Community Health Needs Assessment Implementation Plan 2013-2016

September 2013

CARE NEW ENGLAND

BUTLER HOSPITAL • KENT HOSPITAL • MEMORIAL HOSPITAL
WOMEN & INFANTS HOSPITAL • VNA of CARE NEW ENGLAND • CNE WELLNESS CENTER

BACKGROUND

Care New England Health System (Care New England)

Care New England, a non-profit corporation, based in Providence, Rhode Island, is an integrated health delivery system serving the people and communities of southeastern New England. Care New England provides a wide range of complementary and coordinated programs and services, with multiple access points throughout the care continuum. Its strength is in the distinctive competencies of each of its member organizations Butler Hospital (Butler Hospital), Kent County Memorial Hospital (Kent Hospital), Memorial Hospital of Rhode Island (Memorial Hospital), Women & Infants Hospital of Rhode Island (Women & Infants) and Kent County Visiting Nurse Association (VNA of Care New England), its affiliated partners and in the relationships it has with the community.

Care New England takes pride in its more than 500 years of combined service to Rhode Island and southeastern Massachusetts, with three of its institutions each offering more than a century of service to this community.

Butler Hospital

Butler Hospital opened in 1844, making it the first hospital in Rhode Island. Now a psychiatric teaching hospital affiliated with The Warren Alpert Medical School of Brown University, Butler Hospital is the premier psychiatric treatment, teaching, and research hospital serving Rhode Island and southeastern New England. Butler Hospital's mission is to provide treatment of psychiatric illnesses in an atmosphere of dignity and respect.

In addition to its licensed 117 inpatient beds, Butler Hospital utilizes an additional 20 beds via a Rhode Island Department of Health waiver pending implementation of CON that will license an additional 26 beds at the new state-of-the-art patient care facility currently under construction at Butler Hospital. Annually Butler evaluates and treats approximately 15,000 patients of which approximately 7,322 are inpatients.

Kent Hospital

Kent County Memorial Hospital is a 359-bed acute-care hospital, the largest community hospital in Rhode Island, and is a teaching affiliate of the University of New England College of Osteopathic Medicine. Kent Hospital's recently redesigned Emergency Department (ED) serves close to 60,000 patients a year and ranks among the top 10% of ED volume nationally. Kent Hospital is also the first and only hospital in Rhode Island to eliminate the practice of ambulance diversion.

Kent Hospital also offers: a Breast Health Center, a unique collaboration with Women & Infants that was designated a Breast Imaging Center of Excellence by the American College of Radiology; and a Wound Recovery and Hyperbaric Medicine Center, Rhode Island's largest hyperbaric medicine facility and the only one in the region offering 24-hour emergency hyperbaric oxygen therapy.

Memorial Hospital

Memorial Hospital is a community based, acute care teaching and research hospital that provides an array of medical, surgical, laboratory, rehabilitative, primary, emergency, and ambulatory care services and serves the Blackstone Valley of Rhode Island and southeastern Massachusetts. The hospital is a teaching affiliate of The Warren Alpert Medical School of Brown University and the chief site for the medical school's primary care academic program, housed in MHRI's Center for Primary Care. MHRI is licensed for 294 beds.

Women & Infants Hospital

Women & Infants Hospital of Rhode Island has 167 adult beds and an 80-bed single-family room NICU and specializes in the health needs of women and newborns, including premier service lines in oncology, urogynecology, high-risk pregnancy, gastroenterology, behavioral health and infertility. As a major teaching and research facility affiliated with The Warren Alpert Medical School of Brown University, Women & Infants conducts cutting-edge research on a wide variety of health care concerns, including pre-term delivery, gynecologic cancers, infertility, the development of low birth weight infants, postpartum depression, and uterine prolapse. It is one of the largest and most prestigious

research facilities in high risk and normal obstetrics, gynecology and newborn pediatrics in the nation, and is a member of the National Cancer Institute's Gynecologic Oncology Group.

ADDRESSING COMMUNITY NEED

Care New England prides itself in its on-going efforts to assess community need and has always strived to respond with programs and interventions geared toward addressing these needs. Through targeted efforts, Care New England has worked to improve public health and the quality of life for the state and region. From staff involvement in community organizations to the role we play as educators for those aspiring to careers in health, from the sponsorship of community events to the everyday commitment of our health educators who lead a rich array of classes and programs at our institutions, we embrace our roles as advocates, teachers and good neighbors.

In support of Care New England's community benefit activities and to guide community health improvement efforts across the system, Care New England participated in a statewide comprehensive Community Health Needs Assessment (CHNA), led by the Hospital Association of Rhode Island (HARI), and its member hospitals. The CHNA was conducted from September 2012 to June 2013. The assessment was conducted in a timeline to comply with requirements set forth in the Affordable Care Act (ACA), as well as to further the hospital's commitment to community health and population health management.

Research Components

Care New England and its CHNA partners, contracted with Holleran Consulting, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 21 years of experience in conducting public health research and community health needs assessments. The CHNA was comprised of both quantitative and qualitative research components as outlined below:

- Analysis of Rhode Island Department of Health Behavioral Risk Factor Surveillance System(BRFSS) Data
- Secondary Data Collection
- Key Informant Survey
- Focus Groups
- Prioritization of Community Health Needs

The primary goals of the CHNA were to:

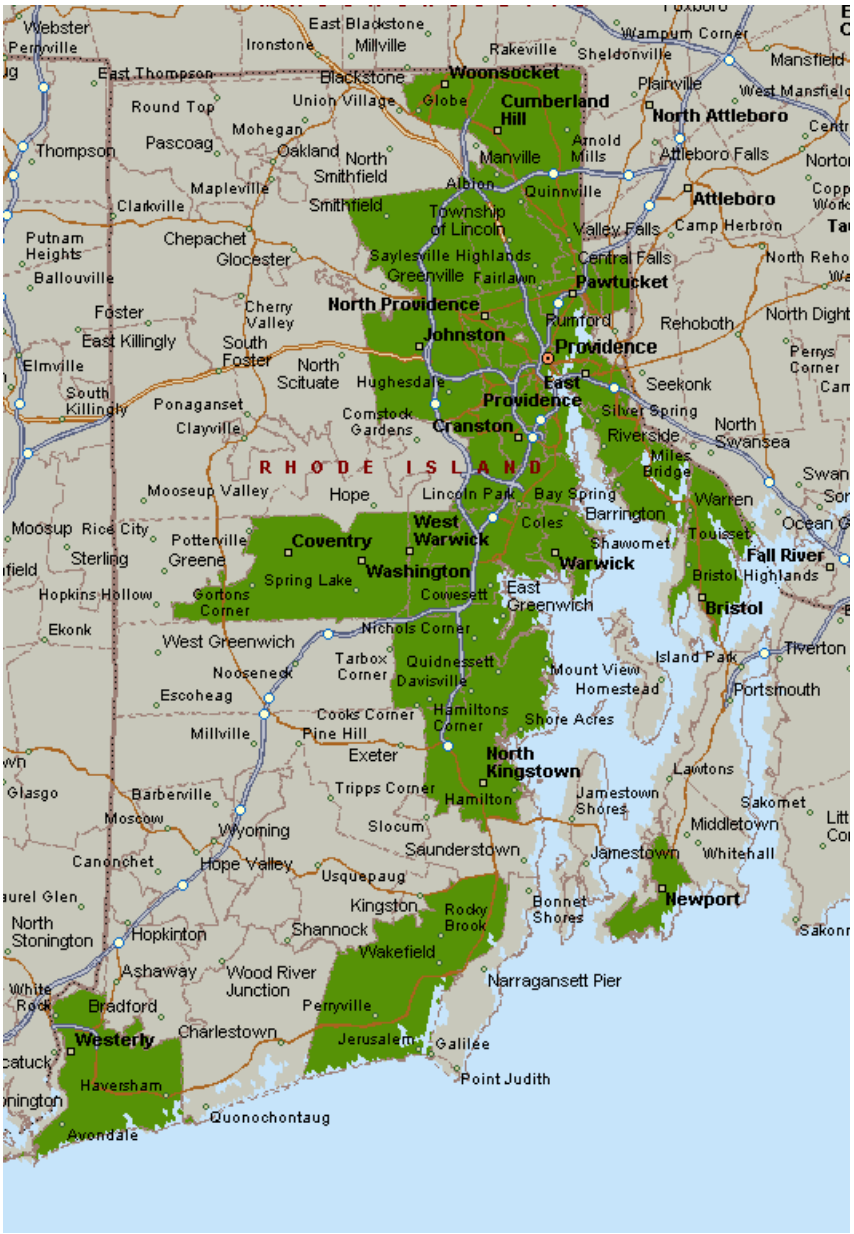
- Provide baseline measure of key health indicators
- Establish benchmarks and monitor health trends
- Guide community benefit and community health improvement activities
- Provide a platform for collaboration among community groups
- Serve as a resource for individuals and agencies to identify community health needs
- Assist with community benefit requirements as outlined in Section 5007 of the ACA

Service Area

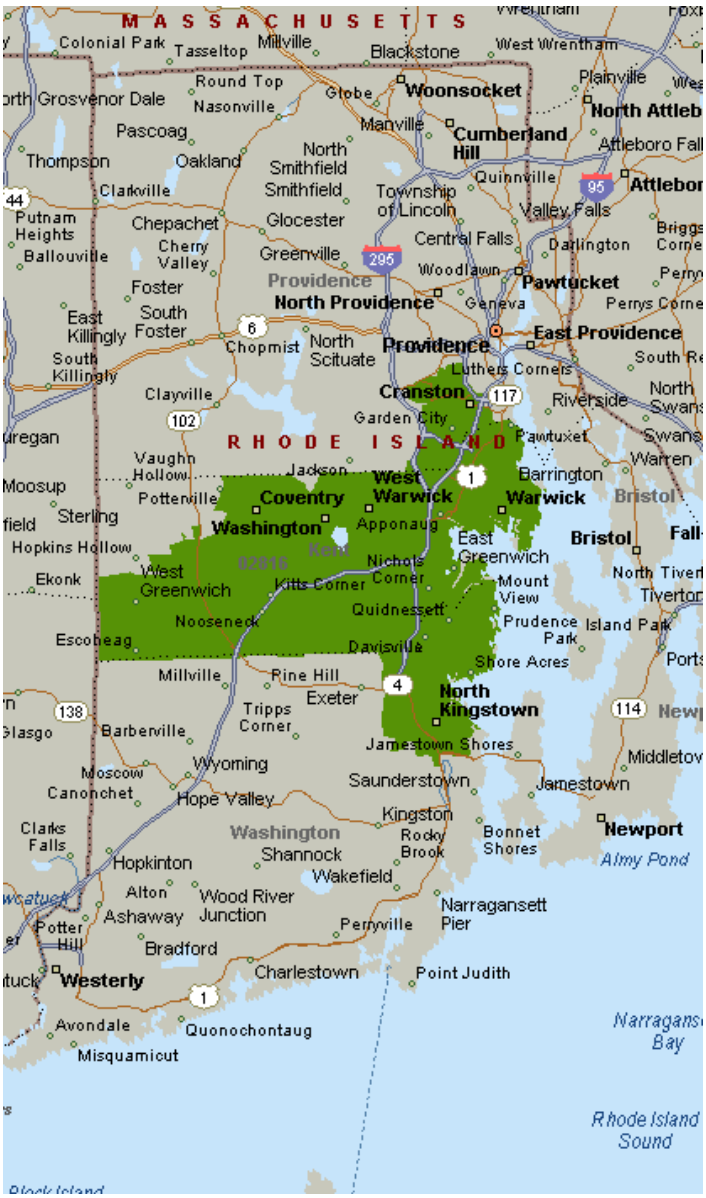
Care New England defined its service area based on analysis of the geographic area where individuals using their health services reside.

The Care New England community area includes all of Rhode Island and select regions of Massachusetts and Connecticut. For purposes of the Community Health Needs Assessment project, we have targeted only Rhode Island. More specifically, for Butler and Kent Hospitals we have identified the areas that represent 80% of inpatient discharges. Memorial Hospital defines its service area as the Rhode Island cities and towns of Pawtucket, Central Falls, East Providence, Cumberland, and Lincoln and all of Rhode Island for WIH. We have chosen this region within our greater community area in order to collaborate with HARI hospitals for focused impact.

Butler Hospital Service Area:

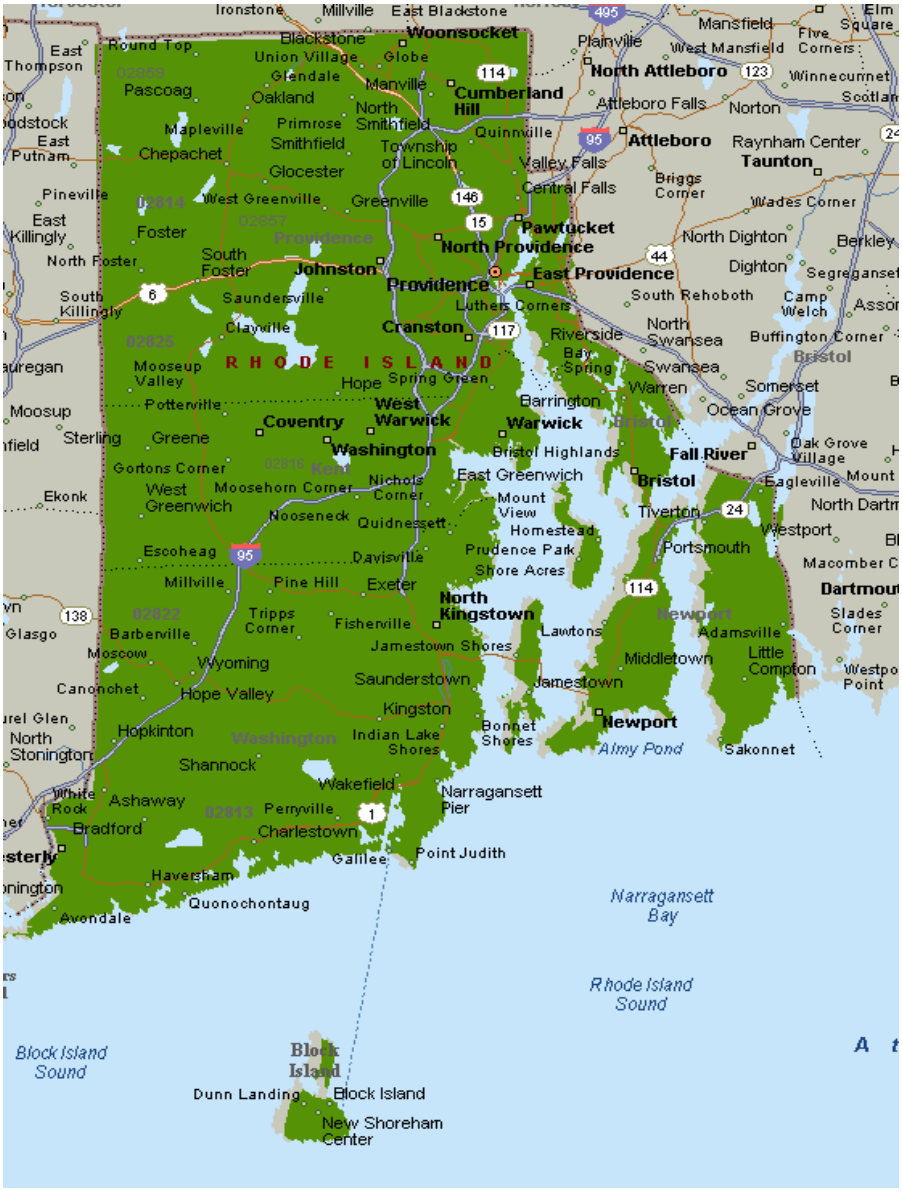


Kent Hospital Service Area:



Memorial Hospital Service Area:

Women & Infants Hospital Service Area:



SEELCTION OF THE COMMUNITY HEALTH PRIORITIES

On April 30, 2013, approximately 20 individuals representing the Hospital Association of Rhode Island (HARI), its member hospitals, and the Rhode Island Department of Health gathered to review the results of the 2013 Community Health Needs Assessment (CHNA). A list of attendees can be found in Appendix A. The goal of the meeting was to discuss and prioritize key findings from the CHNA and to set the stage for statewide community health improvement initiatives and the development of the hospitals' Implementation Strategies. The meeting began with an abbreviated research overview presented by Holleran Consulting. The presentation covered the purpose of the study, research methodologies, and the key findings. Following the research overview, participants were provided with information regarding the prioritization process, criteria to consider when evaluating key areas of focus, and other aspects of health improvement planning, such as goal setting and developing strategies and measures. Holleran then facilitated an open group discussion for attendees to share what they perceived to be the needs and areas of opportunity in the region. The group generated the following list of needs based on research findings and their expertise. (Presented in alphabetical order)

- Access to Care including reduction of re-hospitalization, integrated mental health and primary care
- Asthma (adult and child)
- Cancer (specifically breast, lung)
- Community engagement for health improvement
- "Connectors" for health navigation
- Diabetes
- Heart Disease
- Mental Health
- Overweight/Obesity
- Patient Centered Medical Home for all residents
- Maternal and Child Health
- Senior Health

- Substance and Alcohol Abuse
- Tobacco use

Holleran facilitated discussion to identify overlapping strategies, cross-cutting issues, and the ability for regional health and human services providers to effectively address the various needs. After further dialogue and consolidation, the following "Master List of Needs" was developed by the attendees to be evaluated as potential priority areas for community health improvement activities.

Master list of community priorities (in alphabetical order):

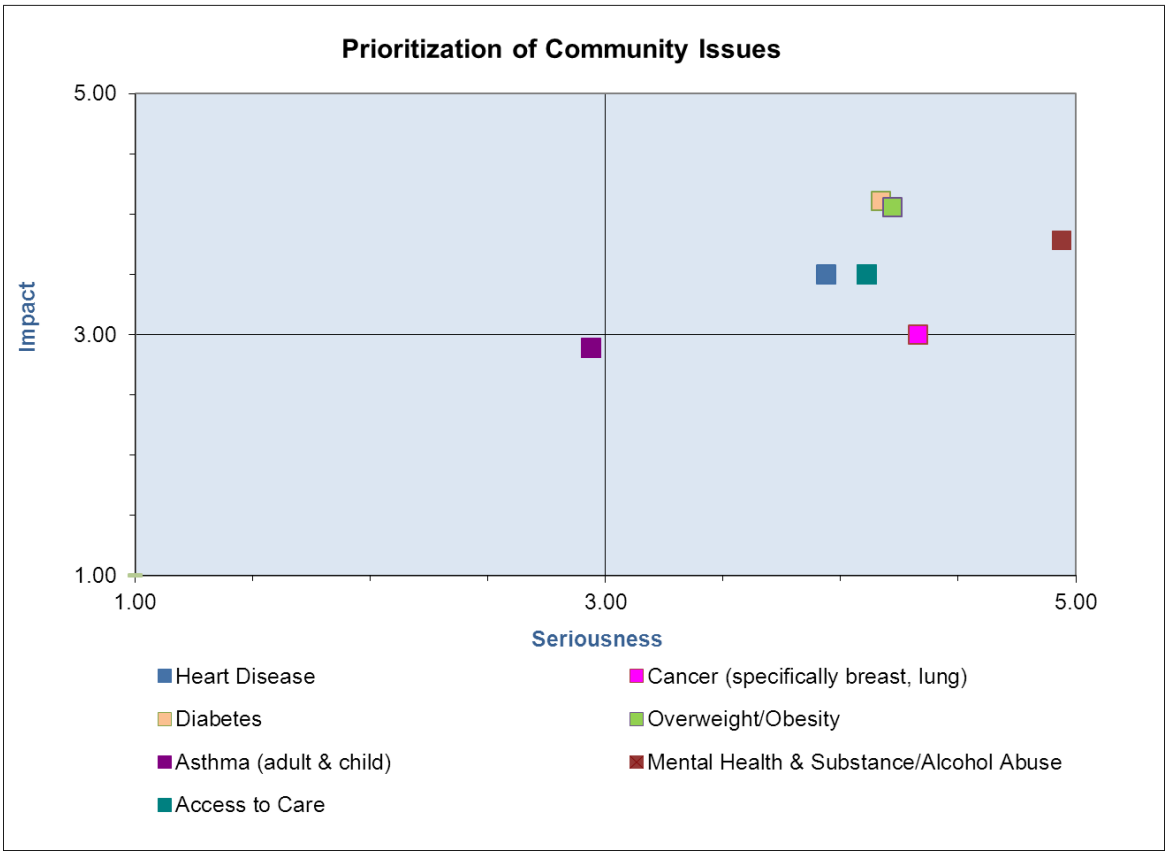
- Access to Care
- Asthma
- Cancer
- Diabetes
- Heart Disease
- Mental Health and Substance Abuse
- Overweight and Obesity

Prioritization of Community Issues

Once the master list was compiled, participants were asked to rate each need based on two criteria. The two criteria included seriousness of the issue and the ability to impact the issue. Respondents were asked to rate each issue on a 1 (not at all serious; no ability to impact) through 5 (very serious; great ability to impact) scale. The ratings were gathered instantly and anonymously through a wireless audience response system. Each attendee received a keypad to register their vote. The following table reveals the results of the voting exercise from highest rated need to lowest based on the average score of the two criterions.

Master List	Seriousness Rating (average)	Impact Rating (average)	Average Total Score
Mental Health and Substance Abuse	4.94	3.78	4.36
Diabetes	4.17	4.11	4.14
Overweight/obesity	4.22	4.06	4.14
Access to Care	4.11	3.50	3.81
Heart Disease	3.94	3.50	3.72
Cancer (specifically breast,	4.33	3.00	3.67
Asthma (adult and child)	2.94	2.89	2.92

The priority area that was perceived as the most serious was Mental Health (4.94 average rating), followed by Cancer (4.33 average rating), and Overweight and Obesity (4.41 average rating). The ability to impact Diabetes was rated the highest at 4.11, followed by Overweight and Obesity with an impact rating of 4.06, and Mental Health, with a score of 3.78. The matrix below outlines the intersection of the seriousness and impact ratings. Those items in the upper right quadrant are rated the most serious and with the greatest ability to impact.



The results of the prioritization session were shared with the HARI Board of Trustees to garner feedback. The HARI Board of Trustees, made up of the CEOs of each Hospital in Rhode Island, recommended that the following priorities be adopted as statewide issues:

- Mental Health and Substance Abuse
- Diabetes
- Heart Disease

The board suggested that strategies across all three priority areas include addressing the following:

- Overweight and obesity
- Access to Care
- Health Disparities

Statewide Goal Setting

A follow-up meeting with representatives of the CHNA steering committee, including members from Care New England, was held on May 29, 2013 to identify statewide goals and align community health planning efforts with public health efforts.

Working in small groups around each priority area, the participants reviewed the Rhode Island Department of Health's community health improvement plans for Diabetes, Heart Disease, and Physical Activity and Nutrition, as well as the Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) plan. The groups' charge was to determine opportunities for the hospitals to impact community health improvement goals already in place across the state. The following goal statements were developed by the participants:

Mental Health and Substance Abuse

Goal 1: Decrease morbidity from diabetes and heart disease among persons with mental illness, including substance abuse disorders.

Goal 2: Improve mental health by increasing access to appropriate, quality mental health services including substance abuse services.

Heart Disease

Goal 1: Increase the number of women who are aware of their risk for heart disease.

Goal 2: Reduce heart disease through early identification, and early and appropriate treatment/management.

Diabetes

Goal 1: Increase the number of people who are aware of the risk factors for diabetes.

Goal 2: Increase diabetes self-management education for people living with diabetes.

Care New England agreed to align with these state goals for their Implementation Plan as outlined on the following pages.

STRATEGIES TO ADDRESS COMMUNITY HEALTH NEEDS

In support of the 2013 Community Health Needs Assessment, and ongoing community benefit initiatives, Care New England plans to implement the following strategies to impact and measure community health improvement.

MENTAL HEALTH AND SUBSTANCE ABUSE

GOAL 1: Decrease morbidity from diabetes and heart disease among persons with mental illness, including substance abuse disorders.

OBJECTIVES:

- Increase the number of patients with mental illness, including substance abuse disorders, being discharged from Care New England facilities that have a primary care physician.
- Integrate the medical management of patients with co-morbid mental illness and diabetes and/or heart disease in CNE – related primary care settings. (Affinity, Alliance, RIPCPC, Memorial, Thundermist etc.)

PERFORMANCE MEASURE:

- Increase the number of patients discharged from a CNE mental health facility connected to a primary care physician.

CARE NEW ENGLAND INITIATIVES:

- Identify patients with mental illness, including substance abuse disorders, discharging from Care New England facilities without a primary care physician and provide referral to a primary care practice.
- Include Mental Health screening in CHF bundle.
- Safe Transitions –Provide medication continuity in the Emergency Departments for psychiatric patients with diabetes and heart disease awaiting an in-patient psychiatric bed.

MENTAL HEALTH AND SUBSTANCE ABUSE

Goal 2: Improve mental health by increasing access to appropriate, quality mental health services including substance abuse services.

OBJECTIVES:

- Expand capacity to respond to patients awaiting psychiatric services in hospital emergency departments.
- Improve the transition for patients from emergency departments to inpatient care.
- Develop partnership with community provider to enhance continuum and improve access to community-based services
- Educate families prenatally about risk factors for postpartum depression and the services available.

PERFORMANCE MEASURES:

- Number of evaluations performed in Patient Assessment Services
- Number of Psychiatric patients "boarding" in Care New England hospital emergency departments
- Number of families educated about risk factors for postpartum depression and the services available

CARE NEW ENGLAND INITIATIVES:

- Affinity Integrated Primary Care Practice, a patient-centered medical home model with integrated mental and physical health
- Mental Health screening in bundled screening
- Online screenings for mental illness
- Providence Center/Care New England affiliation agreement with psychiatric services provided by The Providence Center in Care New England facilities, including 24/7 presence in CNE acute care ED's.

HEART DISEASE

GOAL 1: Increase the number of women who are aware of their risk for heart disease.

OBJECTIVES:

- Ensure that adult women who access care through CNE emergency departments and are at-risk are screened for important cardiac health indicators and referred for care to a primary care physician
- Educate women about the benefits of healthy behavior, including exercise, diet and not smoking
- Reduce obesity and the risk of cardiac disease in mothers by increasing the number of women who exclusively breastfeed their infants

PERFORMANCE MEASURES:

- Number of women at-risk of cardiac disease that are assessed for the risk of heart disease
- Number of individuals that participate in programs
- Percent of women who exclusively breastfeed upon leaving the hospital

CARE NEW ENGLAND INITIATIVES*:*

- Develop a Women's Health Checklist that would be used to screen any CNE female patient. Initially, focusing on female patients who use CNE emergency department services.
- Conduct a community session focused on women featuring screening for cardiac issues and diabetes, education about the health benefits of nutrition and exercise and participatory activities
- Increase breastfeeding across the CNE system and develop a plan to obtain Baby Friendly designation for all birthing services

HEART DISEASE

GOAL 2: Reduce heart disease through early identification, and early and appropriate treatment/management.

OBJECTIVES:

- Reduce the number of hospitalizations associated with heart disease
- Implement heart failure medical home model

PERFORMANCE MEASURES:

- Reduction in hospital readmissions for cardiac related diagnoses
- Quality metrics such as CMS core measures and HCAHPS

CARE NEW ENGLAND INITIATIVES:

- Congestive heart failure education to manage symptoms
- Partnerships with primary care physicians and area skilled nursing facilities
- Women's Wellness Day – Spirit of Women Day of Dance to be held in February 2014. This event will be open and marketed to the entire community. The purpose of the event is to motivate, educate and inform about the risks of heart disease while providing a fun, yet informative event where women will take part in brief education sessions, health and wellness tips, etc. Screenings such as blood pressure, stroke and cholesterol will also be offered.
- Health Fairs – CNE participates in a number of health fairs throughout the year and will engage the community by providing key information on heart disease along with basic screenings related to heart disease
- Rhode Island Free Clinic – CNE is beginning to work with the RI Free Clinic to identify clinical services that we can support with physicians and allied health professionals.

DIABETES

GOAL 1: Increase the number of people who are aware of the risk factors for diabetes.

OBJECTIVES:

- Increase the proportion of persons with diabetes whose condition has been diagnosed
- Increase diabetes education for residents

PERFORMANCE MEASURES:

- Number of employees receiving diabetes screening
- Number of patients screened for diabetes
- Number of participants in programs

GOAL 2: Increase diabetes self-management education for people living with diabetes.

OBJECTIVE:

- Lower readmissions rates for people being discharged from a hospital with diabetes-related complications

PERFORMANCE MEASURE:

- Number of readmissions for diabetes-related diagnosis

CARE NEW ENGLAND INITIATIVES:

- Create standardized screening/testing across CNE facilities
- Shared screening tests (with patients and primary care providers)
- Education efforts with women at-risk for or diagnosed with gestational diabetes
- CIS initiative to measure patient outcomes

- Diabetes Day – Wound Center –Based on a successful Diabetes Day held previously, CNE would gather its resources to host a similar event at the Wound Recovery Center and Hyperbaric Medicine Center at Kent Hospital. The event will be open and marketed to the Rhode Island community. Diabetes related screenings to include assessment of the feet by a Podiatrist, vascular screenings, blood glucose screenings, and other screening as diabetes can affect multiple organ systems. Informative talks covering a wide range of diabetes related topics will be offered. Additionally, there will be a resource fair of vendors, community services and programs serving the diabetic population. Education by trained Dieticians and Diabetic Educators will be offered to this population on an individual basis.
- Screenings – reviewed by RN and referred to doctors
- Support Groups – Diabetes support groups would be created to help meet the needs of those living with diabetes or caring for those with diabetes. Regular meetings would focus on health, wellness, medication, nutrition, exercise and overall diabetes management.
- Health Fairs – Diabetes awareness would continue to be an important part of any health fairs CNE is a part of. This could include information and education, screenings.

COMMUNITY HEALTH NEEDS NOT ADDRESSED

By adopting the statewide priorities, Mental Health and Substance Abuse, Heart Disease, and Diabetes, Care New England will take a comprehensive approach to addressing the most urgent needs in the communities it serves. Care New England will continue to monitor community needs and adjust programming and services accordingly.

APPROVAL FROM GOVERNING BODY

The Care New England Board of Directors met on September 26, 2013 to review the findings of the CHNA and the recommended Implementation Plan. The board voted to adopt the Final Summary Report and the Implementation Plan and provide the necessary resources and support to carry out the initiatives therein.