West Chester Hospital | UC Health

Implementation Strategies 2017 – 2019

Mission & Vision

Our Mission is:

- Advancing education, research and clinical care through a mutual commitment with the University of Cincinnati.
- Delivering outstanding, efficient, compassionate patient-centered care every time.
- Creating innovative advanced specialty services.
- Improving the health of vulnerable populations.
- Leading in preparing a diverse workforce.
- Providing primary care to our local communities.

Our Vision is to be:

Cincinnati's academic health system transforming care by living into our core values of:

- Patients and Families First
- Integrity
- Respect
- Inclusion
- Empathy
- Discovery.

Communities Served

Butler, Warren, and Hamilton Counties in Ohio (84% of inpatient and outpatient volume)

Prioritized List of CHNA Community Health Needs

Criteria

An ad hoc CHNA committee scored the community health needs by considering the following criteria:

- Cause of many hospital visits (based on hospital utilization data from the Ohio Hospital Association)
- Clear disparities/inequities (by geographic areas of disparity measured by Community Need Index score and/or health issues identified in 2011 and 2013 CDC reports)
- Collective Impact priority (Collective Impact is a regional multidisciplinary approach to health improvement.)
- Community prioritized it highly (based on consensus on priorities in CHNA) – this criterion was weighted more heavily in order to retain an emphasis on what the community deemed most significant
- Consequences if not addressed (professional judgment)

- Effective/feasible intervention exists (per The Community Guide; CDC recommendations; and/or recommendations from hospital physicians and/or leaders)
- Impact on other health outcomes (based on risk factors associated with issue)
- Issue worse over time (based on up to 5 years' trend data collected for CHNA)
- Measurable outcome exist (based on CHNA's data sources)
- Proportion of population impacted (per incidence rate of new cases; prevalence rate; mortality rate; and/or top cause of death)
- Unique approach to address problem (per recommendations from hospital physicians and/or leaders)

Prioritization Process

There were two meetings held: one on December 17, 2015 to discuss and determine the prioritization process, and one on January 14, 2016 to conduct the scoring of priorities.

West Chester Hospital adapted UC Health's Strategic Project Assessment Form, used to determine priorities for health system initiatives, which has a scoring scale of 1 to 5. For the CHNA prioritization process, a score of '1' denoted 'not a priority,' and a score of '5' meant 'strong priority.' A blank scoring sheet is provided on page 4.

In addition to increasing the weight of the criterion, 'Community prioritized it highly,' two health issues were also weighted. Access to care/services and mental health were both already identified at UC Health as top priorities during its strategic planning process in 2016.

UC Health's experience with both mental health and substance abuse also led their combination into one category, since mental health issues are a root cause for most substance abuse disorders. In the CHNA cancer and obesity were mentioned individually as well as mentioned within the broader category of chronic disease. During the prioritization process, these scores were reflected separately and combined together.

Priorities

- Access to Care
- Chronic Disease
- Mental Health and Substance Abuse

Process for Strategy Development

Laura Allerding, Director of Strategic Planning & Market Research, and Christie Kuhns, Director of Community Strategic Planning, convened internal stakeholders to develop strategies. Strategies were discussed in several meetings to identify responses for all three priority areas identified from the community health needs.

The first two meetings were held on February 4 and February 23, 2016 (which included Dr. Naber, Dr. Thompson, and Dr. Watkins to obtain physician input and perspective). Both meetings were facilitated by an external consultant, Gwen Finegan, who also provided technical assistance in

follow-up emails. There were also two internal meetings on March 7 and March 24, 2016 to develop and refine strategies. Participants included:

- Laura Allerding, Director, Strategic Planning & Market Research, UC Health
- Tom Daskalakis, FACHE, Interim Chief Administrative Officer, West Chester Hospital
- Amber Francosky, Finance Manager, West Chester Hospital
- Bill Naber, MD, Associate Professor, Emergency Medicine, UC Health
- Marc Roderick, Manager, Business Development; Business Manager of Operations, West Chester Hospital
- Karen Shadowens, Director of Finance and Chief Financial Officer, West Chester Hospital
- Jonathan Thompson, MD, Assistant Professor, General Surgery, UC Health
- Brad Watkins, MD, Assistant Professor, General Surgery

After team members developed draft strategies, they shared them at a meeting on March 14, 2016. The revised strategies were presented to hospital leaders for final internal refinements on April 14, 2016.

Draft strategies were removed if they did not have enough detail, did not demonstrate benefit to the community, were part of usual business operations, were still in early planning stages, or would be completed in the current fiscal year. Some removed strategies may still be addressed as part of West Chester Hospital's strategic direction as plans develop. If additional community needs surface in the next three years, the Implementation Strategies can evolve in response.

Significant Health Needs to be Addressed

Implementation Strategies, listed on the following pages, address all three prioritized health needs: Access to Care; Chronic Disease; and Mental Health and Substance Abuse. In addition Cancer and Obesity are addressed directly within the Chronic Disease category.

Accountability

The Chief Administrative Officer will be responsible for ensuring progress on the measures described to evaluate the impact of each strategy. The Director of Community Strategic Planning will convene meetings twice annually with hospital team(s) to track achievements for each strategy. UC Health has selected AchieveIt software to track its strategic initiatives and has committed to spending $30,000 in the next two years on this software. Among other features, the software provides automated reminders for reporting.

Significant Health Needs Not Addressed

Not applicable.

_____/_____/_____

Date approved by Audit and Compliance Committee of UC Health Board of Directors

_____/_____/_____

Date approved by UC Health Board of Directors

Blank Scoring Sheet - CHNA Prioritization

Priorities

Criteria	Access to care/services	Cancer	Chronic disease	Diabetes (added by WCH)	Infant mortality	Mental health	Obesity	Substance abuse, esp. heroin
Issue worse over time								
Community prioritized it highly	*Scores doubled for this criterion*							
Effective/feasible intervention exists								
Cause of many hospital/ED visits								
Consequences if not addressed								
Measurable outcomes exist								
Unique approach to address problem								
Proportion of population impacted								
Impact on other health outcomes								
Clear disparities/inequities								
Collective Impact priority								
TOTAL								

	Low				**High**
	1	**2**	**3**	**4**	**5**
	Not a Priority	**Low Priority**	**Neutral**	**Moderate Priority**	**Strong Priority**

Implementation Strategies

			Resources Required			
Health Issue	**Strategy**	**Evaluation of Impact**	**Financial**	**Staffing**	**Timing**	**Collaboration**
Access to care	Increase Training/Support On Stroke/Stemi/Sepsis to Local EMS/Fire Departments	• Stemi Target % of EMS-Initiated Activations From The Field For All Hospitals Participating in AHA's Mission Lifeline - Target 90 Minutes or Less From First Medical Contact • Strokes: # of Times Notified for An Incoming Stroke • Sepsis - PreHospital Recognition of Sepsis with Prenotification - Developing Sepsis Alert Process	$7,680	0.10 FTE	FY 17-19	Local EMS/Fire Departments
Access to care	Partner with community programs to improve wellness and healthy behaviors	• Track # of new collaborations and any new programs/education initiated after the onset of this program	$38,900	0.50 FTE	FY 17-19	Community organizations

			Resources Required			
Health Issue	**Strategy**	**Evaluation of Impact**	**Financial**	**Staffing**	**Timing**	**Collaboration**
Access to care/ services	UC Health will participate in a joint collaboration to improve health in the community, currently under development by The Health Collaborative's Collective Impact Steering Committee. Examples: screening for social determinants of health with referrals to social services; linkages to community resources for health management.	To be determined	To be determined	To be determined	Strategies will start when planning is done in 2017.	The Health Collaborative, community organizations, and participating member hospitals
Chronic disease	Utilize "Lungs on the Run" Walk & Run event to pass out certificates and provide education on lung cancer screening	• Track # of certificates passed out for those attending event and receiving information about educational opportunities	$400	None	FY 17-19	-
Chronic disease	Monthly education offered to the public in day and evening sessions with different topics each month and a chronic disease focus at least quarterly	• Track Participation & # of New Seminars/Topics Offered	$7,480 $2,000	0.10 FTE Printed educational materials	FY 17-19	-
Chronic disease : Cancer	Bring cancer support groups on campus in collaboration with Cancer Support Community with programs tailored for survivors and the newly diagnosed	• Track # of attendees and # of events	$7,280	0.10 FTE	FY 17-19	Cancer Support Community

			Resources Required			
Health Issue	**Strategy**	**Evaluation of Impact**	**Financial**	**Staffing**	**Timing**	**Collaboration**
Chronic disease: Obesity	Create and/or host nutrition and exercise education that can be offered on the website and on tablets	• Monthly talks open to the public & education targeted for obese people coming to the ED with BMI > 33. • Track # of events and # of attendees	$7,480	0.10 FTE	FY 17-19	-
Mental health & Substance abuse	Improve referral process to increase number of people who follow-through and make connection. Create and maintain a robust resource network with community providers by inviting them to present to and engage with hospital staff and establishing how to do warm hand-offs and to make better referrals.	• Track # of patients who, when presented with referral information, connect with referral organization. • Develop "Warm Handoff Program"	$37,400	0.50 FTE	FY 17-19	Community providers