

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

University of Cincinnati Medical Center

COMMUNITY HEALTH NEED:	Infant Mortality
-------------------------------	------------------

IMPLEMENTATION PLAN				
Initiative (owner)	Performance Metric(s)	Initiative Timeline (provide date)	Action Steps (responsible)	Action Step Estimated Completion Date
Execution of collaborative Infant Mortality Project* (Dr. Elizabeth Kelly)	Reduce Rate of Infant Mortality by 15% (20 deaths/year) in Hamilton County	June 30, 2015	1. Establish obstetric surveillance data group including UCMC, Christ, Good Samaritan, Bethesda North, and The Mercy Hospitals	June 30, 2014
			2. Refine the FIMR and the Collaboration with the Perinatal Community Action Team	June 30, 2014
			3. Execute Safe Sleep education and media campaign	June 30, 2014
			4. Improve coordination and evaluate on-going efficacy of Pregnancy Pathway Program	June 30, 2014
			5. Implement Tobacco Cessation program for pregnant women utilizing established effective interventions, media campaign and development of community resources	June 30, 2014
			6. Implement accessible, adequate, standardized and customized pre-natal care	June 30, 2014

*Reference Infant Mortality Reduction Initiative Project Plan

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

University of Cincinnati Medical Center

COMMUNITY HEALTH NEED:	Diabetes / Adult Obesity / Hypertension
-------------------------------	---

IMPLEMENTATION PLAN				
Initiative (owner)	Performance Metric(s)	Initiative Timeline (provide date)	Action Steps (responsible)	Action Step Estimated Completion Date
Coordinate diabetes care between hospital and primary care settings via the Sweet Transitions patient centered intervention (Dr. Mercedes Falciglia)	<ul style="list-style-type: none"> - Change in A1c from hospitalization for patients with poorly controlled diabetes - Evidence of testing for diabetes by PCP for hospitalized patients w/ hyperglycemia -Readmissions or ED visits for both patient types -Patient “activation” and knowledge -Provider satisfaction -Hypoglycemia - Identify key elements in the intervention process that facilitate its implementation across diverse US communities 	June 2016	1. Obtain AHRQ grant funding for Sweet transitions program (Dr. Mercedes Falciglia)	Aug 2013
			2. Establish collaboration & partnerships with stakeholders across academic health center and community	Dec 2013
			3. Conduct qualitative evaluation (including patients, community primary care, community health organizations, hospital staff) a) to develop communication models and patient-centered intervention b) identify key factors that facilitate broad implementation	a) Jan 2014 b) Aug 2016
			4. Identify “Found Pilots” - existing initiatives at UCMC with similar objectives of improving care coordination/transitions in order to leverage resources and prevent “transformational project overload”	Aug 2013

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

University of Cincinnati Medical Center

			5. Engage 200 patients in Sweet Transitions intervention	Aug 2015
			6. Evaluate effectiveness of Sweet Transitions intervention to improve diabetes outcomes (performance metrics)	Aug 2016

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

University of Cincinnati Medical Center

COMMUNITY HEALTH NEED:	Mental Health
-------------------------------	---------------

IMPLEMENTATION PLAN				
Initiative (owner)	Performance Metric(s)	Initiative Timeline (provide date)	Action Steps (responsible)	Action Step Estimated Completion Date
Improve access to and create additional capacity to address mental health needs <i>(Peter Fox & Dr. Charles Collins)</i>	-Reduce the number of repeat ED visits by mental health patients	June 30, 2016	<ol style="list-style-type: none"> 1. Establish a UCMC Mental Health Clinic staffed by UCP physicians and UCMC psychiatry residents. Responsible- Melissa Delbello, MD, Cal Adler, MD, Brian Evans, DO, Jacqueline Collins, MD & Kati Elfers, MBA 	September, 2013
	-Reduce the number of psychiatric transfers between facilities		<ol style="list-style-type: none"> 2. Establish a task force to work with community case management to schedule patients for appointments once they leave the ED systems to decrease the rate of recidivism for ED mental health patients. Collaborate to Keys to Health & Sobriety Center projects. Responsible- UCMC Psychiatry Management Team (Fox & Collins) 	December , 2014
	-Reduce the percent of mentally unhealthy days for Clermont and Hamilton Counties to the AIM Benchmark (3.9%)		<ol style="list-style-type: none"> 3. Optimization of telemedicine to collaborate with all internal partners (ED's only) Responsible- UCMC Psychiatry 	December , 2013

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

University of Cincinnati Medical Center

OTHER IDENTIFIED NEEDS*

1. Stroke
2. Cancer
3. Mammography Screening – Women 50+
4. Heart Trouble – Angina
5. Access to Health Care
6. Prenatal Care – 1st Trimester
7. Pre-term Births/Low Birth Weight Babies
8. Sexually Transmitted Diseases
9. Alzheimer's
10. Chronic Lower Respiratory Disease/Chronic Lung Disease/Asthma
11. Substance Abuse
12. Pap Tests – Women 18+
13. Severe Allergies
14. Infectious Diseases
15. Comprehensive Eye Exams – Adults
16. Ambulatory Sensitive Conditions
17. Education
18. Domestic Violence
19. Poverty
20. Vacant Housing
21. Homicides
22. Injury – Unintentional
23. Lack of Pedestrian-friendly streets
24. High Cholesterol

- ❖ UC Medical Center (UCMC) addresses many of these needs, including stroke, cancer, mammography screening, chronic lower respiratory diseases, infectious diseases and pre-term births, among several others that are listed. Based on both community needs (and feedback), alignment with UCMC's strategic plan, as well as the ability to make a reasonably quick impact, the priority was given to diabetes, infant mortality and mental health. UCMC cannot positively impact poverty, vacant housing, and the homicide rate.