Implementation Plan for Needs Identified in the Community Health Needs Assessment

FY13-15 (updated for FY15)

Community Needs Assessment

In 2012, AGH in coordination with local health departments, neighboring hospitals and community stakeholders, conducted a community needs assessment. The needs assessment is a primary tool used by the Hospital to determine its community benefit plan, which outlines how the Hospital will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of our service area. The Community Health Needs Assessment (CHNA) was approved by the Hospital's Board of Trustees in May 2013.

Needs Identified

The needs identified include: Obesity, Access to Care, Heart Disease, Cancer, Diabetes, High Blood Pressure, Dental Health, Communicable Disease and Mental Health.

Prioritized Needs

The identified needs were prioritized based on the following criteria, size and severity of the problem, health systems ability to impact, and availability of resources that exist. Based on those criteria several areas were chosen to be the most important for the hospital to focus on. These needs are obesity, diabetes, access to care, cancer, cardiovascular and mental health.

Implementation Plan -

Priority Area: Obesity/Overweight

Goal: Support community members in achieving a healthy weight

Objectives:

- Improve Health Literacy in elementary schools
- Participate in the "Just Walk" program of Worcester County
- Produce brochure and distribute to the public about Farmer's Market & fresh produce preparation (completed)
- Integrate Healthy People 2020 objectives into AGHS offices
- Provide Hypertension and BMI screenings in the community
- Engage workforce in wellness programs
- Provide speakers to community groups on nutrition
- Continue to provide education on healthy living topics to Faithbased Medial Partnership

Measurement:

- Healthy People 2020 Objectives www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29

Priority Area: Diabetes

Goal: Decrease incidence of diabetes in community

Objectives:

- Incorporate Diabetes Education in Patient Centered Medical Home
- Partner with local health agencies to facilitate grant applications to fund diabetes programs (completed)
- Provide education through Pre-Diabetes, Diabetes Education and Self-Management Programs
- Participate on Tri-County Diabetes Coalition
- Provide diabetes screenings in community
- Recruit nephrologist to community

Measurement:

- Decrease ED visits due to acute episode related to Diabetes condition
- Decrease Incidence of Adult Diabetes
- Healthy People 2020 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=8

Priority Area: Access to Care

Goal: Improve access to care for Southern Delaware Market

Objective:

- Recruit two new providers for a Sussex county location (completed)
- ACO in Delaware
- Partner with poultry plants to promote wellness
- Provide evidence based self-management programming in Delaware

Goal: Improve access to care & reduce disparities in chronic disease

Objectives:

- Improve proportion of minorities receiving colonoscopy screenings.
- Improve proportion of minorities receiving women's preventative health services.
- Provide community health events targeted to minority populations

Goal: Remove ability to pay as barrier to necessary healthcare services

Objectives:

- Educate community on financial assistance options
- Assist community with Health Insurance Exchange
- Negotiate Delaware insurance payor contracts (completed)
- Provide free screenings at health fairs

Measurements:

- Ship Obj. 36
- AGH database on ethnicity
- Community survey
- Health People 2020 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1

Priority Area: Cancer

Goal: Decrease incidence of *advanced* breast, lung and colon cancer in community

Objectives:

- Recruit proper professionals in community to provide for cancer related treatment
- Provide community health screenings
- Partner with local health agencies to facilitate grant applications to fund cancer programs (completed)
- Improve proportion of minorities receiving colonoscopy screenings.
- Improve proportion of minorities receiving women's preventative health services.
- CT lung screenings and Melanoma education and screenings to the community

Measurement:

- Health People 2020 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=5
- AGH databases on ethnicity

Priority Area: Heart Disease

Goal: Improve cardiovascular health of community

Objectives:

- Ensure proper professionals in community to provide vascular care
- Change AGH/HS campus and locations to be Tobacco Free (completed)
- Increase Community Health screenings for high blood pressure and cholesterol levels
- Decrease readmissions to hospital for chronic disease management
- Utilize the Faith Based Partnership, to provide access to high risk populations for education into healthy lifestyles.
- Provide monthly "Living Healthy with Hypertension" workshop throughout the service area

Measurement:

- Healthy People 2020 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21
- Readmission rate

Priority Area: Mental Health

Goal: Promote and ensure local resources are in place to address the mental health

Objective(s):

- Collaborate with Worcester County Health Department to staff Atlantic Health Center with psychiatrist and social worker (completed)
- Collaborate with Shepard Pratt Telemedicine services to provide additional psychiatry professional. (completed)
- Participate in community events to spotlight mental health services
- Engage critical response teams when a mental health crisis is discovered
- Partner with other agencies on initiative to destigmatize mental health

Measurement:

- Behavioral Risk Factor Surveillance System
- Health People 2020 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28

Strategic Vision 2020

Continuing to build upon our Mission "To create a coordinated care delivery system that will provide access to quality care," the AGH 2020 Vision will drive strategic decisions toward integration beyond the acute care facility. These decisions will build upon the current investments in developing community-based care delivery systems that incorporate primary care, specialty care, and care management of chronic conditions through our PCMH.

Accomplishing our Vision will require disciplined investment of time and resources in the "Right" principles:

Right Care - Patient/Family Centric, Error Free, Primary Care Provider-Driven, Timely Delivery, Best Practice Protocols;

Right People – Needs-Based Provider Recruitment, Service Orientation, Right Training, Continuous Learning;

Right Place – Appropriate Distribution of Primary Care, Availability of Specialists, Telemedicine, Community-Based vs. Hospital Based;

Right Partners – Advanced Acute Care Referral Relationships, Rehabilitation Care, Long-Term Care, Home Health Care, Supportive Care/Hospice, Mental Health Care, Accountable Care;

Right Hospital – The Right Leader for Coordinated Quality Care in our Community.

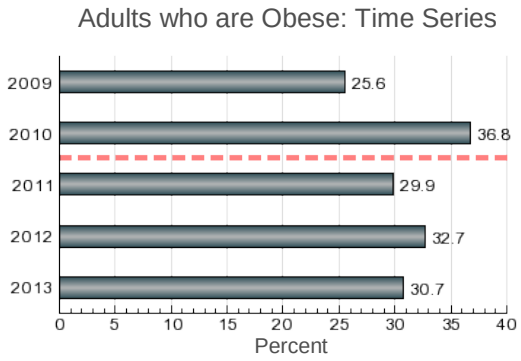
Our "2020 Vision" will build upon our distinctive competencies to create a new system of health. Investment in technology-based solutions will facilitate care being distributed more evenly throughout our region, creating equity in access to all. Building upon our health literacy initiatives and our relationship with the Worcester County Health Department, AGH will be a leader in addressing the individual factors that affect health promotion and prevention of disease. Continuing to promote health care interventions driven by patient-centered values to improve individual function and well-being will result in improved quality of life for those who choose to live in our community.

Other needs Identified in the CHNA but not addressed in this plan: Each of the health needs listed in the Hospitals CHA as well as Worcester County Health Department's Community Needs Assessment is important and are being addressed by numerous programs and initiatives operated by the Hospital and/or other community partners of the Hospital.

Progress Measurements

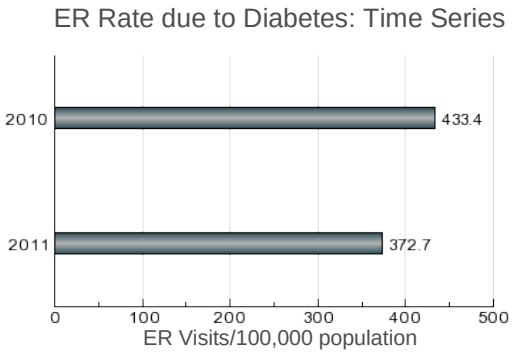
Priority Area: Obesity/Overweight

Healthy People 2020

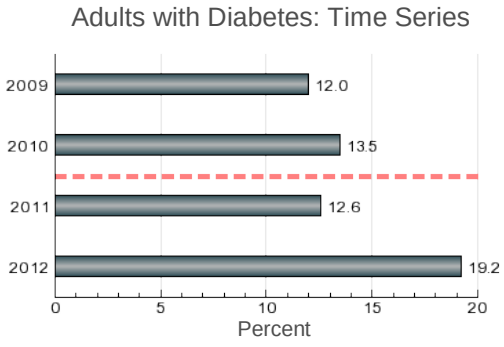


Priority Area: Diabetes

Decrease ED visits due to acute episode related to Diabetes condition

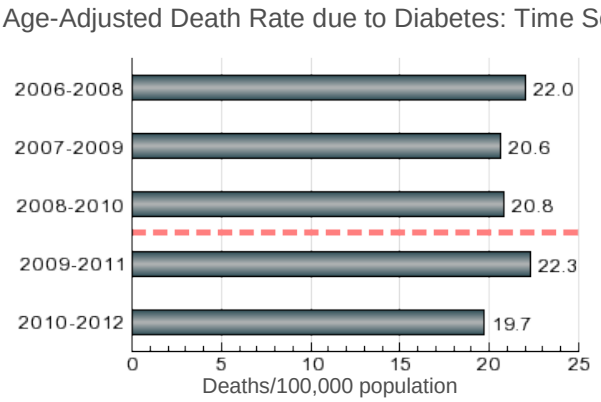


Decrease Incidence of Adult Diabetes



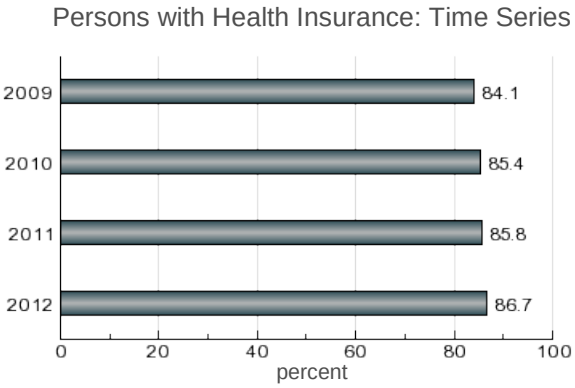
Priority Area: Diabetes continued

Healthy People 2020



Priority Area: Access to Care

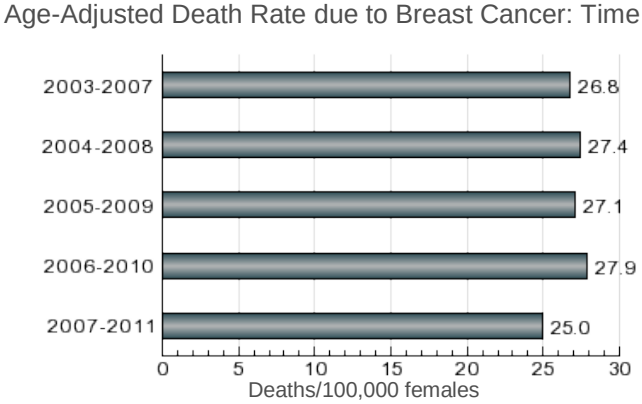
Ship Obj. 36 & Health People 2020



AGH Database on Ethnicity *Community survey – repeat in FY16 to compare*

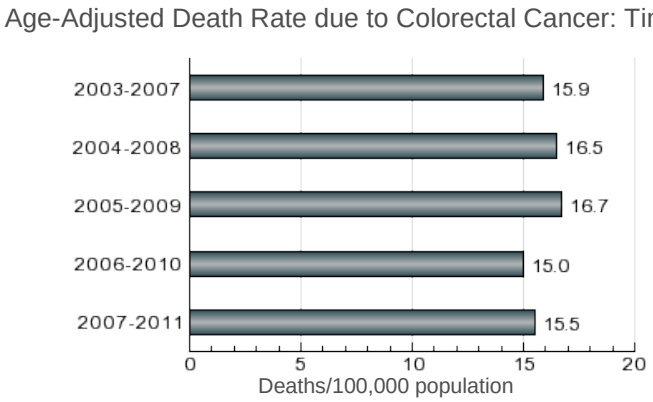
Priority Area: Cancer

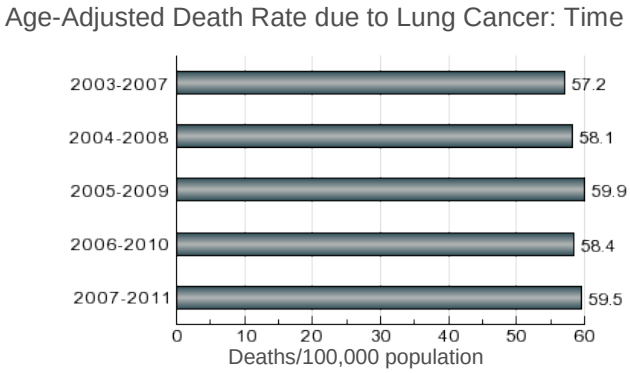
Health People 2020



Priority Area: Cancer continued

Health People 2020





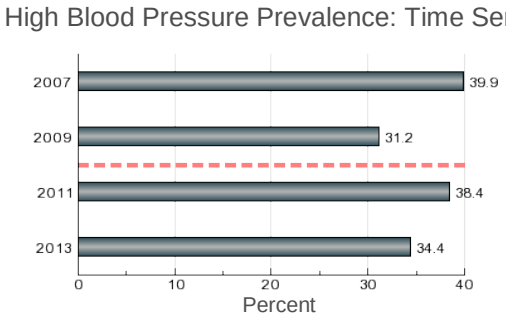
AGH databases on ethnicity

Screening mammograms performed by ethnicity

	FY13	%	FY14	%
Black/African American	**373**	**7.52%**	**401**	**7.60%**
Hispanic, Indicators	**7**	**0.141%**	**18**	**0.341%**
White	4,529	91.33%	4,787	90.70%
Other Race	25	0.50%	40	0.76%
Unknown	9	0.18%	10	0.19%

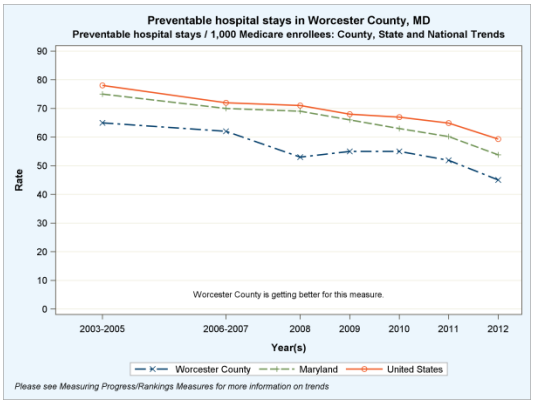
Priority Area: Heart Disease

Healthy People 2020



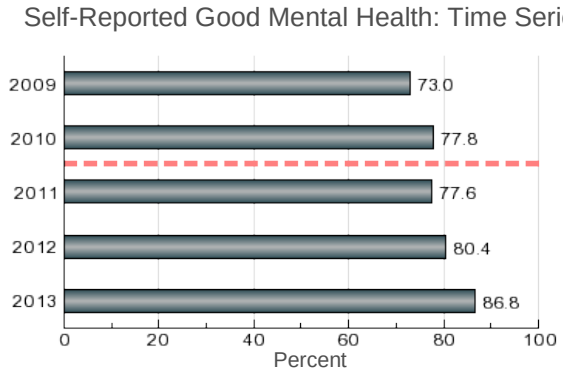
Priority Area: Heart Disease continued

Readmission rate



Priority Area: Mental Health

Behavioral Risk Factor Surveillance System



Health People 2020