

Implementation Strategies 2017 – 2019

Mission & Vision

Our Mission is:

- Advancing education, research and clinical care through a mutual commitment with the University of Cincinnati.
- Delivering outstanding, efficient, compassionate patient-centered care every time.
- Creating innovative advanced specialty services.
- Improving the health of vulnerable populations.
- Leading in preparing a diverse workforce.
- Providing primary care to our local communities.

Our Vision is to be:

Cincinnati's academic health system transforming care by living into our core values of:

- Patients and Families First
- Integrity
- Respect
- Inclusion
- Empathy
- Discovery.

Communities Served

Butler, Clermont, Hamilton, and Warren Counties in Ohio (92% of inpatient and outpatient volume)

Prioritized List of CHNA Community Health Needs

Criteria

An ad hoc CHNA committee scored the community health needs by considering the following criteria:

- Cause of many hospital visits (based on hospital utilization data from the Ohio Hospital Association)
- Clear disparities/inequities (by geographic areas of disparity measured by Community Need Index score and/or health issues identified in 2011 and 2013 CDC reports)
- Collective Impact priority (Collective Impact is a regional multidisciplinary approach to health improvement.)
- Community prioritized it highly (based on consensus on priorities in CHNA) – this criterion was weighted more heavily in order to retain an emphasis on what the community deemed most significant
- Consequences if not addressed (professional judgment)
- Effective/feasible intervention exists (per The Community Guide; CDC recommendations; and/or recommendations from hospital physicians and/or leaders)

- Impact on other health outcomes (based on risk factors associated with issue)
- Issue worse over time (based on up to 5 years' trend data collected for CHNA)
- Measurable outcome exist (based on CHNA's data sources)
- Proportion of population impacted (per incidence rate of new cases; prevalence rate; mortality rate; and/or top cause of death)
- Unique approach to address problem (per recommendations from hospital physicians and/or leaders)

Prioritization Process

There were two meetings held: one on December 17, 2015 to discuss and determine the prioritization process, and one on January 14, 2016 to conduct the scoring of priorities.

The Daniel Drake Center adapted UC Health's Strategic Project Assessment Form, used to determine priorities for health system initiatives, which has a scoring scale of 1 to 5. For the CHNA prioritization process, a score of '1' denoted 'not a priority,' and a score of '5' meant 'strong priority.' A blank scoring sheet is provided on page 4.

In addition to increasing the weight of the criterion, 'Community prioritized it highly,' two health issues were also weighted. Access to care/services and mental health were both already identified at UC Health as top priorities during its strategic planning process in 2016.

UC Health's experience with both mental health and substance abuse also led their combination into one category, since mental health issues are a root cause for most substance abuse disorders. In the CHNA cancer and obesity were mentioned individually as well as mentioned within the broader category of chronic disease. During the prioritization process, these scores were reflected separately and combined together.

Priorities

- Access to Care
- Chronic Disease
- Mental Health and Substance Abuse

Process for Strategy Development

Laura Allarding, Director of Strategic Planning & Market Research, and Christie Kuhns, Director of Community Strategic Planning, convened internal stakeholders to develop strategies. Strategies were discussed in three meetings to identify responses for all three priority areas identified from the community health needs.

The first two meetings were held on February 4 and February 26, 2016 (which included Dr. Bouman and Dr. Kissela to obtain their input and perspective). Both meetings were facilitated by an external consultant, Gwen Finegan, who also provided technical assistance in follow-up emails. There was also an additional internal meeting on March 30, 2016 to develop and refine strategies. Participants included:

- Patricia Adkins, Director, Clinical Services, Daniel Drake Center for Post-Acute Care
- Abby Alford, Manager, Financial Services, UC Health
- Laura Allarding, Director, Strategic Planning & Market Research, UC Health

- Dawn Bouman, PhD, Licensed Psychologist, Division Director, Neuropsychology and Medical Psychology, UC Health
- Jody Chrowl, Senior Occupational Therapist, Daniel Drake Center for Post-Acute Care
- Pamela Clinkenbeard, Manager, Occupational Therapy, Daniel Drake Center for Post-Acute Care
- Brett Kissela, MD, Professor & Director/Chair, Neurology & Rehabilitation Medicine, UC Health
- Amy Schroyer, Chief Administrative Officer, Daniel Drake Center for Post-Acute Care
- Lucretia White, Manager, Ambulatory Services, Daniel Drake Center for Post-Acute Care

After team members developed draft strategies, they shared them at a meeting on March 14, 2016. The revised strategies were presented to hospital leaders for final internal refinements on April 14, 2016.

Draft strategies were removed if they did not have enough detail, did not demonstrate benefit to the community, were part of usual business operations, were still in early planning stages, or would be completed in the current fiscal year. Some removed strategies may still be addressed as part of the Daniel Drake Center’s strategic direction as plans develop. If additional community needs surface in the next three years, the Implementation Strategies can evolve in response.

Significant Health Needs to be Addressed

Implementation Strategies, listed on the following pages, address all three prioritized health needs: Access to Care; Chronic Disease; and Mental Health and Substance Abuse.

Accountability

The Chief Administrative Officer will be responsible for ensuring progress on the measures described to evaluate the impact of each strategy. The Director of Community Strategic Planning will convene meetings twice annually with hospital team(s) to track achievements for each strategy. UC Health has selected AchieveIt software to track its strategic initiatives and has committed to spending \$30,000 in the next two years on this software. Among other features, the software provides automated reminders for reporting.

Significant Health Needs Not Addressed

Not applicable.

_____/_____/_____

Date approved by Audit and Compliance Committee of UC Health Board of Directors

_____/_____/_____

Date approved by UC Health Board of Directors

Blank Scoring Sheet - CHNA Prioritization

Criteria	Priorities									
	Access to care/services	Cancer	Chronic disease	Diabetes	Health education	Infant mortality	Mental health	Obesity	Substance abuse, esp. heroin	Systemic socio-economic factors
Issue worse over time										
Community prioritized it highly	<i>Scores doubled for this criterion</i>									
Effective/feasible intervention exists										
Cause of many hospital/ED visits										
Consequences if not addressed										
Measurable outcomes exist										
Unique approach to address problem										
Proportion of population impacted										
Impact on other health outcomes										
Clear disparities/inequities										
Collective Impact priority										
TOTAL										
	Low								High	
	1	2	3	4	5					
	Not a Priority	Low Priority	Neutral	Moderate Priority	Strong Priority					

Implementation Strategies

Health Issue	Strategy	Evaluation of Impact	Financial Resources	Staffing Resources	Timing	Collaboration
<p>Access to Care</p>	<p>Expand Support Group Services (Stroke, Spinal Cord, Mild Brain Injury; looking to add Parkinson's)</p> <p>Contact local home health agencies and HealthSouth's case management and social workers to provide them information about support groups held at TDC</p> <p>Conduct annual Health Fair to provide individuals and/or family education on resources that are available in their community. Also test for High Blood Pressure, Diabetes and provide education about CAD.</p> <p>Incorporate information link in regards to resources on DDC's website.</p>	<p>Evaluate the number of individuals who are going to groups currently.</p> <p>Educate DDC Social Work and Case Management departments to make sure patients/care-givers are given information at discharge for community support groups.</p> <p>75% of patients discharged with diagnosis of Stroke, Spinal Cord, or Mild Brain Injury will receive information about support groups held at DDC.</p> <p>Develop a survey for health fair: How did you find out about it? Was it beneficial? Would you attend again?</p>	<p>Donate space (value of \$200 annual rent) for each Support Group to locate at DDC</p> <p>Light snacks offered - \$2,100 annual cost for 5 groups</p> <p>\$500 for outreach to get word out</p> <p>\$325 annual expense for guest speakers</p> <p>No charge for adding resource information to website</p>	<p>Community outreach coordinated by the CHNA committee and Strategic leadership at DDC</p> <p>\$1,800 in lay person costs annually to organize/run groups</p>	<p>Once a month meetings for all support groups</p> <p>Ongoing</p> <p>Resource information added to website in 2017</p>	<p>Current support group leaders/ referring MDs</p> <p>Home Health Agencies</p> <p>HealthSouth</p>

Health Issue	Strategy	Evaluation of Impact	Financial Resources	Staffing Resources	Timing	Collaboration
Access to care/ services	UC Health will participate in a joint collaboration to improve health in the region, currently under development by The Health Collaborative's Collective Impact Steering Committee. Examples: screening for social determinants of health with referrals to social services; linkages to community resources for health management.	To be determined	To be determined	To be determined	Strategies will start when planning is done in 2017.	The Health Collaborative, community organizations, and participating member hospitals
Chronic Disease	Provide educational opportunities for Caregivers of family members who suffer from Chronic Illness.	<p>Provide a workshop for caregivers of Chronic illness. Measure how many individuals attends and how many have utilized community resources.</p> <p>Develop pre- and post-questionnaire.</p> <p>Offer once a year for first year. Depending on demand, increase to twice a year.</p>	<p>Reach out for community resources.</p> <p>Supplement potential sponsorships to cover expenses, such as \$260 for an annual speaker.</p>	Draw from community resources and Drake employees (nursing, case management, counseling)	Annually starting 2017	<p>Community organizations</p> <p>UC College of Nursing</p>

Health Issue	Strategy	Evaluation of Impact	Financial Resources	Staffing Resources	Timing	Collaboration
Mental Health & Substance Abuse	<p>Increase community's awareness of resources that are available for mental health and substance abuse.</p> <p>Incorporate information link in regards to resources on DDC's website.</p> <p>Conduct annual Health Fair to provide individuals and/or family education on resources that are available in their community.</p> <p>Publish article submitted by Dr. Dawn Bouman on coping.</p> <p>Obtain for dissemination additional copies of booklet on Traumatic Brain Injury and Substance Abuse.</p>	<p>Measure how many people attended</p> <p>Expect an increase in attendance and requests for information about mental health and substance abuse, after the program is offered</p>	<p>Value of rented space at DDC is \$200</p> <p>Rate for speakers: 5 people @ \$65/hour x 3 hours = \$975 annually for Health Fair</p> <p>\$1,000 for getting out word about the Health Fair – i.e. community press, pamphlets and flyers handed out at local businesses, community centers and churches.</p> <p>Estimated budget for printed educational materials is \$2,000.</p>	<p>Members of the CHNA committee and leaders of the DDC Strategic Leadership Team</p>	<p>Annually starting 2017</p> <p>Website up and running by Fall 2017</p>	<p>Local organizations and agencies</p> <p>UC Psychology: Department of Neurological and Rehabilitation Medicine</p>