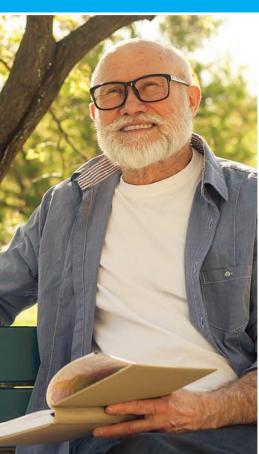
**Allegheny Health Network** 



# COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY PLAN

**April 2019** 









Allegheny Health Network



# Westfield Memorial Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY PLAN

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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

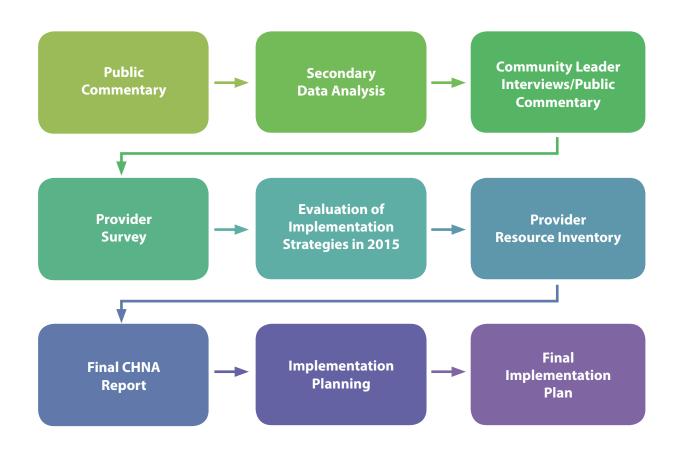
As an affiliate of Saint Vincent Hospital, Westfield Memorial Hospital has served the community since 1942 and through technology, services, and partnerships, offers patients direct access to highly specialized care including cardiac rehabilitation, an orthopedic clinic, outpatient surgery services, physical therapy services, sleep labs, sports medicine services, a wound clinic, and an array of diagnostic services.

As a true community hospital dedicated to wellness and health improvement, Westfield Memorial Hospital (WMH) maintains a strong focus on providing access to specialty care and on-site physician specialists. The hospital continues to offer advanced medical technology and access to the most qualified medical staff that are close to home.

In 2018, AHN joined Tripp Umbach to conduct a comprehensive community health needs assessment for the WMH service area of Chautauqua County. The following report documents each project step as well as the key findings.

The overall CHNA involved multiple steps that are depicted in the below flow chart.





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

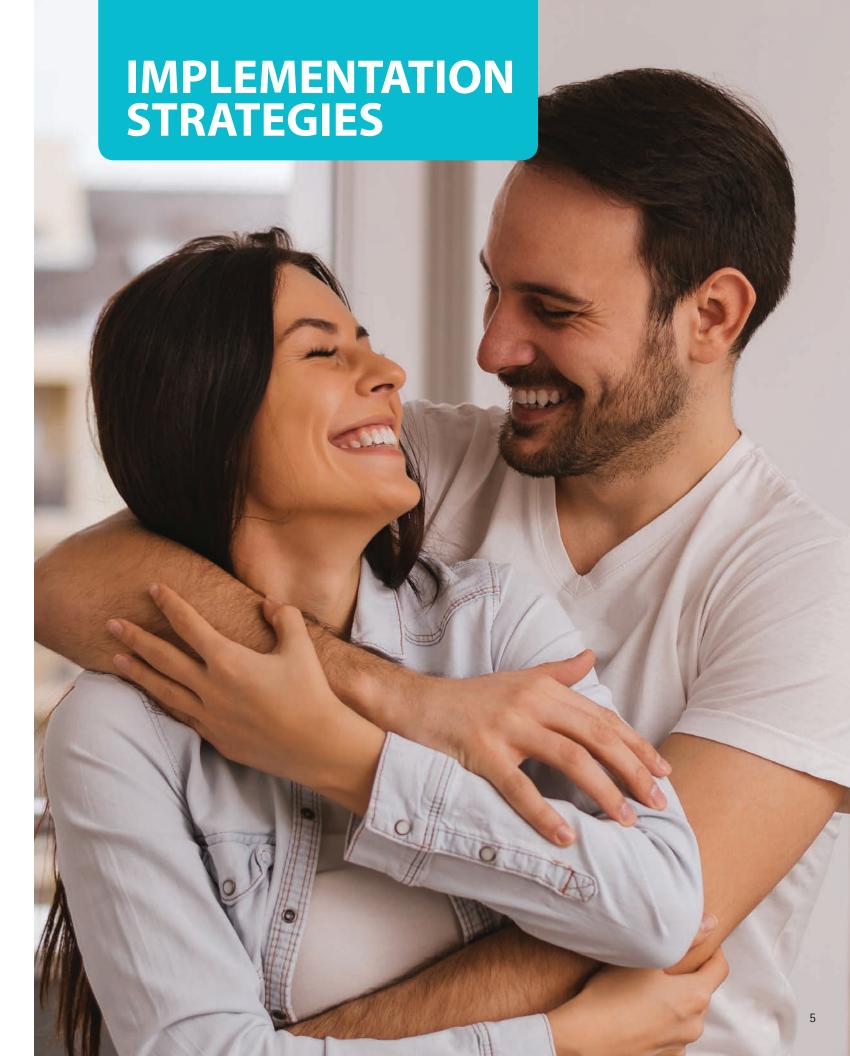


The CHNA and implementation strategy plan meets the requirements of the Patient Protection and Affordable Care Act. The act has changed how individuals are obtaining care and promotes reduced healthcare costs, greater care coordination, and better care and services. Healthcare organizations and systems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

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

- 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.

Tripp Umbach worked with the Westfield Memorial Hospital 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 WMH will be addressing the needs over the next three years. Obesity was identified as a community health need in the Westfield Memorial Hospital Community Health Needs Assessment, however, Westfield Memorial Hospital will not be providing specific strategies for obesity in the Implementation Strategy Plan. As a risk factor for chronic diseases, obesity will be addressed in prevention strategies such as dietary counseling and wellness screening for diabetes and heart disease.





# 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. 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.

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.<sup>3</sup>

With high rates of mental illness and substance abuse across the nation and in the state of New York, 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. 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.

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

# **COMMUNITY NEED Mental Health Services**

The results of the CHNA show that a barrier to accessing behavioral health services is the lack of awareness of community resources and services. During the stakeholder interview process, when interviewees were asked to name the top three health issues in their community, mental health was the number one response, as it was mentioned in 71% of the responses. The staff of WMH will implement the following strategies to increase access to outpatient mental health programs and services from the emergency department.

# **GOAL**

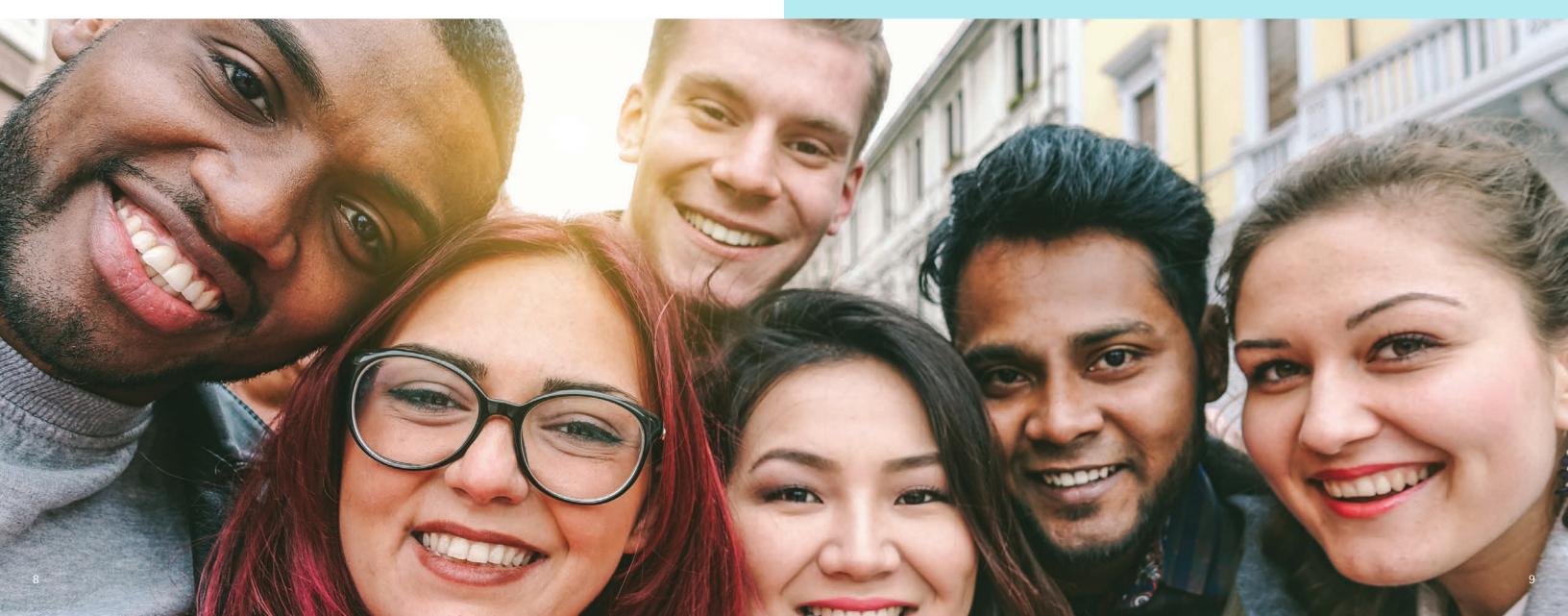
Increase referrals from ED to outpatient treatment options.

## **IMPACT**

(1) increased number of patients receiving treatment; and (2) increased awareness of available resources.

# **STRATEGIES AND ACTION STEPS** MENTAL HEALTH SERVICES

Strategies	Action Steps	Measure	Impact
1. Provide patients presenting to the ED with local options for follow-up care.	<ul> <li>Develop partnerships with area behavioral health providers.</li> <li>Develop a referral pathway for post-ED follow-up care of addiction and other mental health issues.</li> </ul>	<ul> <li>Number of patients referred to outpatient facilities.</li> <li>Number of local services identified.</li> </ul>	<ul> <li>Increased referrals to services.</li> <li>Increased awareness of available resources.</li> </ul>



# **COMMUNITY NEED Substance Use Disorders**

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.<sup>5</sup>

Among New York State residents, the number of overdose deaths involving any opioid increased from 1,074 in 2010 to 3,009 in 2016. Since 2014, illicitly manufactured fentanyl has played a significant part in the rising opioid-related death toll in the U.S.

In 2016, there were more than 11,000 emergency department visits for any opioid overdose among New York State residents, with the highest rates being among young adults aged 18-24 followed by adults aged 25-44. Of those visits for opioid oversdoes, more than 6,000 visits were due to heroin overdose.<sup>6</sup>

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.

According to the New York State Office of Alcoholism and Substance Abuse Services (OASAS) around 12% of New Yorkers (above the age of 11) experience addiction or abuse disorders each year. For the millions who suffer and their families, substance abuse is a growing crisis, especially as it pertains to opioid drugs.

The following strategies will be implemented by WMH in order to increase the knowledge and access to substance use disorder programs and services.

#### GOAL #1

Establish protocol to treat eligible overdose patients with Medication Assisted Therapy (MAT).

#### **IMPACT**

(1) Increased awareness of treatment for overdose complications; and (2) increased services for overdose cases.

#### **STRATEGIES AND ACTION STEPS** SUBSTANCE USE DISORDER - GOAL #1

Strategies	Action Steps	Measure	Impact
1. Begin medicating patients that meet criteria with first dose of Buprenorphine and transition to Medication Assisted Treatment (MAT) for detox.	<ul> <li>Screen overdose patients in the emergency department. for MAT criteria.</li> <li>Educate ED providers on substance use disorder and medication assisted therapy (MAT) as an effective treatment for post overdose management.</li> <li>Collaborate with Buffalo Matters to develop protocols for warm hand-off to MAT treatment services.</li> </ul>	<ul> <li>Number of patients screened for eligibility for MAT.</li> <li>Number of patients that participate in MAT program.</li> </ul>	<ul> <li>Increased awareness         of treatment for         overdose complications.</li> <li>Increased services         for overdose cases.</li> </ul>

#### GOAL #2

Increase knowledge and access to substance use disorder programs and services.

#### **IMPACT**

(1) Increased awareness of treatment resources for substance use disorder.

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# **STRATEGIES AND ACTION STEPS** SUBSTANCE USE DISORDER - GOAL #2

Strategies	Action Steps	Measure	Impact
1. Increase community knowledge and access to substance use disorder resources.	<ul> <li>Partner with community based providers.</li> <li>Host public information sessions with local providers.</li> </ul>	Number of community events.	Increased awareness of treatment resources for substance use disorder.

- 5 National Institute on Drug Abuse.
- 6 New York State Opioid Annual Report, 2018.



# 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.<sup>7</sup> 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.8

<sup>7</sup> 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. 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. WMH will implement the following strategies to improve quality outcomes associated with diabetes.



# **GOAL**

To improve quality outcomes associated with diabetes.

## **IMPACT**

- (1) Increased participation in children's camp; and
- (2) Increased education for campers.

# **STRATEGIES AND ACTION STEPS** DIABETES

1. Promote diabetes prevention in the community.  • Host screening and education events.  • Identify at risk patients through biometric screenings.  • Present at schools and community group on healthy living.  • Increased community programs.  • Number of at risk patients identified through biometric screenings.  • Number of social media education topics posted.	Strategies	Action Steps	Measure	Impact	
media site montniy.	·	education events.  Identify at risk patients through biometric screenings.  Present at schools and community group on healthy living.  Include diabetes/wellness	<ul> <li>community events</li> <li>Number of at risk patients identified through biometric screenings.</li> <li>Number of social media</li> </ul>	community programs.	

- **2.** Partner with local children's diabetic camp.
- Provide subject matter support to children at the camp.
- Educate campers on diabetes management strategies.
- Staff hours for planning and presenting at the camp.
- Number of campers educated.
- Increased participation in children's camp.
- Increased education for campers.

# 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.

According to Community Commons, 3.2% of adults aged 18 and older in Chautauqua County have ever been told by a doctor that they have coronary heart disease or angina. This compares well with the New York average (4.3%) and national average (4.4%).9 WMH will work collaboratively with the Center for Inclusion Health as well as providers, staff, and patients to implement the following strategy in order to improve quality outcomes associated with heart disease.

#### **GOAL**

Improve quality outcomes associated with heart disease.

#### **IMPACT**

care model.

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

COMMUNITY NEED
Cancer

Cancer is a local, national, and worldwide chronic disease that has affected millions of people. In 2018, an estimated 1,735,350 new cases of cancer will be diagnosed in the United States and 609,640 people will die from the disease. In New York State in 2015, 111,951 New York residents were diagnosed with cancer. 35, 088 died of cancer. The overall cancer incidence rate of 482.0 cases per 100,000 persons in New York was the fourth highest among the 50 states and the District of Columbia, significantly above the national average of 437.7/100,000.<sup>10</sup>

The results of the CHNA show that cancer is one of the top three health needs in the service area and education on proper disease management is a barrier to improving health outcomes. The following strategies will be implemented by WMH in order to increase the number of adults who receive cancer screenings.

#### **GOAL**

Increase the number of adults who receive age appropriate screenings.

**STRATEGIES AND ACTION STEPS** CANCER

#### **IMPACT**

- (1) Increased number of lung screenings; and
- (2) increased number of early lung cancer detections.

# **STRATEGIES AND ACTION STEPS** HEART DISEASE

Strategies	Action Steps	Measure	Impact	Strategies	Action Steps	Measure	Impact
1. Develop chronic disease specialty center at WMH.	<ul> <li>Embed RN Navigators at WMH.</li> <li>Develop transition of care models.</li> <li>Develop inpatient care pathways.</li> <li>Educate PCPs and patients on heart disease management.</li> <li>Educate patients.</li> </ul>	<ul> <li>Number of RN navigators embedded throughout the hospital.</li> <li>Development of chronic disease care model.</li> </ul>	<ul> <li>Increased number of RN Navigators.</li> <li>Increased utilization of a chronic disease care model.</li> </ul>	1. Develop CT lung cancer screening program.	<ul> <li>Implement Lung Cancer Screening protocols.</li> <li>Educate referring providers of service.</li> </ul>	Number of studies performed.	<ul> <li>Increased number of CT lung screenings.</li> <li>Increased number of early lung cancer detections.</li> </ul>

<sup>10</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, June 2018.



# **CONCLUSION**

This CHNA Implementation Strategy Plan defines Westfield Memorial 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

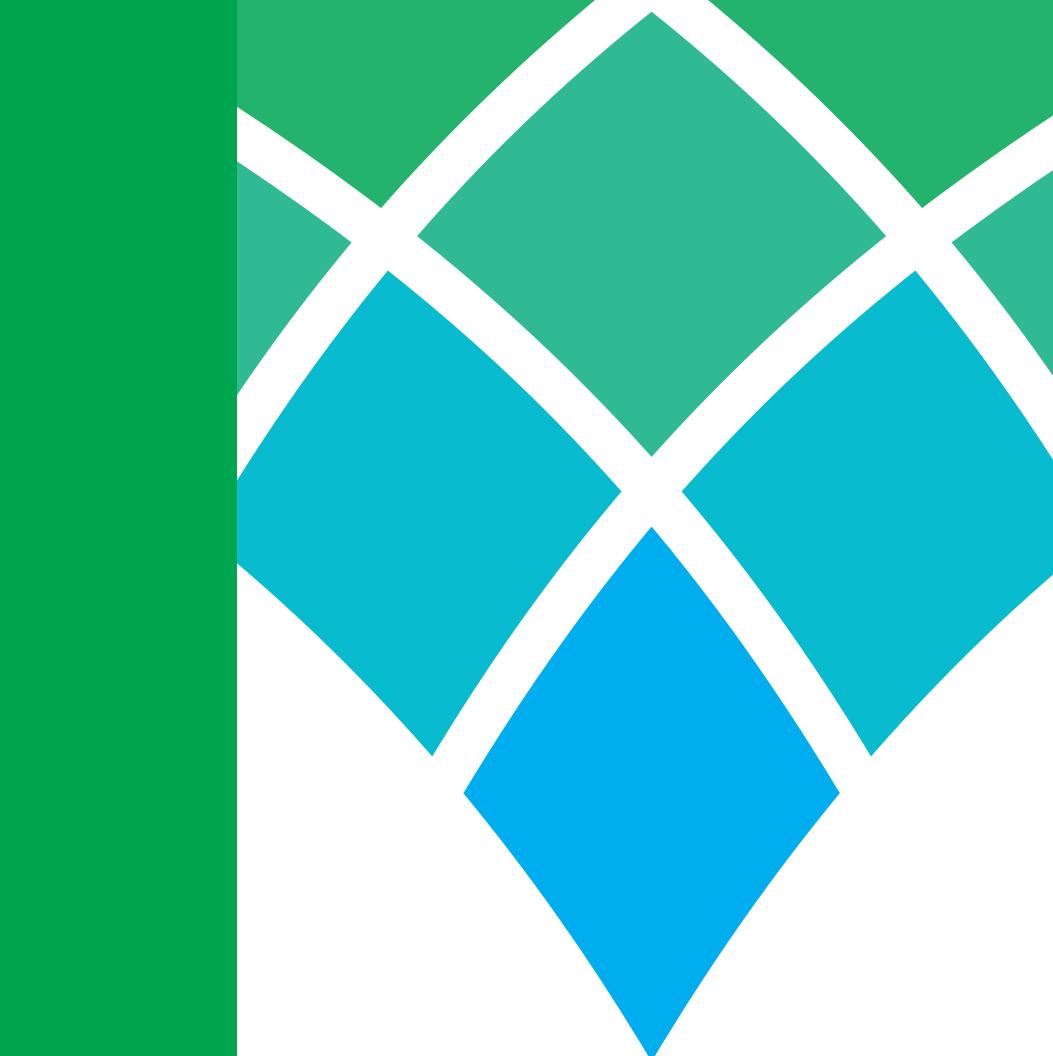
for residents by leveraging the region's resources and assets; while existing and newly developed strategies can be successfully employed. The collection and analysis of primary and secondary data equipped the steering committee and hospital teams with sufficient data and resources to identify key health 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. Westfield Memorial 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, Westfield Memorial 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,
Westfield Memorial Hospital is compliant with IRS
regulations as outlined by The Patient Protection
and Affordable Care Act.



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189 East Main Street Westfield, NY 14787