MERCYHEALTH
West Hospital

2017–2019 Community Health Needs Assessment
Implementation Plan

ADOPTED BY THE CINCINNATI REGIONAL BOARD OF TRUSTEES, OCTOBER 2016

MERCY HEALTH — WEST HOSPITAL
3300 Mercy Health Blvd., Cincinnati, OH 45211

A Catholic healthcare ministry serving Ohio and Kentucky

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Introduction

Mercy Health — West Hospital ("West Hospital") is a 240 bed, full-service hospital providing inpatient, outpatient and ancillary health care services. West Hospital, along with local health, education, social service, non-profit and governmental agencies participated in a Community Health Needs Assessment ("CHNA") conducted for Hamilton County and surrounding areas. The detailed process, participants and results are available in West Hospital's Community Health Needs Assessment Report which is available at mercy.com.

This Community Health Needs Assessment Implementation Plan will address the significant community needs identified through the CHNA. The plan indicates which needs West Hospital will address and how, as well as which needs West Hospital won't address and why.

Beyond the programs and strategies outlined in this plan, West Hospital 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 2017 and 2019. However, we anticipate that some of the strategies, tactics and even the needs identified will evolve over that period. Our flexible approach to addressing the significant community needs enable us to adapt to changes and collaboration with other community agencies.

COMMUNITY SERVED BY HOSPITAL

West Hospital strives to ensure residents of Hamilton County, primarily those with in the 45211 ZIP code and its surrounding area, have access to advanced medical technology and quality care. (ZIP codes: 45001, 45002, 45030, 45033, 45041, 45052, 45204, 45211, 45214, 45223, 45224, 45231, 45233, 45238, 45239, 45247, 45248, 45251, 45252, 45258). For the purposes of the CHNA, West Hospital used Hamilton County in Ohio as the main service area. Based on patient discharge data, 88.5% of patients are residents of Hamilton County.

In 2015, Hamilton County had 804,520 residents with 23.3% being youth or adolescents under the age of 18, 62.8% being adults between the ages of 19 and 65, and the remaining 13.9% being adults over the age of 65. The majority of the residents were Caucasian (67%), followed by African-Americans (25.7%), and Hispanics (2.8%). The mean household income in Hamilton County is $48,565. In Hamilton County, 16% of all adults and 5% of children are uninsured, and 13% of all residents are in poor health.

MISSION

We extend 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

Executive summary

BACKGROUND AND PROCESS

West Hospital participated in a regional Community Health Needs Assessment (CHNA) process coordinated by The Health Collaborative in 2015. The Health Collaborative assembled a team that included a consultant with past CHNA experience and two graduate student interns from Xavier University's Department of Health Services Administration. A senior vice president at The Health Collaborative provided executive oversight.

Primary data was obtained through community meetings and an online consumer survey. Additionally, there were 23 counties involved in this assessment. Commissioners from all 23 Health Departments were interviewed. In addition, experts on topics such as heroin addiction, environmental health and sexually transmitted diseases were consulted, and county data and Community Need Index maps were referenced. Meetings were also held with hospital representatives in February, May, June, and August 2015. The Community Health Needs team compared the secondary data to the priorities and issues identified through the meetings, surveys and interviews.

Attention was given to gathering input from members of the medically under-served, low-income, and minority populations in all counties. Focus groups were held in all counties for population to give input. There were also special Latino focus groups held in Spanish.

There were 99 organizations that contributed input in the counties serving West Hospital. They included cancer focused groups, American Red Cross, local shelters, Catholic Charities of Southwest Ohio, health focused groups, hospitals from seven local systems, child focused agencies, senior citizen services, mental health services, community action agencies, all health departments, FQHC services, foodbanks, social service agencies, Veterans Service Commission, addiction service agencies, school systems, pregnancy and pre-natal service agencies, Urban League of Southwest Ohio, Women Helping Women, YWCA, and Council on Aging of Southwestern Ohio.

Identifying significant needs

As part of the Community Health Needs Assessment, and under the leadership of The Health Collaborative, participants were asked to identify unmet community needs. Health issues discussed during community meetings were prioritized by totaling the number of "dots" each issue received and dividing by the number of total votes. Community health issues noted in online and agency surveys were ranked according to the prevalence of key words and phrases. Rankings of the issues noted by local health department commissioners or their representatives were likewise tabulated and ranked based on prevalence.

The community convener, aggregator and evaluator then combined this data with external secondary data sources. The collective input was aggregated and ordered based on prevalence of response across all areas to produce the combined priorities for the region. The team found that:

- Substance abuse appears as a top priority across all five sources of input.
- Mental health and access to care each appear four times.
- Diabetes, obesity and smoking appear as priorities three times each.
- Cancer appears twice, once as lung cancer specifically.
- Healthy behaviors appear twice. However, if smoking and obesity were included, healthy behaviors would be reflected in eight out of the 31 priorities identified.
- Access to healthy foods/nutrition, communicable disease, dental health, injuries and social determinants each appear once as priorities.

In addition to the combined priorities for the region, infant mortality was identified as a community health need. Infant mortality ranks as one of the top priorities in the Ohio Department of Health's State Improvement Plan and continues to be an ongoing challenge for both the state of Ohio and City of Cincinnati. Ohio ranks 44th out of 50 states for infant deaths per 1,000 live births.

A core team comprised of leadership from Mercy Health's Mission Department and the Population and Community Health Institute developed a methodology for weighting the data collected throughout the community health needs assessment and the areas of potential investment identified by Community Benefit Committees within each hospital.

There were four areas of regional input received through the CHNA (Community Meetings, Consumer Surveys, Agency Surveys, and Health Departments). Each area of regional input was assigned a weight of .05 and given a ranking of high, medium or low for a combined regional weight of .2. The team incorporated local feedback solicited at several county specific meetings into the prioritization process and intentionally weighted this domain higher than the other stakeholder views (.3) to encourage support for a local agenda.

For each area of regional input received and the local feedback solicited, the top three issues identified were assigned a high priority, any issue that was explicitly mentioned but did not rank within the top three was assigned a medium priority and issues that were not identified were assigned a low priority.

Finally, hospital leaders held Community Benefit Committee meetings and reviewed the community priorities alongside their current service offerings. They determined the areas in which they had the opportunity for the greatest impact. The community health needs were assigned a high, medium or low ranking based on their confidence and capacity to produce measureable outcomes. The hospital input was weighted the highest (.5) to ensure meaningful investments were made within the areas of identified community need.

The weighted averages for regional, local, and hospital input were totaled to identify the top five health priorities as:

Identified Health Need	Regional Weighted Average	Local Weighted Average	Hospital Weighted Average	Total
Access to Care	0.5	0.9	1.5	2.9
Healthy Behaviors	0.35	0.9	1.5	2.75
Infant Mortality	0.2	0.3	1.5	2.0
Substance Abuse	0.6	0.9	0.5	2.0
Diabetes	0.3	0.6	1.0	1.9

Implementation Plan

While West Hospital is committed to addressing the health needs of the community through the strategies and tactics described in this implementation plan, West Hospital is continuing to work with other county agencies on a countywide County Community Health Improvement Plan (CHIP).

PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

The table below lists the significant community needs that were identified through the CHNA and specifies which needs West Hospital will address.

Prioritized significant community health need	Addressed by hospital
Access to care	Yes
Healthy behaviors	Yes
Infant mortality	Yes
Substance abuse	No
Diabetes	No

IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

In 2015, West Hospital provided nearly $15.4 M in Charity Care and Medicaid supplements alongside significant investments in health education and health promotion. The organization will continue its commitment to these core Community Benefit practices and will also introduce several targeted strategies that deliberately address community health needs identified through the CHNA. Namely, West Hospital will introduce programs and partnerships that enhance the accessibility and coordination of primary and preventative health services (i.e. primary care providers, education and supplies for safe sleep practices to reduce infant mortality, education and activities, and support for heart patients to benefit community members).

The proposed partnerships and programs represent an additional $107,000 in Community Benefit investments that will supplement the already existing Charity Care and Community Benefit practices of West Hospital.

ACCESS TO CARE

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

In Hamilton County, 17.6% (or 144,813 people) live in poverty, including 26% of the children. According to the 2015 County Health Rankings, 17% of the adult population is uninsured in Hamilton County. Cost prevented 12% of the population in Hamilton County from seeing a doctor.

Goal
Reduce by 5% the number of Queen City Emergency Department (ED) patients who do not have a medical home/primary care physician (PCP).

Expected impact
Improve the health of the population in Westside of Cincinnati who are disproportionately poor and without medical homes.

Targeted populations
People who present to Queen City ED and do not have a medical home

Strategies
1. Provide a social work ED advocate to assist patients in establishing a medical home with a PCP.
2. Pilot test an UBER medical transportation strategy.
3. Meet with PCPs to determine willingness and capacity to accept new patients and coordinate transition. Launch an internal marketing plan to alert PCPs of this service.

Strategic measures
Track the number of patients who do not have a medical home or PCP.

Community collaborations
- The Health Care Connection focuses on access.
- City of Cincinnati has made access to care a priority in its new Master Plan.

Community resources available
The existing healthcare facilities and other resources in the community that are available to meet the prioritized need include:
- Primary Health Solutions
- Mercy Health – Fairfield OB Clinic
- Mercy Health – West OB Clinic
- Mercy Health – West and Queen City EDs
- Crossroads Health Center
- Health Care Connection

HEALTHY BEHAVIORS

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

According to the 2014 Gallup Well-Being Index, residents of the state of Ohio rank 42nd in the nation for overall health and Kentucky ranks 49th. Improve community heart healthy knowledge and behaviors and remove some of the known obstacles to care.

It is a known fact that many people with severe cardiac issues are not knowledgeable and therefore not engaged in their cardiac health. This plan will address education and removal of some significant obstacles for their cardiac improvement.

Goal
Increase the number of patient visits to the Wellness Center by 10% annually.

Expected impact
Reduce the number of severe cardiac episodes due to increased knowledge and motivation.

Targeted populations
Massive mailing to people in surrounding ZIP codes and patients in PCP practices within geographic range of the hospital.

Strategies
1. Assist patients in establishing care with PCP.
2. Assist with insurance (MCD/private) enrollment.
3. Have staff assist patients in removing barriers to health.
4. Provide Heart Health Happy Hours.

Strategic measures

1. Track the number of patient visits.
2. Track readmission rates for heart failure patients.

Community collaborations and resources available
The existing community collaborations, healthcare facilities and other resources in the community that are available to meet the prioritized need include:

- The Health Collaborative
- Mercy Health Heart Institute
- American Heart Association
- United Way of Greater Cincinnati
- YMCA
- Place Matters Communities – ACDC
- The Center for Great Neighborhoods
- MCURC
- Price Hill Will
- Santa Maria Community Services
- Walnut Hills Redevelopment Corporation
- Seven Hills Neighborhood Houses
- Interact for Health
- Mercy Health
- TriHealth
- St. Elizabeth
- The Christ Hospital
- University of Cincinnati

INFANT MORTALITY

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

In 2013, 1,024 infants died in the state of Ohio, which is a rate of 7.4 infant deaths per 1,000 live births. This rate is 23% higher than the national average, with African-American infant death rate at 13.8% per live births. According to Cradle Cincinnati, the number of sleep related deaths show 14 fewer in 2014-2015 compared to 2011-2012. Sleep related deaths fell sharply in 2014 coinciding with 28 aligned initiatives led by dozens of partners. In 2015 agencies invested less in the Safe Sleep message and the number of sleep-related deaths rose to previous levels. "ABC" strategy is poised to make significant reduction in SIDS related deaths.

Goal
Reduce infant mortality by educating mothers with knowledge for ABC Sleep Compliance. Provide each new born with a sleep sack.

Expected impact
Reduce SIDS related deaths in Hamilton and Clermont counties.

Targeted populations
All mothers who present to OB Department or OB Clinic

Strategies

1. Promote A (alone), B (back), and C (crib) program. Provide families with identified needs, "ABC" sleep compliance equipment and supplies.
2. Have clinical social worker help patients navigate the system, enroll in insurance, financial planning and access to health care.
3. Meet with PCPs and OB/GYNs to inform about ABC Sleep Education.
4. Ensure 100% of OB nurses obtain CE's regarding safe sleep practices.

Strategic measures

1. Document the total number of successful sleep practice education.
2. Track the encounters of social worker.
3. Track the compliance of OB nurses.

Community collaborations and resources available
The existing community collaborations, healthcare facilities and other resources in the community that are available to meet the prioritized need include:

- Cradle I Cincinnati
- Healthy Moms and Babes
- Cincinnati Children's Hospital Medical Center
- Win-Med Health Services.
- Every Child Succeeds
- March of Dimes
- Healthy Beginnings
- Health Gap
- Head Start

SUBSTANCE ABUSE

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

Opiate addiction has become a public health issue in recent years, and the drug overdose crises has hit epidemic levels in Ohio with the average annual death rate in Ohio being twice that of the U.S. drug overdose rate (27.7 per 100,000 vs. 14.7 per 100,000).

Goal
West Hospital conducted a thoughtful review of the community health needs and decided to focus on access to care, infant mortality and healthy behaviors as they represented the biggest opportunity for immediate and meaningful impact. While substance abuse is not a direct focus of this CHIP, West Hospital will support other local organizations specifically designed and better prepared in both resource and experience to respond to this need. Additionally, West Hospital will participate in Mercy Health's system-wide efforts to address the opiate epidemic and continue to enlist population health strategies to provide excellent clinical care and better serve patients with substance abuse challenges. Among other initiatives, Mercy Health hospitals have Screening, Brief Intervention, and Referral to Treatment (SBIRT) technicians in our emergency departments to identify substance use problems and refer them to local resources. Mercy Health also partners with BrightView, an outpatient addiction medicine practice based on clinical best practices and outcomes measures.

Community collaborations and resources available
The existing community collaborations, healthcare facilities and other resources in the community that are available to meet the prioritized need include:

- Community Behavioral Health Center
- Sojourner Recovery Services
- Addiction Services Council
- Health Care for the Homeless
- PreventionFIRST!
- Talbert House
- Urban Minority Alcoholism Drug Abuse Outreach Program (UMADAOP) of Cincinnati, Inc.
- Crossroads Health Center

DIABETES

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

Diabetes has become the major cause of death in Southwest Ohio. Diabetes needs are served when community members have access to diagnosis, treatment, and coordination of care for their diabetes. In Hamilton County, 12% of the population has diabetes, and the death rate due to diabetes is 26.7 per 100,000.

Goal
West Hospital conducted a thoughtful review of the community health needs and decided to focus on access to care, infant mortality and healthy behaviors as they represented the biggest opportunity for immediate and meaningful impact. While diabetes is not a direct focus of this CHIP, West Hospital and the Mercy Health system as a whole continue to pursue clinical excellence in the provision of diabetes care. West Hospital will participate in Mercy Health's system-wide efforts to improve chronic disease management and continue to enlist population health strategies to better serve patients with diabetes. Mercy Health currently provides education classes and counseling for inpatient diabetic patients and the community at large. YMCA has a diabetes prevention program. West Hospital will continue to support local organizations in their focus on this critical community health need.

Community collaborations and resources available
The existing community collaborations, healthcare facilities and other resources in the community that are available to meet the prioritized need include:

- Mercy Health hospitals
- YMCA