Allegheny Health Network



COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY PLAN

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Canonsburg Hospital

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Our Mission

To create a remarkable health experience, freeing people to be their best.

Our Vision

A world where everyone embraces health.

Our Values

People Matter

Every person contributes to our success. We strive for an inclusive culture, regarding people as professionals, and respecting individual differences while focusing on the collective whole.

Stewardship

Working to improve the health of the communities we serve and wisely managing the assets which have been entrusted to our care.

Trust

Earning trust by delivering on our commitments and leading by example.

Integrity

Committing to the highest standards encompassing every aspect of our behavior including high moral character, respect, honesty, and personal responsibility.

Customer-focused Collaboration

Because no one person has all the answers, we actively seek to collaborate with each other to achieve the right outcomes for our customers.

Courage

Empowering each other to act in a principled manner and to take appropriate risks to do what is right to fulfill our mission.

Innovation

Committing to continuous learning and exploring new, better, and creative ways to achieve our vision.

Excellence

Being accountable for consistently exceeding the expectations of those we serve.

INTRODUCTION

Serving the community since 1904, Canonsburg Hospital has evolved into a 104 licensed bed hospital with 400 physicians and over 430 staff members. The leadership and staff are dedicated to providing high quality medical care to the community and maintaining the trust of the patients and their families.

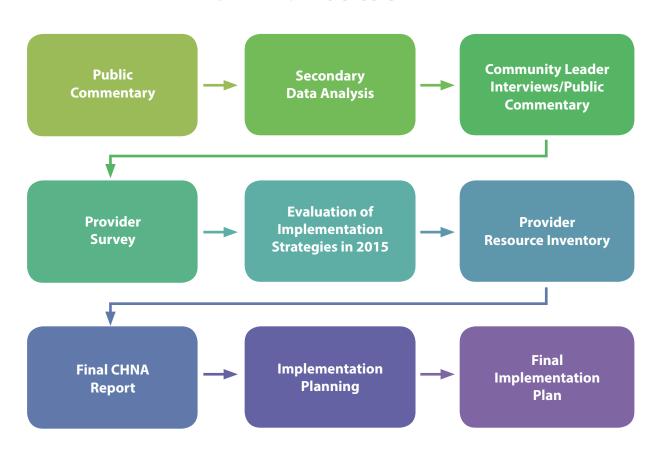
As a true community hospital dedicated to wellness and health improvement, Canonsburg Hospital maintains a strong focus on health education and preventative care programs. The hospital continues to offer advanced medical technology and access to the most qualified medical staff that are close to home and nationally recognized.

In 2018, AHN joined together with Tripp Umbach to conduct a comprehensive community health needs assessment for the Canonsburg Hospital service area of Washington County. The CHNA process included input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of public health issues and representatives of vulnerable populations. The overall CHNA involved multiple steps that are depicted in the below flow chart.

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GRAPH 1: PROCESS CHART



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The results of the CHNA identified the following as the priorities for the Jefferson Hospital service area:



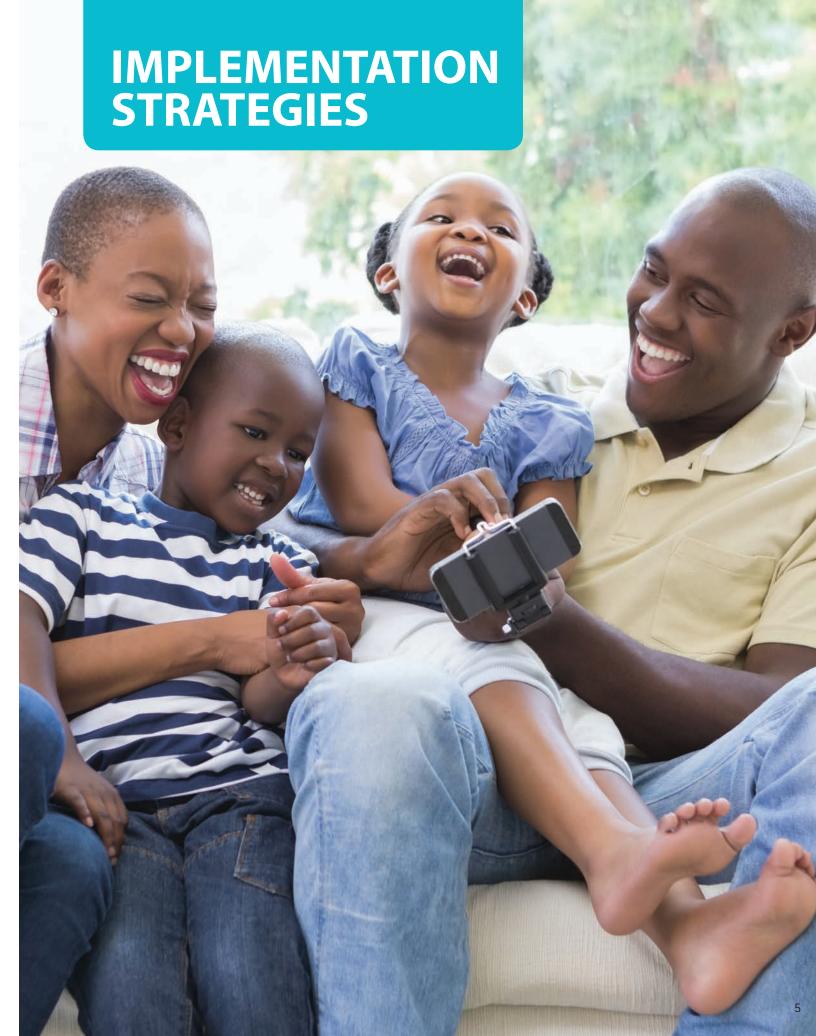
The CHNA and implementation strategy plan meets the requirements of the Patient Protection and Affordable Care Act. The act has changed how individuals are obtaining care and promotes reduced healthcare costs, greater care coordination, and better care and services. Healthcare organizations and systems are striving to improve the health of the community they serve through collaboration with local, state and national partners.

staff to complete the CHNA and it was adopted by the board of directors in December 2018. This implementation strategy plan outlines the needs identified in the CHNA and documents how Canonsburg Hospital will be addressing the needs over the next three years. All needs identified in the CHNA will be addressed by Canonsburg Hospital.

Tripp Umbach worked with the Canonsburg Hospital

The requirements imposed by the IRS for tax-exempt hospitals and health systems must include the following:

- Conduct a CHNA every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed, with the reasons why.



HEALTH PRIORITY ACCESS TO CARE

Approximately 1 in 5 Americans (children and adults under age 65) do not have medical insurance.¹ People without medical insurance are more likely to lack a usual source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses.

Access to primary health care is perhaps the most important segment of the care continuum. The ability for an individual to access health care is key to having a healthy life. Typically, access to care refers to the opportunity (and ease) in which people can obtain health care, but it can also refer to having or utilizing health care coverage. Disparities in health service access can significantly affect an individual's and a community's quality of life in a negative way. A lack of available health resources, the high cost of services, and being uninsured can serve as some of the top barriers to accessing health care services.

COMMUNITY NEED Access to Primary Care

Primary care providers (PCPs) play an important role in protecting the health and safety of the communities they serve. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider.
- Good patient-provider communication.
- Increased likelihood that patients will receive appropriate care.

While PA scores fairly well at access and affordability (15th best in the country), access to Primary Care Physicians is a priority in the Canonsburg Hospital Service area of Washington County.

In Washington County, 14.6% of adults reported that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.² When surveyed, 9.4% of providers in the Allegheny Health Network reported that lack of primary care physician is one of the greatest barriers to accessing services.

The results of the CHNA show that a barrier to accessing primary care services is the lack of availability of the PCP. The following strategies will be implemented by Canonsburg Hospital in order to increase PCP availability to patients.

GOAL

To increase PCP availability to patients.

IMPACT

(1) Increased access to PCP; and (2) increased number of PCP office visits.

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STRATEGIES AND ACTION STEPS ACCESS TO PCP

Strategies	Action Steps	Measure	Impact
1. Enhance PCP availability.	 Expand PCP office hours to include weekends. Move hospital based PCPs back to office base only. Utilize CRNPs to extend office hours. 	Number of office visits with PCP.	 Increased access to PCP. Increased PCP office visits.
2. Convert current hospitalists back to the PCP office setting.	 Hire additional pure hospitalists to backfill open positions at the hospital. Utilize CRNPs to extend office hours. 	Number of office visits with PCP.	Increased PCP office visits.

¹ Healthy People 2020.

² Community Commons, 2017.



HEALTH PRIORITY BEHAVIORAL HEALTH

Mental health is a growing issue across the U.S.

Approximately one in five adults in the U.S. – or 43.8 million residents – experiences mental illness in a given year. 21.5% of youth age 13 through 18 experiences a severe mental disorder at some point during their lives.³ In many instances, mental illness and substance abuse go hand-in-hand; among the 20.2 million adults in the U.S. with a substance abuse issue, approximately 10.2 million have a co-occurring mental health issue.⁴

Approximately 20% of youth (13-18) experience severe mental disorders in a given year (13% for ages 8-15) and about 10.2 million adults in the U.S. have co-occurring mental health and addiction disorders. 60% of adults and nearly 50% of youth (8-15) with a mental illness received no mental health treatment in the previous year.⁵

With high rates of mental illness and substance abuse across the nation and in the state of Pennsylvania, it is increasingly important for residents to be able to seek and obtain quality care and treatments in order to manage their conditions. However, many struggling with mental and behavioral health issues are unable to access treatment. 56.5% of adults with mental illness received no past year treatment, and for those seeking treatment, 20.1% continue to report unmet treatment needs.⁶ The rate of behavioral health providers, cost of care, and uninsured levels play a role in a person's ability to receive behavioral health care.

- 3 "Mental Health by the Numbers" National Alliance on Mental Illness. 2016.
- 4 "Mental Health by the Numbers" National Alliance on Mental Illness. 2016.
- 5 National Alliance on Mental Illness, Mental Illness Facts and Numbers, 2016.
- 6 Mental Health American, 2018.

COMMUNITY NEED Substance Use Disorder

Every day, more than 115 people in the United States die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.⁷

In 2016, there were 2,235 opioid-related overdose deaths in Pennsylvania a rate of 18.5 deaths per 100,000 persons—compared to the national rate of 13.3 deaths per 100,000 persons. Since 2010, opioid-related overdose deaths have increased in all categories. Heroin overdose deaths have increased from 131 to 926; synthetic opioid overdose deaths have increased from 98 to 1,309; and prescription opioid overdose deaths have increased from 411 to 729 deaths.⁸

When AHN providers were asked to list the top three health problems in their service areas, substance abuse was the number one response, with 44% of providers listing that as a top three concern.

Along with other states across the nation,
Pennsylvania is currently experiencing an
unprecedented number of heroin, opioid, and
substance use deaths. When providers in the AHN
were asked what they perceived as top three risky
behaviors/lifestyle choices in their service area, drug
use was the number one response with 55% of votes.
The following strategies will be implemented by
Canonsburg Hospital to increase access to drug and
alcohol specialists and to reduce unintentional deaths
due to overdose.

GOAL #1

Strengthen ED patient access to a drug and alcohol specialist.

IMPACT

(1) Increased access to drug and alcohol specialist in the ED; and (2) increased number of patients referred to treatment.

STRATEGIES AND ACTION STEPS SUBSTANCE USE DISORDER - GOAL #1

Strategies	Action Steps	Measure	Impact
1. Strengthen ED patient access to drug and alcohol specialists.	 Provide access from ED to appropriate inpatient or outpatient treatment programs. Collaborate with Washington Drug & Alcohol Center (WDAC) to have drug and alcohol counselor available to the ED or offsite. 	 Number of patients seen on site. Number of patients referred off site. 	 Increased access to drug and alcohol specialist. Increased number of patients referred to appropriate treatment.

GOAL #2

Reduce unintentional deaths due to overdose.

IMPACT

overdose encounters.

- (1) Decrease number of overdose deaths; and(2) decrease number of patients with multiple

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Strategies	Action Steps	Measure	Impact
1. Provide medication to overdose patients in the ED.	 Identify patients with overdose or symptoms of drug use. Provide Narcan and education to those patients with overdose or symptoms of drug use. 	 Number of Narcan kits issued. Number of return overdose patients in the ED. Number of return patients showing symptoms of drug use in the ED. 	 Increased education on Narcan kit use. Decrease number of overdose deaths. Decrease in number of patients with multiple overdose encounters.

STRATEGIES AND ACTION STEPS SUBSTANCE USE DISORDER - GOAL #2

- 7 National Institute on Drug Abuse.
- 8 National Institute on Drug Abuse, Pennsylvania Opioid Summary.



HEALTH PRIORITY CHRONIC DISEASE

Chronic diseases, generally defined as conditions that last one year or more and require ongoing medical attention or limit daily activities, are the leading causes of death and disability in the United States. Common chronic diseases include hypertension, heart disease, and diabetes. Obesity underlies most chronic diseases. Obesity is a risk factor for type 2 diabetes, hypertension and hyperlipidemia. Although there is not a cure for most chronic diseases, they can be managed in ways that reduce the symptoms of the disease and/or minimize the risk of developing more serious symptoms.

More than half of adults ages 18 and older have at least one chronic condition; more than one-quarter have at least two. Eighty-six percent of the nation's \$2.7 trillion annual health care expenditures in 2014 were on behalf of people with chronic diseases and mental health conditions.¹⁰

Aspen Health Strategy Group. (2019). Reducing the Burden of Chronic Disease.
 Washington DC: The Aspen Institute. http://aspeninstitute.org/AHSGreport2019.
 ibid.

COMMUNITY NEED Diabetes

Diabetes was the seventh leading cause of death in the United States in 2015 based on the 79,535 death certificates in which diabetes was listed as the underlying cause of death. In 2015, diabetes was mentioned as a cause of death in a total of 252,806 certificates.9

It is estimated that one-third of people with diabetes are unaware of their condition because there may be minimal to no symptoms. Screening for diabetes in the early stages is essential and can decrease the risk of developing the complications associated with diabetes. Fortunately, individuals screened for diabetes has increased.

When Allegheny Health Network providers were asked to list the top three health problems in their service areas, diabetes was the fourth most frequent response, with 35% of providers listing that as a top three concern. The Canonsburg Hospital staff will implement the following strategies in order to expand education and awareness and to monitor diabetic patients' use of newer drug therapies.

GOAL #1

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To expand community based education and awareness on the health risks associated with diabetes.

IMPACT

(1) Increased education and awareness of diabetes health risks.

STRATEGIES AND ACTION STEDS DIARRETS - COAL #1

STRATEGIES AND	STRATEGIES AND ACTION STEPS DIABETES - GOAL #1			 Develop inpatient care pathways.
Strategies	Action Steps	Measure	Impact	 Educate PCPs and patients on diabetes management.
 Provide education on site and in the community on the health risks of diabetes. 	 Partner with the community to provide diabetes education classes. Conduct health fairs. 	 Number of education classes provided. Number of health fairs. 	Increased education and awareness of diabetes risk factors.	Promote lifestyle change interventions and intensive case management to reduce risk of diabetes and cardiovascular disease in high-risk individuals.

GOAL #2

To reduce the number of hypoglycemic episodes due the use of older diabetes medications.

IMPACT

- (1) Decrease in the use of older diabetes medications;
- (2) decrease in hypoglycemic episodes due to older diabetes medications; (3) increased number of RN navigators; and (4) decreased A1C levels.

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STRATEGIES AND ACTION STEPS DIABETES - GOAL #2

Strategies	Action Steps	Measure	Impact
1. Reduce the number of hypoglycemic episodes due to the use of older diabetes medications.	 Screen home medications list to identify patients for use of first generation (older) anti-diabetic medications. Conduct interview with eligible patients regarding hypoglycemic episodes. When appropriate, convert diabetic patients to newer diabetic medications that have lower potential for hypoglycemia. 	 Number of patients identified as using older medications. Number of patients converted to new medications. 	 Decrease in the use of older diabetes medications. Decrease in hypoglycemic episodes.
2. Develop chronic disease specialty center in Canonsburg Hospital.	 Embed RN Navigators in Canonsburg Hospital. Develop diabetes transition of care models. Develop inpatient care pathways. Educate PCPs and patients on diabetes management. Promote lifestyle change interventions and intensive case management to reduce risk of diabetes and cardiovascular disease in high-risk individuals. 	 Number of RN Navigators. A1C levels for target population. 	 Increased number of RN navigators. Decreased A1Clevels among target population.

11 American Diabetes Association.

COMMUNITY NEED Heart Disease

Heart disease is a broad term used to describe a range of diseases that affect one's heart and is a general term used to describe several different conditions, all of which are potentially fatal, but are also treatable and preventable. The most common type of heart disease is coronary heart disease (CHD), also called coronary artery disease. Other types of heart disease include cardiomyopathy, heart failure, hypertensive heart disease, inflammatory heart disease, pulmonary heart disease, cardiac dysrhythmias and valve heart disease.

Heart disease is the number one killer in Pennsylvania with 32,042 people in Pennsylvania dying of heart disease in 2015.¹² Washington County has a higher percent of adults with heart disease (8.1%), than the state level (5.1%) and the national level (4.4%).¹³ The staff of Canonsburg Hospital will implement the following strategies in order to improve quality outcomes associated with heart disease.

- 12 American Heart Association. Heart Disease and Stroke Statistics: 2015.
- 13 Community Commons, 2015.



GOAL #1

To expand community based education and awareness on the health risks associated with heart disease.

IMPACT

- (1) Increased number of cancer screenings;
- (2) increased number of early cancer diagnoses;
- (3) increased PCP education (4) increased number of community education events; and (5) increased use of home cancer screening kits.

STRATEGIES AND ACTION STEPS HEART DISEASE - GOAL #1

Strategies	Action Steps	Measure	Impact
1. Provide education on site and in the community on the health risks of heart disease.	 Partner with the community to provide heart disease education classes. Conduct health fairs. 	Number of education classes provided.Number of health fairs.	Increased education and awareness of heart disease risk factors.

GOAL #2

Improve quality outcomes associated with heart disease.

IMPACT

(1) Increased number of RN navigators; and (2) increased utilization of a chronic disease care model.

STRATEGIES AND ACTION STEPS HEART DISEASE - GOAL #2

Strategies	Action Steps	Measure	Impact
1. Develop chronic disease specialty center at Canonsburg Hospital.	 Embed RN Navigators at Canonsburg Hospital. Develop transition of care models. Develop inpatient care pathways. Educate PCPs and atients on heart disease management. Educate patients. 	 Number of RN navigators embedded throughout the hospital. Development of chronic disease care model. 	 Increased number of RN Navigators. Increased utilization of a chronic disease care model.



CONCLUSION

This CHNA Implementation Strategy Plan defines
Canonsburg Hospital's commitment to the
community, documents how the strategies and
goals will meet the identified community needs, and
ensures that the results of the assessment and its
impact on the health of the community are being
reported and communicated. Each community
strategy and action initiative has a set of measurable
objectives and is aligned with the 2018 -2019
CHNA priorities. Evaluation and progress on the
implementation of these initiatives including updates
on the measurable outcomes will be conducted and
documented periodically over the next three years.

The hospitals of the Allegheny Health Network will continue to work to close the gaps in health

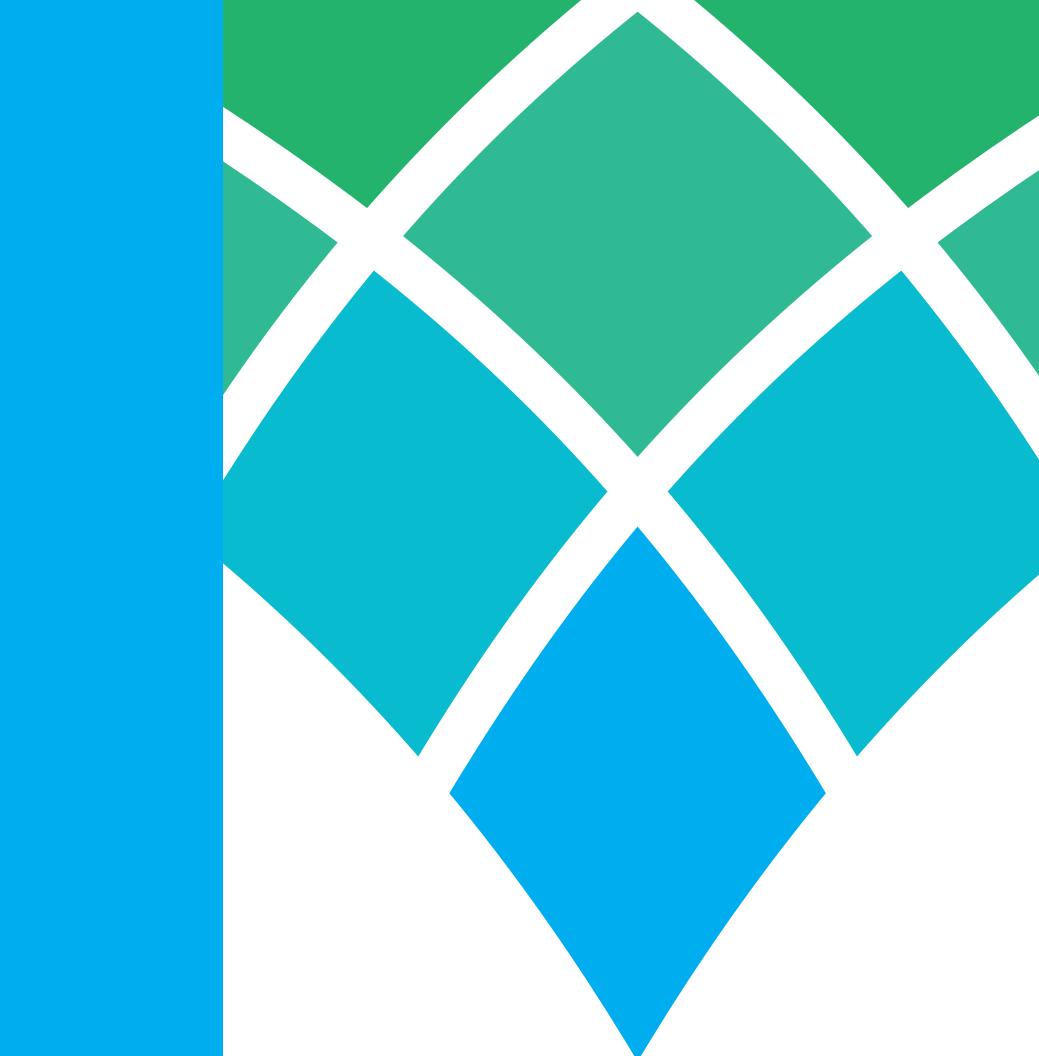
disparities and continue to improve health services for residents by leveraging the region's resources and assets; while existing and newly developed strategies can be successfully employed. The collection and analysis of primary and secondary data equipped the steering committee and hospital teams with sufficient data and resources to identify key health needs. Local and regional partners understand the CHNA is an important building block towards future strategies that will improve the health and well-being of residents in their region. Canonsburg Hospital will continue to work closely with community partners, as this implementation strategy plan is the first step to an ongoing process to increase access to health care services, address behavioral health issues, and improve health outcomes related to chronic disease.

Through collaboration with community partners, other AHN hospitals, and AHN Institutes, Canonsburg Hospital will complete the necessary action and implementation steps of newly formed activities or revise strategies to assist the community's residents. The available resources and the ability to track progress related to the implementation strategies will be measured over the next three years.

Upon adoption of the CHNA Implementation Strategy Plan by the hospital board of directors, Canonsburg Hospital is compliant with IRS regulations as outlined by The Patient Protection and Affordable Care Act.



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