2016 IMPLEMENTATION PLAN EXECUTIVE SUMMARY SCHUYLKILL

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INTRODUCTION

The 2016 Schuylkill Health System Community Health Needs Assessment (CHNA) was conducted to identify significant health issues and needs impacting the greater Pottsville area of Schuylkill County. The CHNA report was conducted by Schuylkill Health System and represents both Schuylkill Health campuses – South Jackson Street and East Norwegian Street. Because of the sites' geographic proximity, needs identified by the CHNA are similar. On Sept. 16, 2016, Schuylkill Health System (SHS) merged with Lehigh Valley Health Network (LVHN) to become Lehigh Valley Hospital–Schuylkill (LVH–Schuylkill).

The 2016 CHNA report provides important information to LVH–Schuylkill and other community stakeholders to make a positive impact on the health of the region's residents. The Schuylkill regional CHNA identifies 39 health indicators within the community through a process of data analysis, community stakeholder interviews and community stakeholder committee input. Complete details are available within the SHS 2016 Community Health Needs Assessment.

The CHNA implementation planning process helps establish priorities, develop interventions and direct resources to improve the health of people living in the greater Pottsville area of Schuylkill County. The CHNA implementation plans for the two Schuylkill County facilities, LVH–South Jackson Street and LVH–East Norwegian Street, are crafted as a joint effort among LVH–Schuylkill leaders, community stakeholders in Schuylkill County and Lehigh Valley Health Network. Implementation plans for LVH–Schuylkill are approved by the LVH–Schuylkill Board of Directors and by Lehigh Valley Health Network's Board of Trustees.

COMMUNITY ENGAGEMENT

AT-RISK POPULATIONS

ACCESS TO CARE AND HEALTH EQUITY

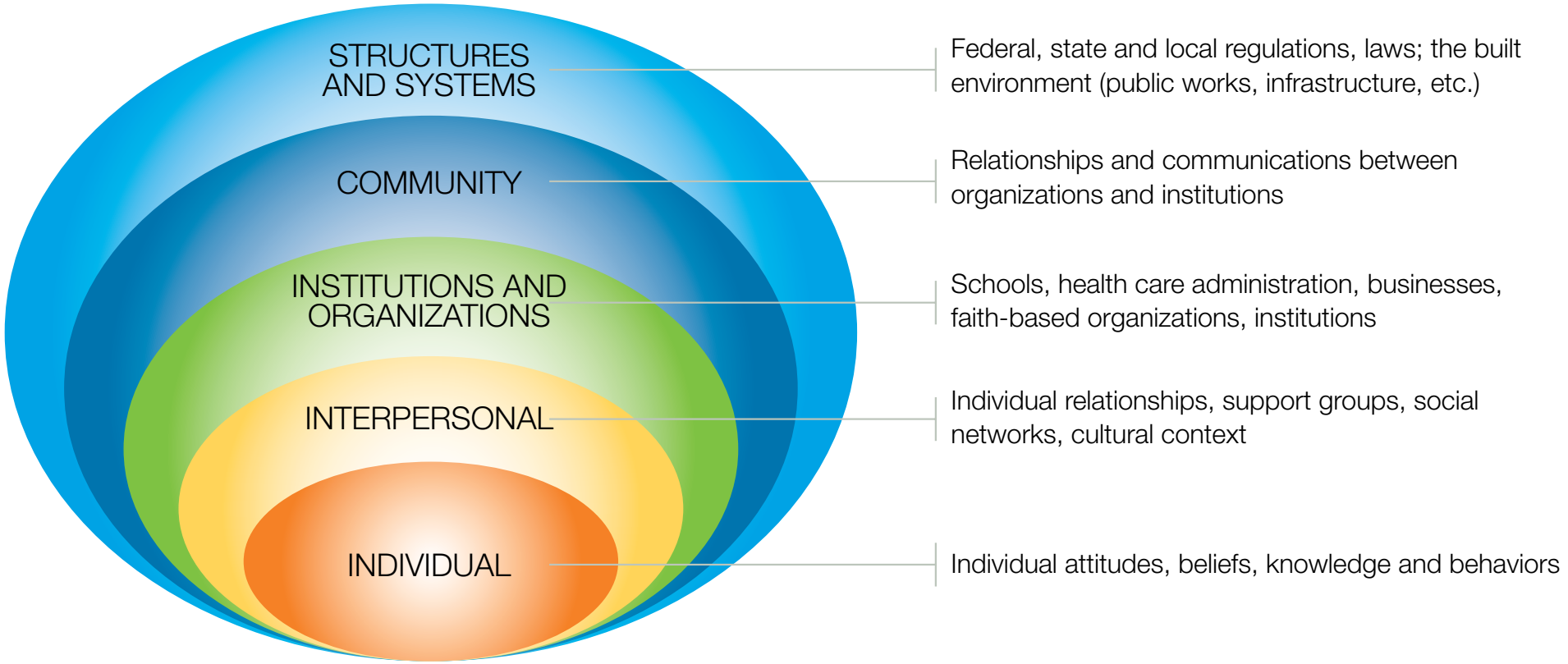
PREVENTION AND WELLNESS

SOCIO-ECOLOGICAL MODEL OF HEALTH

For the implementation phase, LVH–Schuylkill used the Socio-Ecological Model as a framework for understanding the "interconnectedness" of the community. The Socio-Ecological Model shows multiple layered systems of influence at work. In essence, health within a community depends on "everyone." The life and health of an individual are influenced by conditions within community – by the quality of relationships with others, by experiences in schools and neighborhoods, by capacity of community organizations to support persons and families, local government, etc. The Centers for Disease Control's (CDC) Socio-Ecological Model of Health captures this interdependence.

Caring for an entire community – whether that is a county, town, neighborhood or group of underserved individuals – takes a team of dedicated people. Some portions of the implementation plan will be focused on activities led by health professionals and caregivers at our LVH–Schuylkill facilities. We will work in specific areas to improve the quality of clinical care and experiences of our patients. To address other needs identified in the CHNA, the team extends beyond the health care professionals at LVH–Schuylkill. We will work collaboratively with community organizations, faith-based organizations, social service agencies, local health departments and civic leaders to help grow healthier communities, one relationship at a time.

Creating healthier communities is our common focus. By working on the implementation plan together, we can take meaningful steps to improve health, grow resilience and raise awareness of the many factors that influence our health.



RECAP OF CHNA FINDINGS

When the Community Health Needs Assessment for Pottsville and Schuylkill was developed, it identified several health and social issues that required community-wide attention.

- Urgent care services
- Mammogram screenings
- Primary/specialty medical care
- Drug and alcohol abuse

COMMON PRIORITY AREAS IN SCHUYLKILL COUNTY AND LEHIGH VALLEY REGIONS

- Social isolation
- Health equity, language and culture
- Develop community partnerships
- Mental health education

DETERMINING KEY FOCUS AREAS FOR THE IMPLEMENTATION PLAN

To facilitate the CHNA implementation planning process, Schuylkill Health System (now LVH–Schuylkill) retained Strategy Solutions Inc. (SSI), a planning and research firm based in Erie, Pa. The assessment and implementation strategy process followed best practices as outlined by the Association of Community Health Improvement, and also was designed to comply with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals.

After all primary (stakeholder interviews) and secondary data were reviewed and analyzed by the CHNA Steering Committee, the data suggested a total of 39 distinct issues, needs and areas for potential intervention by LVH–Schuylkill. Four criteria were used to identify key focus areas for the implementation plan:

MAGNITUDE

How big or widespread is the issue?

IMPACT

Is the problem a "driver" of other health outcomes?

CAPACITY

What does LVH–Schuylkill already have in place that can support improvement or measurement?

ALIGNMENT

Which items are consistent with LVH–Schuylkill's clinical, community and population health goals?

During the analysis period in 2016 for the CHNA, opioid abuse did not rank among the top 10 items identified by the prioritization process. However, since that time, the recent surge in opioid addiction, including the use of heroin that confronts all of Pennsylvania, has resulted in a higher ranking for this priority and its inclusion in the current implementation plan. (See Appendix 1.)

In addition to these localized priorities, LVHN has identified other priority areas as being relevant to all of its campuses and the communities it serves. The following network-wide initiatives will be part of the LVH–Schuylkill implementation plans:

- Build social connection through a community-based time-banking program that emphasizes reciprocity. (Addresses social isolation – a problem in many of our communities.)
- Develop community partnerships and accessible community-based resources to support health.
- Educate patients and community stakeholders about depression; reduce stigma associated with mental health conditions.
- Provide care and communication that is sensitive to culture and language through workforce education, training and use of interpreter services.
- Professional workforce education for safe prescribing of opioid medication.

LVHN identified the following as our four overarching Key Focus Areas:

COMMUNITY ENGAGEMENT

We defined Community Engagement as "Developing community partnerships to identify priorities and support complex issues that impact health." LVH–Schuylkill will focus on exploring and building community partnerships with an aim to address social and health needs of community populations.

AT-RISK POPULATIONS

We defined At-Risk Populations as "Providing clinical services that meet a significant community need for an at-risk population, but are not financially viable on their own." Some examples of at-risk populations include those with behavioral health or psycho-social needs. Our implementation plan also addresses tobacco use among pregnant women.

ACCESS TO CARE AND HEALTH EQUITY

We defined Access to Care and Health Equity as "Being attentive to the needs for access to medical care in the communities we serve and to each person's language and culture." LVH–Schuylkill will address this need in several ways: by recruiting additional staff and specialty providers to provide care for Schuylkill County-area patients, educating patients about LVHN's financial assistance policy, and educating LVH–Schuylkill staff about language and cultural sensitivity.

PREVENTION AND WELLNESS

We defined Prevention and Wellness as "Increasing the number of people who are healthy and well by empowering people to take an active role in their health and addressing issues that contribute to preventable disease." Such initiatives include promoting mammograms, flu shots, timely pregnancy care and obesity screening, and building awareness about the emerging opioid drug use and abuse issues facing our communities.

HOW WE WILL MEASURE THE IMPACT OF OUR WORK

ALWAYS WORKING TO IMPROVE

At LVH–Schuylkill, we believe that measuring our progress and our areas for improvement helps show our ongoing commitment to the health of the community. Measuring improvement in a community can take several years. It is an ongoing process. Within the three-year time frame of this CHNA cycle, there are still ways to measure progress. At times, we will use shorter "cycles of improvement" designed to show progress one step at a time. We will take what we learn each year and build on that to improve the care we provide, experiences of our patients, and health of the communities we serve. Our goal is to have a positive impact on health and things that influence it.

WORKING TOGETHER ON THE SOCIAL INFLUENCES ON HEALTH

There are also complex factors within a community – called "social determinants" – that influence health. Social determinants include education, employment, lifestyle, housing, food, violence, alcohol and substance use, and other factors. They can help support health or can get in the way of staying healthy. At LVH–Schuylkill, we believe there can be a greater impact on health by partnering with others in the community to address a health issue rather than managing it alone. Making progress with chronic health conditions like asthma and diabetes may require cooperation among clinicians, educators, grocery store owners, consumers and community advocates.

THE BASICS OF MEASUREMENT

In health care, we use measurement science to tell us more about how we are doing. Here are a few basic concepts that guide our decisions around selecting metrics and measures:

- Sometimes improvement is measured by a number, such as a patient's blood pressure or the weight of a child. These are called "quantitative" methods. In other situations, we may measure how people feel about themselves or the things around them – perceptions about eating habits, health or nutrition, for example. These are called "qualitative" measures. Both types of measures are important. They provide different kinds of information and help us look at an issue from different angles.
- If we are measuring the development of a new program or service, we may describe key steps along the way, similar to mileposts on a road. We look at whether these steps are happening as expected and what helps or gets in the way. These are called "process" measures.
- Sometimes we measure the number of people touched by an activity. This is called an "output" measure. An example might be a community-based home visiting program. Here we might focus on the number of people seen during a particular week or number of concerns addressed during a visit.
- If we are measuring an "outcome," we are looking at specific changes in a person's health, behavior, knowledge or ability to do something. Rates of death from cancer or graduation rates from high school are examples. Outcomes are the strongest measures of progress. They are also the most difficult to measure over a short period of time. Some outcome improvements, such as reduced death rates from heart disease, can take several years to show.

For each activity identified in our Community Health Needs Implementation Plan, we have chosen a "metric" – a way to measure progress and the impact of that activity. Periodically, we will collect data from our systems to support measuring what matters. There are always some challenges with this. For instance, LVH–Schuylkill currently uses a separate electronic medical record (EMR) system from that of Lehigh Valley Health Network. This makes for extra work when it comes to looking at data and progress. However, there is good news as we look toward the future. With LVHN as the lead, LVH–Schuylkill will embark on a multi-year project to transition to a new system-wide integrated electronic medical record system. Doing this will help us bring together data and reports that support CHNA priorities within our communities. Having a common way to collect key data using an integrated EMR will help us monitor trends, measure outcomes and design "cycles of improvement" to address areas of need.

READING THE IMPLEMENTATION PLAN

When reviewing the chart, each LVH–Schuylkill location is listed in the columns with a ■ placed to show where a particular tactic will be implemented and which hospital and/or community collaborator(s) will help implement the initiative(s).

While LVH–Schuylkill is committed to the area's health and wellness, we also know that every member of our community plays a role in helping to shape a better tomorrow. We hope the information in this implementation plan and 2016 CHNA report encourages you to join our quest to make the Schuylkill region a better, healthier place to live.

COMMUNITY ENGAGEMENT

DEVELOP COMMUNITY PARTNERSHIPS TO IDENTIFY PRIORITIES AND SUPPORT COMPLEX ISSUES THAT IMPACT HEALTH

PRIORITY AREA	OBJECTIVE	TACTIC	LVH–S, SJ	LVH–S, EN	COMMUNITY COLLABORATORS
SOCIAL ASSOCIATIONS	Build social connection through a community-based time-banking program that emphasizes reciprocity.	**1.1** Promote LVHN Community Exchange (CE) time-banking program to increase social connections, neighbors helping neighbors.	■	■	Community organizations interested in this program
	Develop community partnerships and accessible resources to support health.	**2.1** Partner with United Way 211 to create and maintain a database (UW211 East) of community resources, accessible to LVHN case managers, clinicians, patients, caregivers and community organizations.	■	■	United Way

LVH–S, EN → LVH–Schuylkill E. Norwegian Street **LVH–S, SJ** → LVH–Schuylkill S. Jackson Street

AT-RISK POPULATIONS

PROVIDE CLINICAL SERVICES THAT MEET A SIGNIFICANT COMMUNITY NEED FOR AN AT-RISK POPULATION, BUT ARE NOT FINANCIALLY VIABLE

PRIORITY AREA	OBJECTIVE	TACTIC	LVH–S, SJ	LVH–S, EN	COMMUNITY COLLABORATORS
BEHAVIORAL HEALTH	Bring all necessary support services to the mental health unit at the hospital.	**1.1** Coordinate efforts to provide mental health services, support for patients' other conditions, group and family support, etc. within the inpatient mental health unit.	■		Schuylkill County Mental Health/ Developmental Services
	Educate patients and community stakeholders about depression; reduce stigma associated with mental health conditions.	**2.1** Public Health destigmatization and informational campaign to promote importance of early identification, connection to treatment, employee assistance programs.	■	■	National Alliance on Mental Illness, local Suicide Prevention Resource Center, local county, local media
TOBACCO USE AMONG PREGNANT WOMEN	Reduce number of smoking mothers during and after pregnancy.	**3.1** In cooperation with the Center for Counseling Services, the maternity team and others from LVH–Schuylkill E. Norwegian Street, LVH–Schuylkill S. Jackson Street will continue to offer a tobacco cessation program through childbirth for mother and partner.	■	■	
		3.2 Develop a tobacco use survey for the childbirth class and at time of childbirth.	■	■	
		3.3 Offer Time to Quit program, 5-6-week coaching session, at either the hospital, Comprehensive Women's Health.	■	■	Comprehensive Women's Health
		3.4 Promote tobacco cessation programs to other ob/gyn practices on the medical staff.	■	■	

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ACCESS TO CARE AND HEALTH EQUITY

BE ATTENTIVE TO THE NEEDS FOR ACCESS TO MEDICAL CARE IN THE COMMUNITIES WE SERVE AND TO PERSON'S LANGUAGE AND CULTURE

PRIORITY AREA	OBJECTIVE	TACTIC	LVH–S, SJ	LVH–S, EN	COMMUNITY COLLABORATORS
ACCESS TO PRIMARY AND SPECIALTY CARE	Develop and maintain a safety net of services that improve access to care among vulnerable populations.	**1.1** Maintain and broadly communicate LVHN's financial assistance policy, providing free or discounted care for qualifying patients.	■	■	
	Create additional urgent care/ExpressCARE access at LVH–Schuylkill.	**2.1** Investigate feasibility of establishing urgent care/ExpressCARE access at LVH–Schuylkill.	■		
	Recruit primary care and specialty physicians to improve access to needed health services.	**3.1** Recruit primary care clinicians to improve access to care for members of community.	■	■	
		3.2 Recruit various specialty physicians to meet needs identified in the 2016 CHNA.	■		
ATTENTIVENESS TO LANGUAGE AND CULTURE	To provide care and communication that is sensitive to culture and language through workforce education, training and use of interpreter services.	**4.1** Provide LVHN colleagues with cultural, linguistic training via a variety of delivery mechanisms.	■	■	
		4.2 Patient's preferred language for health care discussions is recorded at time of registration.	■	■	
		4.3 Assess availability of language-assistance resources in all care delivery sites to meet needs of patients with limited English proficiency.	■	■	

LVH–S, EN → LVH–Schuylkill E. Norwegian Street **LVH–S, SJ** → LVH–Schuylkill S. Jackson Street

PREVENTION AND WELLNESS

INCREASE NUMBER OF PEOPLE WHO ARE HEALTHY AND WELL BY EMPOWERING PEOPLE TO TAKE AN ACTIVE ROLE IN THEIR HEALTH AND ADDRESSING ISSUES THAT CONTRIBUTE TO PREVENTABLE DISEASE

PRIORITY AREA	OBJECTIVE	TACTIC	LVH–S, SJ	LVH–S, EN	COMMUNITY COLLABORATORS
CANCER SCREENING	Increase rate of mammogram screenings in order to increase early-stage breast cancer detection and potentially decrease breast cancer mortality rates.	**1.1** Offer low-cost mammograms in October at Women's Imaging Center.	■		
		1.2 Reduce no-shows for mammograms by communicating a reminder for scheduled patients and calling no-shows to reschedule. Those unable to be reached for no-show will be sent a letter.	■	■	
		1.3 Continue partnership with Maternal & Family Health Services in Wilkes-Barre, Pa., to offer free mammograms during month of April for those who cannot afford this screening.	■		Maternal & Family Services (Wilkes-Barre, Pa.)
		1.4 Educate community on the importance of mammograms by handing out self-breast exam shower cards at health fairs, speaking engagements and all local ob/gyn offices, as well as make available in waiting areas of the hospital.	■		
USE AND MISUSE OF OPIOIDS	Professional workforce education for safe prescribing of opioids.	**2.1** Guideline development for acute and chronic pain management, patient screening for safe prescribing of opioid analgesics; physician outreach and education.	■	■	
	Reduce availability of medications that have potential for misuse.	**3.1** Investigate feasibility of working with local law enforcement and community organizations to offer a Drug Give-Back Day.	■	■	Local Sheriff's Department
	Help improve linkage to treatment from LVHN clinical care sites for patients experiencing addiction.	**4.1** Create a collaboration between the hospital, Schuylkill County Drug & Alcohol Program resources and ob/gyn providers in community to offer continuum of care for pregnant mothers addicted to heroin, including creation of team to consult when pregnant mother is admitted to the hospital or identified at ob/gyn visit – offer nutrition, referral for substance use treatment, at-home support, medical home, etc.	■		Schuylkill County Drug & Alcohol Local ob/gyn Providers
		4.2 Develop and implement protocols for timely referrals to Drug & Alcohol treatment system for patients who present to the Emergency Department with addiction-related problems.	■	■	Schuylkill County Drug & Alcohol
	Improve coordination of services between LVH--Schuylkill and community-based provider systems.	**5.1** Establish and maintain close working relationship with Schuylkill County Drug & Alcohol program and resources.			Schuylkill County Drug & Alcohol
	Educate school-age children on mental health and substance abuse issues.	**6.1** Work with Schuylkill Prevention Partnership to educate school-age children in Schuylkill County.			Schuylkill County Mental Health/Disability Services (leadership role)

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PREVENTION AND WELLNESS

INCREASE NUMBER OF PEOPLE WHO ARE HEALTHY AND WELL BY EMPOWERING PEOPLE TO TAKE AN ACTIVE ROLE IN THEIR HEALTH AND ADDRESSING ISSUES THAT CONTRIBUTE TO PREVENTABLE DISEASE

PRIORITY AREA	OBJECTIVE	TACTIC	LVH–S, SJ	LVH–S, EN	COMMUNITY COLLABORATORS
NUTRITION/ WELLNESS/OBESITY	Collaboration with Schuylkill VISION to address physical and nutritional needs of the community.	**1.1** In collaboration with Schuylkill VISION, support selection of community-based activities to promote health, wellness and nutrition in Schuylkill County.	■	■	Schuylkill VISION
		1.2 Invite dietitians, cooks, diabetic educators and other hospital staff to participate in Schuylkill VISION-sponsored health fairs and events.	■	■	Schuylkill VISION

WORKING ALONGSIDE – AND FOR – OUR COMMUNITY

LVH–Schuylkill's CHNA Implementation Plans will require the next two years – and more – to achieve the Triple Aim of "Better Care, Better Health and Better Cost." In fact, each activity within the implementation plans is a starting point for us to "Plan, Do, Measure and Improve" in continuous cycles of collaborative effort. We are walking together in what is a long-term journey to understand, discuss and address issues faced by members of our communities. We will work together to create healthier communities – one relationship at a time.

Our LVH–Schuylkill implementation plans cover many areas of public health and social need. When looking at the top 10 needs identified in the prioritization process, we did not completely address two areas identified by the CHNA: mortality rates from heart disease and cancer. We realize that these two problems are long-term outcomes that have multiple "roots," or underlying causes. We will begin by improving rates of cancer screening, trying to identify cancers at an earlier – and hopefully more treatable – stage. We will work to improve awareness of risk factors for heart disease in the community and to foster healthy lifestyle choices, such as exercise, moderation of calorie intake and reduced rates of tobacco use. As the partnership with LVHN matures, access to high-quality care for patients affected by cancer and heart disease will improve. LVHN is committed to improving access to complex medical care within Schuylkill County – close to home for our residents.

The current CHNA plan does cover a large number of health and social priorities, which will be addressed by LVH–Schuylkill and our community partners as so many of our community collaborators have deep roots and a strong commitment to the common good. The CHNA implementation plan provides an opportunity for every person and every organization to make a positive contribution. By combining our strengths and insights, we can improve health and well-being, and support those struggling under the burdens of life.

We invite others to join the effort to make the Schuylkill County area healthier for present and future generations. Talk with organizations listed in the implementation plan. Share your thoughts about how you might be able to help us achieve health goals that will benefit the community as a whole.

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APPENDIX 1

The table below illustrates the identified community needs in rank order as rated by the SHS Steering Committee based on total scores for all four criteria. Highlighted are the five need areas selected by SHS as its focus areas for 2016. Looking at the final rank ordering based on the four prioritization criteria, the Steering Committee identified four priority areas that will be addressed in the Implementation Strategy.

- Access to Care: Urgent Care Services
- Access to Care: Mammogram Screenings
- Access to Care: Primary/Specialty Medical Care
- Mental Health and Substance Abuse: Drug and Alcohol Abuse

During the analysis period in 2016 for the CHNA, opioid abuse did not rank among the top 10 items identified by the prioritization process. However, since that time, the recent surge in the opioid addiction problem confronting all of Pennsylvania, including the use of heroin, has resulted in a higher ranking for this priority and its inclusion in this implementation plan.

TABLE 1. LVH–SCHUYLKILL CHNA PRIORITIZATION SURVEY SORTED BY ACCOUNTABILITY (NOTING MAGNITUDE AND IMPACT TOTAL)

PRIORITIES	ACCOUNTABILITY A	MAGNITUDE M	IMPACT I	CAPACITY C	TOTAL M+I
Access to Quality Health Services: Access to Urgent Care Services	9.33	6.17	7.50	7.50	13.67
Access to Quality Health Services: Mammogram Screenings	8.75	5.50	7.00	8.08	12.50
Access to Quality Health Services: Access to Specialty Medical Care	8.33	8.73	9.33	6.50	18.06
Access to Quality Health Services: Access to Primary Care Physicians	8.33	7.17	9.42	6.67	16.59
Mental Health/Substance Abuse: Drug and Alcohol Abuse	3.58	9.17	9.08	6.83	18.25

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Lehigh Valley Health Network

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