Summary

The recent passage of the Patient Protection and Affordable Care Act (PPACA) has instituted federal regulations for tax-exempt hospitals to conduct community health needs assessments and develop implementation plans or community health strategies every three years.

In response to this legislation, The Christ Hospital Health Network conducted a community health needs assessment in Fiscal Year 2016 (July 1, 2015 – June 30, 2016) and sought input from a variety of community partners in order to gain valuable insight into the overall health and well-being of the community we serve.

One of our primary partners in this endeavor was The Health Collaborative, a nonprofit organization that works with its member hospitals on healthcare improvement projects and shares best practices. The Health collaborative brought 20 hospitals together, including The Christ Hospital, and led the effort to better understand the health needs of the community. Along with the data produced by The Health Collaborative, we analyzed a number of data sources including public health data, health risk factor surveys, socioeconomic needs assessments, environmental standards and existing programs that had been developed for residents in the greater Cincinnati region. In addition, The Christ Hospital also sought to review any written comments received regarding community health needs in the previous assessment. To date, to the best of our knowledge, no written comments have been received and, thus, written comments were not available for consideration in this implementation strategy.

In order to properly conduct our Implementation Plan, it is imperative that we define the community we serve. Currently, The Christ Hospital provides services and resources to 14 counties within a three-state area. We reviewed this complete geographic primary service area and determined that, for the sake of this Implementation Plan, we would focus on Hamilton County, Ohio, where the majority of our care takes place.

The prevalent health concerns identified in the Hamilton County area through this needs assessment include:

- Access to Care
- Diabetes and Obesity
- Infant Mortality
- Lung Cancer
- Mental Health

Through a collaborative and well-though-out process, The Christ Hospital Health Network and its community partners have reviewed the most prevalent health concerns in Hamilton County and have established a course of action as outlined in the following pages. This plan focuses on programs, research and education that specifically targets some of the most pressing health concerns facing the residents of Hamilton County with the hope of making measurable impact on the health of our community. We recognize that community health needs are broad and comprehensive, and while we bring our expertise and leadership to addressing select needs, we also understand that one entity's expertise cannot be broad enough to be the sole answer. Because of this, collaborations and partnerships are key to meeting those needs, and we partner with community organizations that complement our resources. This Implementation Plan approved by The Christ Hospital Health Network Board of Directors on October 26, 2016.

Access

Access to healthcare resources was highlighted as one of the top needs in Hamilton County. This particular priority requires organizations to think about innovative approaches to making healthcare more accessible. Solutions to this priority can extend beyond a traditional physician visit, such as partnering with community organizations to cover patients who are at a greater risk.

Action

- Develop a community paramedicine program in partnership with the Cincinnati Fire Department that provides post-acute checks to patients with a high risk of rehospitalization.

Anticipated Impact

- Partnering with the Cincinnati Fire Department for post discharge and wellness checks would help to identify obstacles to health, promote self-care and connect individuals to appropriate resources such as the Cincinnati Health Department, clinics, food pantries and social workers.
- The goal of the community paramedicine program is to reduce unnecessary visits to the Emergency Department and readmissions to the hospital.

Anticipated Resources

- *Manpower*
  On-site, full-time program coordinator. The role of the coordinator is to facilitate paramedic training, collect data, provide feedback and follow-up, and serve as a liaison between the medical director, nursing staff, fire department administration, and community paramedics.

Collaboration

- The primary collaboration will be with the Cincinnati Fire Department. They will provide the community paramedics, vehicles, and equipment to deliver medical services to patients.
- Medical services include in-person health assessments of patients in their homes, compliance with discharge orders and medications, patient safety at home, and monitoring for any changes that could result in preventable hospital readmission.
- Secondary collaboration with local social services such as the United Way and Council on Aging, who will serve as a referral source to provide non-medical resources needed to improve patient independence, experience, and outcomes.

Action

- Grow and redefine the physician access model.

Anticipated Impact

- Provide improved access to patients in Hamilton County, specifically in underserved populations.

Anticipated Resources

- *Finances*
  The Christ Hospital Health Network will continue to invest in the recruitment and development of a physician manpower plan that fully supports the needs of the community.
- *Manpower*
  Dedicated recruiters, Human Resources staff as well as core operations support

Diabetes and Obesity

As a complex illness, effective management of diabetes requires patients and providers to monitor and optimize multiple variables, including obesity. For this reason, The Christ Hospital Health Network plans to closely monitor obesity within the diabetic population, along with other important health measures for the diabetic population. Using a series of coordinated interventions and services, the diabetic patient population will not only be better educated in terms of managing their disease, but also have improved care coordination.

Action

- Engage the Diabetes and Education Services at The Christ Hospital to provide education for both blood sugar control and obesity within the diabetic population, resulting in improved health metrics and reduced complications.

Anticipated Impact

- By attending education classes and receiving additional information regarding Diabetes management, patients will experience an improved BMI and A1C.
- The Diabetes and Education Services Center currently has a baseline of 32.74 for BMI and 7.23 for A1C levels. The projected goals are 32.65 for BMI and 7.18 for A1C levels.
- Currently 4.6% of diabetic patients attend educational courses through the Diabetes and Education Services with a goal of 5.5% by fiscal year 2018.

Resources

- *Finances*
  The Diabetes and Education Services will host classes and employ specially trained nurses and registered dieticians.

  The ability to provide medicine coverage and vouchers for patients in need of additional assistance to get their prescribed medications at a lower cost.
- *Manpower*
  The Diabetes and Education Services currently have over 7.0 FTEs who support patients with diabetes. This includes inpatient and outpatient nurses and dieticians who are Certified Diabetes Educators. They will continue to use these employees to host classes, provide one-on-one consultations and continued support for patients needing assistance in managing their diabetes.

  Additionally, these nurses and dieticians help coordinate the efforts of both inpatient and outpatient education. They verify American Diabetes Association compliance as it relates to the subject of classes and information provided to patients. Classes provided by these individuals include specific subject matter such as: gestational diabetes, prediabetes, medical nutrition therapy and diabetes self-management training.

Space

- Diabetes and education classes are offered in three locations within The Christ Hospital Health Network. As always, other locations are being reviewed to provide access to those patients who need it. Space is used to host group classes and individual consultations.

Infant Mortality

Hamilton County, in which the majority of The Christ Hospital Health Network's patients reside, has one of the highest rates of infant mortality in the country. Within the patient population of The Christ Hospital Health Network there have already been improvements in infant mortality as a result of initiatives involving education on safe sleep. Our goal is to improve on this trend. Cradle Cincinnati has been an instrumental partner. We believe that continued collaboration will result in improved outcomes city wide and specifically in the population we serve.

Action

- Participate in opportunities to educate patients and community on infant mortality and safe sleep practices.

Anticipated Impact

- Increase safe sleep compliance for families with new babies. Currently, 95% of parents within The Christ Hospital Health Network are practicing safe sleep techniques. The goal is to reach 99% compliance by fiscal year 2018.

Resources

- *Finances*
  The current Perinatal Education Services Department will use their own staff to continue to train nurses and other health care providers to ensure that patients are properly cared for and educated. The Christ Hospital Health Network will continue to work with The Christ Hospital Foundation to secure funds for supplies, including educational materials and sleep sacks for patients.
- *Manpower*
  The Christ Hospital Health Network will utilize a coordinated team of educators, nurses, nurse practitioners and medical directors to improve education regarding infant mortality and disseminate that information in a timely manner. This team will also collaboratively work with Cradle Cincinnati, The March of Dimes, The National Institute for Health and The Cincinnati health Department as well as Cribs for Kids to assist families in need and educate the public and healthcare providers alike. This will occur in the hospital setting as well as in childbirth education classes and in various community outreach settings. The partnerships with these organizations assist us in acquiring educational materials for staff as well as for the public, and assist us in acquiring supplies as well.

Space

- The Christ Hospital Health Network will explore adding a follow-up outpatient program at The Christ Hospital main campus. Sessions from this program will help reinforce the education provided during the hospital stay. The Christ Hospital Health Network will continue to host childbirth education classes for the public and will continue to store and properly provide crib materials as well.

Lung Cancer

The Christ Hospital Health Network recognizes lung cancer and tobacco use as major issues of importance in the community. The overall goal of meeting these needs is to focus on detecting and preventing chronic or serious health conditions resulting from tobacco use, as well as detecting lung cancer in earlier stages resulting in improved prognosis and mortality rates.

Action

The Christ Hospital Health Network will increase the number of low-dose CT lung cancer screenings in our primary care offices and monitor the percent of patient screened. Currently the number of low-dose CT lung cancer screenings is 27 per year, with the goal of improving that to 52 per year.

Use the Lung Nodule Program to monitor patients at high risk for Lung Cancer, and to follow high risk patients regularly to facilitate early detection for those who develop lung cancer.

Anticipated Impact

By increasing the percentage of patients who are screened and are currently smokers or have recently quit, the Christ Hospital Health Network will provide resources to encourage and provide smoking cessation and inform patients of the risks of smoking, and importance of lung cancer screening.

Decrease percentage of late stage (3 and 4) lung cancer diagnosis from 69% to 64% by 2018.

Resources

The following resources, classes and programs are internal initiatives we take to support and strengthen the fight against cancer. Each resource uniquely helps to build one's confidence and self-assurance, while providing a critical support structure in a time of need.

Lung Nodule Clinic

The Christ Hospital operates a lung nodule clinic to identify and track all pulmonary nodules with the goal of minimizing delays in the evaluation and treatment of nodules which have the potential to turn into lung cancer.

Currently the lung nodule program includes a health navigator, multiple pulmonologists, oncological nurse, and tumor registry specialists within a multi-disciplinary center.

Classes

- **Tai Chi Classes**
  This free weekly Tai Chi class is for all cancer survivors and family members. Gentle class offered for the oncology patients that is held at The Christ Hospital.

  The staff leading the Tai Chi classes help the cancer patients maintain a strong mental approach as they progress through their treatment

- **Yoga Classes**
  This free, weekly yoga class is for all cancer survivor and family members. Gentle class, designed for oncology patients that is held at The Christ Hospital.

Programs & Resources

- **Look Good Feel Better**
  This free program offers women support related to appearance chances, including makeup, beauty, skin care and hair loss tips and tools. It is help six times per year at The Christ Hospital.

  Treating cancer can take a toll on the human body. This program allows us an opportunity to provide support to oncology patients, restoring their sense of self-beauty.

- **Cancer Fatigue**
  This free fatigue evaluation is offered by a physical therapist to evaluate your physical status to help improve your strength and stamina, and reduce your fatigue.

- **The Christ Hospital Cancer Center Nutritional Support**
  Dietary supplement options for oncology patients who meet criteria. Educational programming for cancer survivors to maintain a healthy lifestyle.

- **The Christ Hospital Cancer Center Resource Center**
  Provides a variety of free educational and supportive materials related to the cancer experience, nutrition, survivorship, emotional coping and symptom management.

- **The Christ Hospital Wellness Program**
  Targeting Tobacco is a tobacco cessation wellness coaching program that targets the triggers that send people back to tobacco use.

Collaboration

- **American Lung Association**
  Provides free interactive decision support tools, personalized treatment options tailored to each diagnosis
- **Lung Cancer Alliance**
  Provides patient support and advocacy to people affected by lung cancer
- **American Lung Association**
  The Freedom from Smoking program has helped 100,000 people quit smoking since 1981. Eight sessions feature a step-by-step plan for quitting smoking. Clinic and telephonic options available, all self-paced.
- **Cancer Family Care**
  One-on-one family and child counseling with cancer experts for anyone affected by cancer.
- **Cancer Support Community**
  Free peer support, survivorship, supportive wellness and educational programs.
- **American Cancer Society**
  Information about cancer, transportation assistance.

  Online nutrition education for cancer patients during treatment and post treatment.
- **National Cancer Institute**
  Dictionary of cancer terms, information on clinical trials, cancer statistics and free patient education materials.

  Nutritional booklet for before, during and after cancer treatment. It has tips about common types of eating problems, along with ways to manage them.
- **National Coalition for Cancer Survivorship**
  Cancer survivor stories, information on long-term and late effects of cancer. Access to publications and other cancer resources.
- **National Comprehensive Cancer Network**
  Information on survivorship, life after cancer, patient assistance and financial assistance.

Mental Health

Mental health has been identified as one of the top priorities in Hamilton County. The Christ Hospital Health Network believes that mental health must both be addressed on its own and as it relates to a variety of other health conditions. Within The Christ Hospital Health Network, mental health falls into our comprehensive medicine service line. We have identified that an increasing number of patients with mental health conditions are seeking treatment in emergency departments and other venues that are not ideally equipped to address the specific concern related to mental health. To that effect, our goal is to expand our Behavioral Health Program to better serve the community.

Action

The Christ Hospital will work to create a comprehensive outpatient program that addresses the needs of patients with mental health conditions. This will include educational services, facilitation of support groups and more specific services to address mental health concerns.

Anticipated Impact

This program will allow The Christ Hospital Health Network to treat the mental health population with care appropriate for their conditions.

This targeted care will also contribute to the overall understanding of mental health needs, helping to debunk myths and misunderstandings.

Resources

Finances
Capital to renovate a space, and purchase equipment and furniture to create a physical location for patients. Capital would also be used to hire specialists who would work within the program to improve patient care and outcomes for patients seeking treatment.

Manpower
A team of coordinated practitioners, including clinical therapists, nurse practitioners, psychiatrists and medical directors to improve access to mental health services for patients and make care received more comprehensive.

Space

The Christ Hospital Health Network will explore adding an intensive outpatient program to the main campus on Auburn Avenue. The group sessions from this program will help address the growing need for these services in the community.

CHNA Implementation Plan:

Access

Measure	Baseline*	Status: FY 2016				Goal
	FY '15	Q1	Q2	Q3	Q4	FY '18
Readmission rate - % of patients readmitted more than one time	1.8%	1.7%	1.7%	1.6%	1.4%	1.2%
Patient panel size normalized for avgerage FTE status (0.88)	1634 (2016)					1944

Mental Health

Measure	Baseline	FY 2016				Goal
	FY '15	Q1	Q2	Q3	Q4	FY '18
Implementation of comprehensive outpatient program	No	No	No	No	No	Yes

Obesity & Diabetes

Measure	Baseline*	Status: FY 2016				Goal
	FY '15	Q1	Q2	Q3	Q4	FY '18
Diabetes Center patients BMI (average)	33.43	32.65	33.11	33.45	32.75	32.65
Diabetes Center patients A1c (average)	7.30%	7.13%	6.99%	7.24%	7.09%	7.18%
Educational class attendance of Diabetes Center patients (%)	9.3%	9.4%	9.6%	9.7%	9.7%	12.0%

Lung Cancer

Measure	Baseline*	Status: FY 2016				Goal
	FY '15	Q1	Q2	Q3	Q4	FY '18
Number of low-dose CT screenings	21 (Q4)	21	27	43	32	36/Q
Lung cancer stage at diagnosis (% diagnosed at stage 3 or 4)	62%	58%	70%	-	-	69%

Infant Mortality

Measure	Baseline	Status: FY 2016				Goal
	FY '15	Q1	Q2	Q3	Q4	FY '18
TCHHN safe sleep compliance	82% (Q4)	94%	93%	92%	96%	97%

FY: Fiscal Year | *quartely grand average from previous FY

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