



Mercy Allen Hospital
A member of Catholic Health Partners
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2014-2016 Community Health Needs Assessment Implementation Plan

Adopted by the Allen Medical Center, d/b/a Mercy Allen Hospital Board of Trustees in August 2013

INTRODUCTION

Allen Medical Center, d/b/a Mercy Allen Hospital (“Mercy Allen” or “MAH”) has provided healthcare to the Oberlin community and surrounding areas since 1907. Mercy Allen is a 25-bed critical access hospital offering inpatient and sub-acute care, surgical, rehabilitation and diagnostic services and state-of-the-art emergency services. MAH participated in the Ohio Department of Health’s Regional Health Assessment Project for Critical Access Hospitals conducted by Ohio University’s Voinovich School of Leadership and Public Affairs, which resulted in a Community Health Needs Assessment (“CHNA”). The detailed process, participants and results are available in MAH’s Community Health Needs Assessment Report which is available at <http://www.mercyonline.org/>.

This Community Health Needs Assessment Implementation Plan will address the significant community needs identified through the CHNA. The Plan indicates which needs MAH will address and how, as well as which needs MAH won’t address and why. Beyond the programs and strategies outlined in this plan, MAH will address the health care needs of the community by continuing to operate in accordance with its mission to extend the healing ministry of Jesus by improving the health of its communities with emphasis on the poor and under-served. This includes providing care for all individuals regardless of their ability to pay.

The strategies and tactics of this Implementation Plan will provide the foundation for addressing the community’s significant needs between 2014 and 2016. However, MAH anticipates that some of the strategies, tactics and even the needs identified will evolve over that period. MAH plans a flexible approach to addressing the significant community needs that will allow for adaption to changes and collaboration with other community agencies.

EXECUTIVE SUMMARY

Background and Process

MAH determined that it would be most efficient for it to develop its community health needs assessment by participating in the Ohio Department of Health’s Regional Health Assessment project for Critical Access Hospitals.

The process of performing the community health needs assessment, data sources consulted, development of the Significant Needs and their prioritization and the list of participants is explained in detail in MAH’s CHNA Report which is available at <http://www.mercyonline.org/>.

Significant Needs

The needs were ranked by those in attendance at the Ohio Department of Health's Regional Assessment project for Critical Access Hospitals and the final results for the Significant Needs in rural Lorain County, in order of prioritization were:

1. Increase preventative health education
2. Help patients with chronic diseases navigate services
3. Increase immunizations and screenings
4. Improve medication management and reconciliation
5. Reduce falls and fractures among elderly

Additionally, MAH, along with the three general health districts and other leading health and social service agencies in Lorain County, participated in the 2011 Lorain County, Ohio Health Assessment Project, which looked at health needs across Lorain County with a specific breakout for rural Lorain County. The results of this project were analyzed against historical and comparative data and then shared with key leaders in the community as well as groups in the community itself for additional feedback.

The results of the Ohio Health Assessment Project were compared with the results of the Critical Access Hospital project and resulted in creation of the CHNA.

The five Significant Needs were also taken to a community-wide public forum held in Oberlin in August 2012. Several community agencies as well as MAH, a local primary care physician and members of the community were in attendance. Input was provided which validated the five Significant Needs and gave specific action items for MAH and the community to consider.

Implementation Plan

MAH is continuing to work with other county agencies and is committed to developing a county-wide Community Health Improvement Plan. While that plan is still being finalized, MAH is committed to addressing the health needs of the rural community through the strategies and tactics described in this Implementation Plan, which will be in alignment with the overall Community Health Improvement Plan.

HOSPITAL MISSION STATEMENT

MAH, a member of Catholic Health Partners, has the following Mission:

Mercy extends the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and under-served.

Mercy's Mission and culture are expressed through the organizational core values:

Compassion

Our commitment to serve with mercy and tenderness

Excellence

Our commitment to be the best in the quality of our services and the stewardship of our resources

Human Dignity

Our commitment to value the diversity of all persons and to be respectful and inclusive of everyone

Justice

Our commitment to act with integrity, honesty and truthfulness

Sacredness of Life

Our commitment to reverence all life and creation

Service

Our commitment to respond to those in need

COMMUNITY SERVED by HOSPITAL

For the purposes of the CHNA, MAH considers southern Lorain County and the city of Wakeman in Huron County in Ohio as its primary service area (PSA), specifically the cities of Wellington (44090), Oberlin (44074), Elyria (44035), and Wakeman (44889).

According to Census 2010 data, the PSA had 94,149 residents, with nearly 74% being adults over the age of 19, 14% being youths between 10 and 19 and the remaining 12% being adolescents under the age of 9.

The majority of residents were Caucasian (83.4%), followed by African- Americans (10.9%). However, the city of Elyria accounted for 85% of the total African-American residents in the PSA, as the remaining area is mostly rural and predominantly Caucasians.

The mean household (HH) income in the PSA was \$57,192. Again, this is due to the city of Elyria (where the mean HH income is \$52,793) comprising 71% of the total HHs in the PSA. The mean HH income for the remaining portion of the PSA is \$67,999.

PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

The table below lists the Significant Community Needs that were identified through the CHNA and specifies which needs MAH will address.

Prioritized Significant Community Health Need	Addressed by Mercy
Increase Preventative Health Education	Yes
Help Patients with Chronic Diseases Navigate Services	Yes
Increase Immunizations and Screenings	Yes
Improve Medication Management and Reconciliation	Yes
Reduce Falls and Fractures among Elderly	Yes

2014 – 2016 IMPLEMENTATION STRATEGIES to ADDRESS COMMUNITY HEALTH NEEDS

In 2012, Mercy provided almost \$29 million in community benefit – services and activities which benefitted the poor and underserved as well as the broader community. Of the \$29 million, almost \$24 million was related directly to those living in poverty. Mercy has supported its Mission for over 120 years, and will continue to provide quality care to the community with emphasis on the poor and under-served. The strategies defined in the Implementation Plan will supplement the charity care and community benefit practices of MAH, and will ensure that focus and resources are being devoted to the highest priority needs of the community.

**Addressing the Significant Prioritized Needs of Rural Lorain County:
Mercy Allen Hospital-Community Health Needs Assessment Implementation Plan 2014-2016**

INCREASE PREVENTATIVE HEALTH EDUCATION

Description: As detailed in MAH's Community Health Needs Assessment Report:

- Only 55% of adults visited a doctor in the past year for a routine check-up
- 1 in every 5 adults (21%) engaged in no physical activity the past week prior to being surveyed
- Only 60% of adults had visited a dentist in the past year compared to 72% of Ohio adults and 70% of US adults
- Only 45% of adults had received a flu shot in the past year
- 42% of youths spent 3 or more hours per day watching television compared to 32% in Ohio (2007) and 33% nationally (2009)
- Just 53% of women over 40 in Lorain County and only 42% in the City of Lorain reported having a mammogram in the past year
- Less than 60% of males over 50 reported having a Prostate-Specific Antigen (PSA) test in the past year and only 31% for the City of Lorain

Goal: Increase preventative health education in rural Lorain County.

Expected Impact: Delay onset and/or complication of chronic diseases through increased health education and percentage improvements among key metrics of routine check-ups, physical activity, flu shots, physical activity among youths, mammograms and PSA tests.

Targeted Populations: Rural Lorain County, with special emphasis on at-risk populations (African-American, low-income, uninsured and elderly).

Strategies:

1. Expand health education programs in rural community around nutrition and exercise.
2. Expand preventive health education programs and screenings around mammograms, PSA tests and flu-shots to target populations most at risk, including the minority and rural segments of the population.
3. Leverage knowledge of aligned primary care physicians and specialists to develop a speaker's bureau and knowledge repository that would provide regular education to the community through talks and articles.
4. Increase awareness of Parish Nursing sponsored screenings – *The Mercy Parish Nursing Program strives to make a fundamental difference in the holistic health status of the communities it serves within the church setting, with special emphasis on the parishes with a large number of uninsured or impoverished members, particularly in the rural, African-American and Hispanic/Latino communities. In 2012, Mercy's Parish Nursing Program was active in 75 of the county's over 350 parishes and it is estimated that health services were provided to over 7,300 people.*
5. Identify evidence-based practices for improving health and wellness and affecting change.
6. Expand Parish Nursing Program.

Strategic Measures:

1. Number of health education programs and residents in attendance.
2. Number of preventive health education programs for at-risk populations in the community.
3. Number of people educated through speaking engagements and created materials.
4. Increase in participation of parish sponsored screenings.
5. Identify and implement evidence-based programs for improved community health.
6. Number of active parishes and number of people provided health services.

**Addressing the Significant Prioritized Needs of Rural Lorain County:
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HELP PATIENTS WITH CHRONIC DISEASES NAVIGATE SERVICES

Description: As detailed in MAH's Community Health Needs Assessment Report:

- A significant number of area residents have been told they have high blood pressure, diabetes or coronary heart disease. Patients with these and other chronic conditions often have complex treatment plans and experience difficulty navigating health care services and managing their conditions.
- The Ohio Department of Health Regional Health Assessment Project reported that heart disease was the number one cause of death in the region, with just under 10,000 deaths as a result of heart disease between 2006 and 2009. An additional 2,003 residents died from a stroke during this time period, making it the number four cause of death in the region. Cancer was the second most common cause of death in the region.
- Respiratory disease - Cancer of the lungs, trachea, and bronchus accounted for 2,756 deaths and chronic lower respiratory disease (emphysema, asthma, and chronic bronchitis) accounted for an additional 2,474 deaths in the region. During the same time period — 646 deaths were attributed to influenza and pneumonia, making them the eighth leading cause of death in the region.
- Other causes of death such as heart disease and stroke are preventable or postpone-able with improved chronic condition management and reduced risk factors. Three of every 10 individuals in the region are estimated to have been told by a health professional that they have high blood pressure, while almost four of every 10 tested adults have been told they have high cholesterol.
- Diabetes has been increasing as a cause of death over recent decades, becoming the seventh leading cause of death in the region. Diabetes also is often a contributing or underlying cause of death from heart and kidney disease.

The management of chronic diseases is a widespread issue that can be linked across many diseases and many individuals. In order to develop the most efficient process, Mercy is going to focus on a few of the top disease threats and their causes in Rural Lorain County. These will include Cardiovascular, Stroke and Diabetes.

Goal: Improve the management of chronic disease in Lorain County, with specific focus on Heart Disease, Stroke and Diabetes.

Expected Impact: Percentage improvement among key metrics of cause of death, adults reporting chest pain, adults reporting having a heart attack, adults diagnosed with high blood pressure, overweight/obese adults, tobacco usage and adults diagnosed with diabetes.

Targeted Populations: Rural Lorain County, with special emphasis on at-risk populations.

Strategies:

1. Expand screenings for leading causes such as high cholesterol and high blood pressure, with special emphasis in areas where access is an issue or there is a higher incidence.
2. Increase public awareness for health, stroke, and diabetes education programs and screenings.
3. Mercy will operate a follow-up discharge phone call program, with specific focus on at-risk patients, to ensure compliance with discharge instructions, medication management and help reduce readmissions.
4. Explore opportunities with local participants in Nursing Home Roundtable to discuss additional effective methods to manage chronic diseases.
5. Mercy will explore additional programs where the successful Nurse Navigator program from Oncology can be implemented, with emphasis on chronic conditions.

Strategic Measures:

1. Number of screenings for leading causes.
2. Number of people educated and screenings provided regarding stroke, diabetes and general health.
3. % of discharged patients called and % reduction in readmissions.
4. Collaborative progress towards additional methods to manage chronic diseases.
5. Number of programs with Nurse Navigator.

**Addressing the Significant Prioritized Needs of Rural Lorain County:
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INCREASE IMMUNIZATIONS AND SCREENINGS

Description: As detailed in MAH's Community Health Needs Assessment Report:

- Only 34% of area residents age 65 and older had not had a flu shot in the past year, 31% never had a pneumonia vaccine and more than 180,000 area residents report never having their cholesterol checked.
- Screening rates for breast, cervical and colorectal cancer are below the national rates. Service coordination, low participation rates among sub-populations and issues with information sharing across organizations can be barriers to increase participation.
- Healthy lifestyle choices including diet, exercise, not smoking, and limited alcohol consumption, early detection is the key to preventing deaths from some of the leading forms of cancer

Goal: Improve the rate of immunizations and screenings.

Expected Impact: Percentage improvement of immunizations and screenings

Targeted Populations: Rural Lorain County, with special emphasis on at-risk populations.

Strategies:

1. Increase public awareness of the need for immunizations and preventative disease screenings.
2. Expand preventive health education programs and screenings.
3. Increase awareness of Parish Nursing sponsored screenings.

Strategic Measures:

1. Number of health education programs and residents in attendance.
2. Number of preventive health education programs in the rural community.
3. Increase in participation of parish sponsored screenings.

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IMPROVE MEDICATION MANAGEMENT AND RECONCILIATION

Description: As detailed in MAH’s Community Health Needs Assessment Report:

- More than 300,000 individuals in the region have been told they have high blood pressure, while more than 100,000 report having diabetes. Nearly 50,000 residents report having been diagnosed with angina or coronary heart disease.
- Individuals with chronic conditions or those in poor health may have multiple prescribing providers and are often unable to accurately communicate all the prescriptions they are taking or have prescribed.
- The lack of a common electronic medical record system among pharmacies, hospitals and doctor’s offices further complicates medication management efforts.
- Patients do not know what medications they are on and what they are for.
- Patients presenting to their physicians do not know what they are taking or have been prescribed.
- Polypharmacy — obtaining many different prescriptions from many different physicians. When this occurs, physicians are not told what drugs the patient is already taking and may prescribe a drug intervention that the patient may already be taking and not know it.

Goal: Improve the management of medications and their reconciliation.

Expected Impact: Percentage improvement of adults in knowing and understanding their medications.

Targeted Populations: Rural Lorain County, with special emphasis on at-risk populations.

Strategies:

1. Expand the use of personal wallet home medication listing which includes name medication and need for use.
2. Increase public awareness of the dangers of medication incompatibilities and drug interactions.
3. Ensure the use of medication reconciliation across the continuum of care.
4. Provide medication management education and medication reconciliation services at scheduled screenings and health programs.

Strategic Measures:

1. Number of people utilizing medication wallet cards.
2. Number of patients presenting to their physician with a complete medication history.
3. Number of patients with completed accurate medication reconciliation.
4. Number of medication management education and medication reconciliation services sessions provided.

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PREVENTION OF FALLS AND FRACTURES IN THE ELDERLY

Description: As detailed in MAH's Community Health Needs Assessment Report:

- Falls can cause moderate to severe injuries among the elderly, such as hip fractures and head traumas, and can increase the risk of early death. The falls and related injuries affect quality of life and increase health care costs. Almost 21% of the region's population is over the age of 60.
- Falls and health care resources associated with treating falls among older adults is a significant public health issue in Ohio. Nearly 300,000 or 17% of adults 65 or older reported a fall in the last 3 months in 2010. The percentage of adults aged 65 or older who reported a fall in the last 3 months has not changed since 2006.

Goal: Prevent Falls and Fractures in the Elderly.

Expected Impact: Percentage improvement among the elderly in healthier and safer living conditions with improved quality of life.

Targeted Populations: Rural Lorain County, with special emphasis on the elderly and at-risk populations.

Strategies:

1. Promote bone density screening for seniors through their primary care physicians and at health fairs.
2. Develop a check list for discharge to be used by care managers as an assessment of home safety.
3. Provide education that focuses on keeping the elderly safe at home.

Strategic Measures:

1. Number of elderly that participate in bone density screenings.
2. Number of elderly that are utilizing the home safety checklists.
3. Number of elderly that have participated in education programs.

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COMMUNITY COLLABORATIONS

Preventative Health - *Alzheimer's Association, American Cancer Society, American Council for Fitness and Nutrition, Central Lorain County Ambulance Service, Citizen's Ambulance Service, EHOVE Vocational School, El Centro (services for Spanish/Latin individuals), Elyria City Health Department, Greater Cleveland Health Education and Service Council, Lagrange School District, Lifecare Ambulance Service, Live Healthy Lorain County Partners, local nursing homes, Lorain County Alcohol and Drug Task Force, Lorain City Health Department, Lorain County Community College (LCCC), Lorain County General Health District, Lorain County Joint Vocational School, Lorain County Urban League, Lorain Free Clinic, Negro Business & Professional Women of Lorain, Oberlin City Schools, Oberlin College, Second Harvest Food Bank of Northeast Ohio, Southern Lorain County Ambulance Service, Wellington Exempted School District*

Help Patients with Chronic Diseases to Navigate Services – *Discount Drug Mart (Oberlin & Wellington), Elms Retirement Village, Kendal at Oberlin Nursing Home, Lorain County General Health District, Lorain Free Clinic, Nord Center, Oberlin Community Services Center, Weber Health Care Center, Welcome Nursing Home, Well Help, Wellington Office on Aging*

Increase Immunizations and Screenings – *Lagrange School District, LCCC, Lorain County General Health District, Lorain County Joint Vocational School, Lorain Free Clinic, Oberlin City Schools, Oberlin College, Wellington Exempted School District*

Improve Medication Management and Reconciliation – *Central Lorain County Ambulance Service, Citizen's Ambulance Service, Discount Drug Mart (Oberlin & Wellington), EHOVE Vocational School, Lorain Free Clinic, Oberlin Community Services Center, Southern Lorain County Ambulance District, Well Help, Wellington Office on Aging*

Prevention of Falls and Fractures in the Elderly – *Central Lorain County Ambulance Service, Citizen's Ambulance Service, Elms Retirement Village, Kendal at Oberlin Nursing Home, Lifecare Ambulance Service, Oberlin Community Services Center, Southern Lorain County Ambulance Service, Weber Health Care Center, Welcome Nursing Home, Wellington Office on Aging*