

Community Health Implementation Plan--Dyer

Franciscan St. Margaret Health-Dyer

2016-2018

Community Health Improvement Plan

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Executive Summary of CHNA

The Community Health Needs Assessment (CHNA) is designed to provide an understanding of the current health status and needs of the residents in the communities served by Franciscan St. Margaret Health-Dyer (FSMH-Dyer). This report meets the current Internal Revenue Service's requirement for tax-exempt hospitals, which is based on the Patient Protection and Affordable Care Act of 2010. More importantly, this document assists FSMH-Dyer in providing essential services to those most in need. Based on the findings in this report, FSMH-Dyer will develop a three year strategic plan on meeting community health needs as capacity and resources allow.

This report focuses on Lake County, the location of most of FSMH-Dyer patient residences. Because Indiana is a home rule state, data by zip code is limited. Based on the primary survey of residents in the county, some zip code level data was attainable and shows small nuances between the county of Lake and the city of Hammond.

Lake County faces several challenges due to its socioeconomic factors, built environment, industry types, and geographical location. Using mixed methods to evaluate the primary and secondary data, the following health-related issues are top concerns:

1. Physical Activity and Nutrition: Obesity, diabetes management, arthritis, and cardiovascular conditions all score highly in incident rates and perception of need. A common theme amongst all of these clinical issues is the lack of physical activity and proper nutrition. Concerns about public safety, lack of built environment, and access to healthy food also contribute to this issue.
2. Behavioral Health: Suicide rates are higher than the state average. National data indicates of the reported completed suicides, many more are unreported due to the listed cause of death. Substance abuse rates are also quite high, especially with alcohol and opiates. Stress, depression, and poor mental health rates also contribute to poor chronic disease management, obesity, and self-satisfaction.
3. Access to Health Care: Cost of co-pays, deductibles, medications, and durable medical equipment are reported most frequently as barriers to clinical care. The county does have a portion designated as health professions shortage area due to low income populations. In addition, there is a shortage of providers, or long waits to see a primary care provider.
4. Lung and Colorectal Cancers: With a higher than state average smoking rate and poor air quality, lung cancer rates are high. Colorectal cancer screening rates are low, as are prostate screenings, and incident rates are high.
5. Infant Mortality: Smoking during pregnancy, low clinical care visits, and high infant mortality rates show the need for improved access and services for pregnant women and their families.
6. Asthma: Perhaps linked to the poor air quality in the county and high tobacco use rates, asthma rates are high and management is poor, especially in children.
7. Senior Services: There is a noted lack of services for the older population, including activities, specialized health care, and transportation

Franciscan St. Margaret Health-Dyer

A trusted leader in providing faith-based, integrated health care, FSMH-Dyer is are part of one of the largest acute-care hospitals in the Northwest Indiana region. And we're growing to meet your needs with several off-site facilities, including a dedicated adult and pediatric rehabilitation institute and a health and fitness club in Schererville,

Indiana. FSMH-Dyer is a member of the Mishawaka, Ind.-based Franciscan Alliance, one of the largest Catholic health care systems in the Midwest with 14 growing hospitals, approximately 20,000 employees and a number of nationally recognized Centers of Health Care Excellence.

FSMH-Dyer is located in Lake County, 24 Joliet Street, Dyer, IN 46311. The CEO of FSMH- Dyer is Michael Stenger.

The FSMH-Dyer statistics include:

FSMH Services	
Annual Outpatient Visits	253,084
Annual Emergency Department Visits	23,128
Annual Surgical Procedures	3,911
Births	387
Employees	951
Volunteers	191
Total Physicians (includes Franciscan Physician Network and affiliated doctors)	542
Average length of patient stay	4.67 days

FSMH- Dyer- Services Include:

Anticoagulation Clinics	Gastrointestinal Services	Nuclear Medicine	Robotic Surgery
Audiology	Gynecologic Oncology	OBGYN	Senior Services
Bariatrics	Gynecologic Surgery	Occupational Health	Sleep Disorders
Behavioral Health	Heart & Vascular	Omni Health & Fitness	Stroke Care
Breast Health	Home Health Care	Orthopedics	Surgical Services
Cancer Care	Hospitalists	Osteoporosis Specialty Clinic	Urgent Care
Colon and Rectal Surgery	Imaging	Otolaryngology	Weight Loss/Bariatrics
Da Vinci Robotic Surgery	Infusion Services	Outpatient Services	Women's Health/OBGYN
Diabetes Care	Intensive Care Unit	Pain Management	WorkingWell
Dietitians	Interventional Radiology	Palliative Medicine	Wound Care
Ear, Nose, and Throat	Joint & Spine Care	Pediatrics	
Emergency Medicine	Laboratory Services	Primary Care Physicians	
Employee Assistance Program	Lymphedema Services	Pulmonary Medicine	
Family Doctor	Mammography	Registered Dietitians	
Fitness Centers	Medical Alert Service	Rehabilitation Services	
Franciscan ExpressCare	Neurodiagnositcs	Respiratory Care	

The FSMH- Dyer mission is To Continue Christ's Ministry in our Franciscan Tradition. Values include:

Respect for Life
The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness and compassion that he or she is consciously aware of being loved.

Fidelity to Our Mission
Loyalty to and pride in the health care facility are exemplified by members of the health care family through their joy and respect in empathetically ministering to patients, visitors and co-workers.

Compassionate Concern
In openness and concern for the welfare of the patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

Joyful Service
The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

Christian Stewardship
Christian stewardship is evidenced by just and fair allocation of human, spiritual, physical and financial resources in a manner respectful of the individual, responsive to the needs of society, and consistent with Church teachings.

Top Health Needs and FSMH-Dyer Selections

Based on the CHNA, several priority health needs, including social determinants of health, were identified. Per IRS guidelines, the table below provides a list of the priority needs, which needs FSMH-Dyer will commit to working on, and justification of why the other needs were not selected. Selection of priority health needs were based on the magnitude, impact, feasibility, cost, and partnerships.

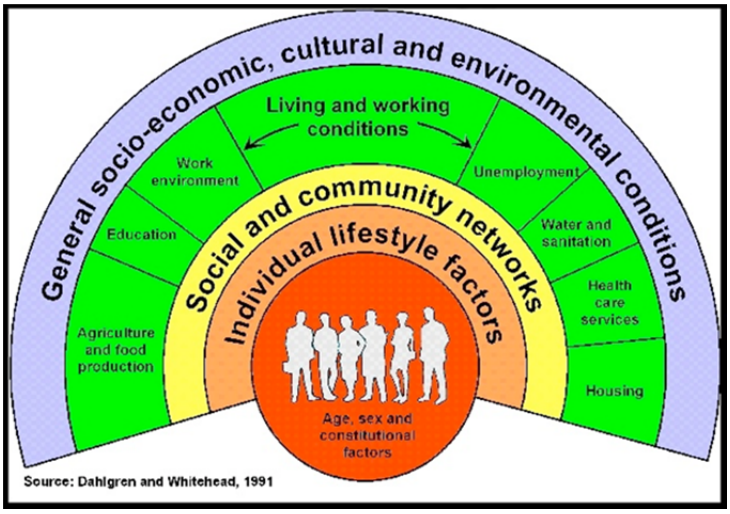
Health Need	Description	FSMH-Hammond Priority?	Justification/Explanation
Physical Activity and Nutrition	Obesity, diabetes management, arthritis, and cardiovascular conditions all score highly in incident rates and perception of need. A common theme amongst all of these clinical issues is the lack of physical activity and proper nutrition.	Somewhat	Physical activity and nutrition education will be integrated into the asthma program.
Behavioral Health	Suicide, poor mental health days, depression, and substance abuse all rank highly in the community.	Yes	The Adolecent Coping with Depression program aims to improve youth behavioral health.
Access to Health Care	The county does have a portion designated as health professions shortage area due to low income populations. In addition, there is a shortage of providers, or long waits to see a primary care provider.	No	FSMH-Dyer provides significant financial support through government programs and charity care. Other Franciscan Alliance facilities in the county provide additional access-related services.
Lung and Colorectal Cancers	With a higher than state average smoking rate and poor air quality, lung cancer rates are high. Colorectal cancer screening rates are low, as are prostate screenings, and incident rates are high.	No	Colorectal cancer screenings and education will be a priority for another Franciscan Alliance facility in the county.
Infant Mortality	Smoking during pregnancy, low clinical care visits, and high infant mortality rates show the need for improved access and services for pregnant women and their families.	Yes	The Period of Purple Crying program works to decrease the incidence of shaken baby syndrome.
Asthma	Perhaps linked to the poor air quality in the county and high tobacco use rates, asthma rates are high and management is poor, especially in children.	Yes	In partnership with two Franciscan Alliance facilities, asthma education and management will be addressed.
Senior Services	There is a noted lack of services for the older population, including activities, specialized health care, and transportation	No	A fall prevention program will be implemented by another Franciscan Alliance facility in the county.

Approach and Methodology

Principles and Methodology

In determining community health interventions for the selected priority health needs, health equity, sustainability, and consideration of the social determinants of health are key priniciples. While most interventions focus on the individual lifestyle factors, knowledge, skills, and behaviors, consideration of the cultural and environmental contexts are just as important. FSMH-Dyer acknowledges that true change comes with major shifts in all areas. Therefore, while this report documents interventions that are mostly at the individual efforts, participating in collective impact is also vital.

The models below represent the need for multiple interventions:



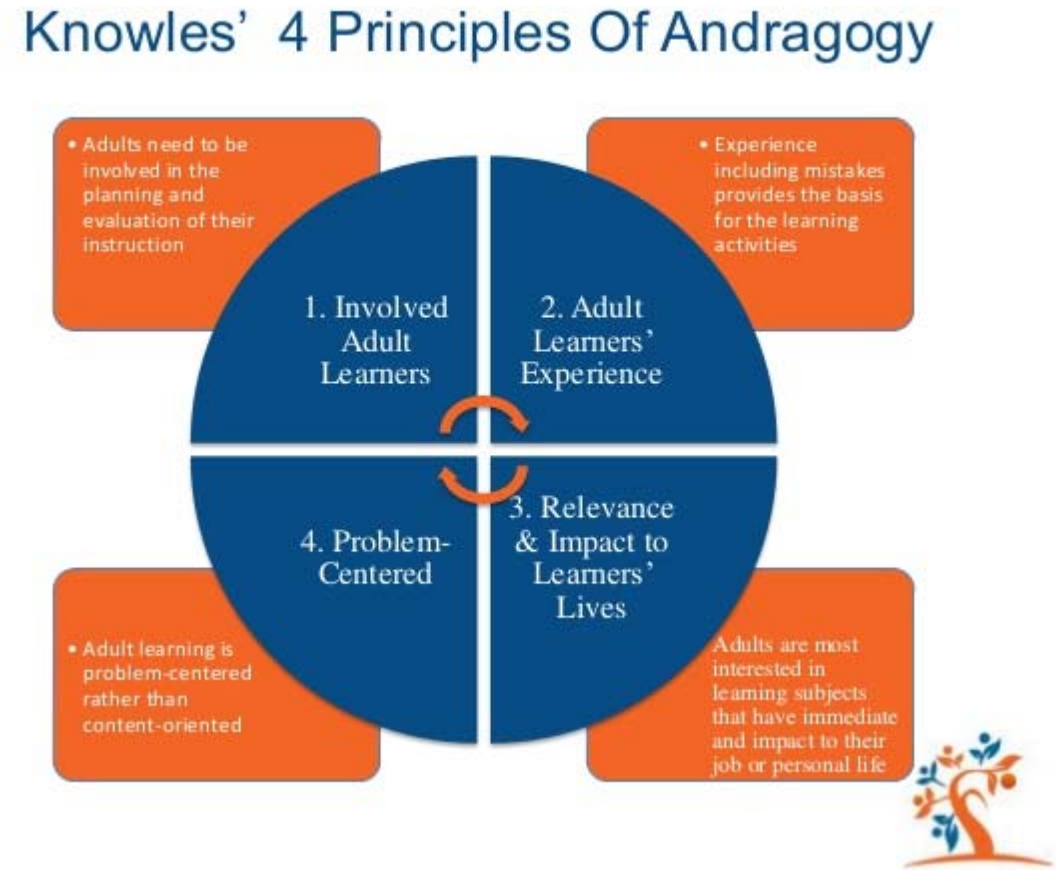
Social Determinants of Health



Socio-Ecological Model

Intervention Design

Interventions implemented by FSMH-Dyer are person-centered and designed to create lasting change. Malcolm Knowles' Principles of Andragogy provides the frame work (image courtesy of eLearning Industry):



While this model is based on educational programming, it applies to all types of interventions. For example, in the provision of clinical care or medication assistance, participants not only receive the care or medication, they also learn to better manage their own health or access components of the health system or assistance program. Reflection, teach-back, and communication techniques are utilized to empower the participant to move beyond a one-time interaction or assistance.

Evidence Base

FSMH-Dyer uses evidence-based practices in planning interventions whenever possible, as these programs have been thoroughly tested and proven efficacy. When evidence-based programs are not available, best practices and documented research guides the development and implementation of the intervention.

Evaluation

Implementation activities presented in this document will be evaluated to the fullest extent. Using Kirkpatrick's model as a guide, evaluation of not only the program, but its impact and results will be reviewed. This process allows for changes to be made to improve the program on an ongoing basis. While it can be difficult to determine the exact cause of individual behavior change, biometrics, post-follow up surveys, and other methods will be used to capture

qualitative and quantitative data. The model below (image courtesy of LeanLearn) notes the type of evaluation that will be used:



Documentation

Documentation of interventions, including financial resources, supplies, staff time, and individuals served, will be collected internally through CBISA Plus, a software product of Lyons Software. Annually, results will be published in an external document housed on the hospital's website.

Implementation Plans

2013-2016 Results

In the 2013-2016 cycle, FSMH-Dyer had two priorities. The following table reviews the previous priority areas, results, and future efforts:

Priority	Results	Continuation?	Future Efforts
Decrease substance abuse among adolescent	The program overall has been a success. Our community partners have been pleased with our partnership and we have been able to reach our goal.	No	FSMH Dyer will continue its effort to decrease substance abuse among adolescents, but will not be listed as a priority area.

Improve cardiovascular health and life quality	Program efforts for those who participated was a success. However overall program has been notable as effort to retain participants was a constant challenge.	No	The activities of this priority will continue, but will not be listed as a priority area.

2016-2018 Implementation Plan

Three priority areas have been identified for the 2016-2018 timeframe—respiratory care, infant mortality, and behavioral health. The respiratory health program will focus on pediatric asthma and flu vaccine rates. By using a coordinated school health approach, schools with the greatest need will be identified and served through this program. Infant mortality will be addressed through the adoption of The Period of Purple Crying program, which is an evidence based program of the National Center for Shaken Baby Syndrome. A youth behavioral health intervention, Adolescent Coping with Depression program, will address depression and mental health in youth.

The following plans document the anticipated activities and outcomes.

Date Created: 5/18/2016						Date Updated:
Goal:	To improve pediatric asthma management					
HP 2020 Alignment:	RD-1.1, RD-2.2, RD-3.2; RD-5.1					
Other Alignment:	Indiana Joint Asthma Coalition; Indiana State Department of Health					
Comments:						

PERFORMANCE MEASURES

How will we know that we're making a difference?

	Indicator	Source	Frequency
Short Term:	Improvement in knowledge by participants	Participant evaluation	Post-program
Intermediate Term:	Reduction of hospitalizations and ED visits from complications of pediatric asthma Reduction in missed school days	EPIC Indiana Hospital Association Indiana Department of Education	Annually
Long Term:	Development of self management skills by youth participants	YBRFSS	3-5 years

2016

OBJECTIVES

Objective #1:	Develop coordinated school program to improve management of asthma
Evidence Base:	CDC; Healthy People

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop committee of hospital, school, and social service organizations	8/31/2016	Committee Members	Respiratory and Women and Children	Committee	Schools, social services	
Determine needs and desires of schools, including classroom education, parent and teacher training, and additional resources	11/15/2016	N/A	Respiratory and Women and Children	List of needs	Schools, social services	
Secure resources for implementation	12/31/2016	Materials	Respiratory and Women and Children	Resources	Schools, social services	
Determine evaluation strategy	11/15/2016	N/A	Respiratory and Women and Children	Evaluation report	Schools, social services	

OBJECTIVES

Objective #2:	Provide flu mist vaccinations for two schools in service area
Evidence Base:	CDC

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Determine two high risk schools	8/31/2016	N/A	Women and Children	School selection	School	
Determine logistics, parental consent	9/30/2016	N/A	Women and Children	Plan	School	
Collect baseline data	9/30/2016	Data	Women and Children	Evaluation	School	
Implement vaccine clinics	12/31/2016	Vaccine and materials	Women and Children	Vaccinated children	School	

2017

OBJECTIVES						
Objective #1:	Implement coordinated school program in two high risk school in service area					
Evidence Base:	CDC; Healthy People					

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement program at first school	5/31/2017	Materials	Respiratory	Improved management	Schools	
Implement program at second school	12/31/2017	Materials	Respiratory	Improved management	Schools	

OBJECTIVES						
Objective #2:	Provide flu mist vaccinations for three schools in service area					
Evidence Base:	CDC					

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Determine three high risk schools	8/31/2017	N/A	Women and Children	School selection	School	
Determine logistics, parental consent	9/30/2017	N/A	Women and Children	Plan	School	
Collect baseline data	9/30/2017	Data	Women and Children	Evaluation	School	
Implement vaccine clinics	12/31/2017	Vaccine and materials	Women and Children	Vaccinated children	School	

2018

OBJECTIVES						
Objective #1:	Provide coordinated school program for two high risk schools in service area					
Evidence Base:	CDC; Healthy People					

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement program at first school	5/31/2018	Materials	Respiratory	Improved management	Schools	
Implement program at second school	12/31/2018	Materials	Respiratory	Improved management	Schools	

OBJECTIVES						
Objective #2:	Provide flu mist vaccinations for four schools in service area					
Evidence Base:	CDC					

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Determine three high risk schools	8/31/2018	N/A	Women and Children	School selection	School	
Determine logistics, parental consent	9/30/2018	N/A	Women and Children	Plan	School	
Collect baseline data	9/30/2018	Data	Women and Children	Evaluation	School	
Implement vaccine clinics	12/31/2018	Vaccine and materials	Women and Children	Vaccinated children	School	

Date Created: 5/18/2016						Date Updated:
Goal:	To reduce shaken baby syndrome and infant mortality in Lake County					
HP 2020 Alignment:	MICH-1.3, MICH-1.5, MICH-1.8, MICH-1.9					
Other Alignment:	Indiana State Department of Health					
Comments:						

PERFORMANCE MEASURES
How will we know that we're making a difference?

	Indicator	Source	Frequency
Short Term:	Number of parents receiving PURPLE materials Understanding of the PURPLE materials	Hospital staff 3 month post follow up call	Quarterly
Intermediate Term:	Reduction of shaken baby syndrome Reduction in infant mortality	EPIC County Child Fatality Review Team	Annually
Long Term:	Reduction in toddler mortality	EPIC County Child Fatality Review Team	3-5 Years

2016

OBJECTIVES

Objective #1:	Implement Dose One of the Purple Program
Evidence Base:	National Center on Shaken Baby Syndrome

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop infrastructure to manage resources and materials	10/1/2016	Purple materials	Women and Children	Infrastructure	N/A	
Train staff on the delivery of the program	10/1/2016	Training materials	Women and Children	Trained staff	N/A	
Develop evaluation strategies	10/1/2016	N/A	Women and Children	Evaluation reports	N/A	
Implement Dose One with all new deliveries	12/31/2016	Purple materials	Women and Children	Implemented program	Nurse Family Partnership	

OBJECTIVES

Objective #2:	Develop infrastructure to implement Dose Two of the Purple Program
Evidence Base:	National Center on Shaken Baby Syndrome

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Determine and secure resources to reinforce messages through follow up phone calls or with community based physicians	12/31/2016	N/A	Women and Children	Infrastructure	FPN, Nurse Family Partnership, other infant services	
Develop evaluation strategies	12/31/2016	N/A	Women and Children	Evaluation reports	N/A	

2017

OBJECTIVES	
Objective #1:	Implement Dose One of the Purple Program
Evidence Base:	National Center on Shaken Baby Syndrome

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement Dose One with all new deliveries	continuous	Purple materials	Women and Children	Implemented program	Nurse Family Partnership	

OBJECTIVES	
Objective #2:	Implement Dose Two of the Purple Program
Evidence Base:	National Center on Shaken Baby Syndrome

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement Dose Two with community based partners	4/4/2017	Purple materials	Women and Children	Implemented program	FPN, Nurse Family Partnership, other infant services	

OBJECTIVES	
Objective #3:	Develop infrastructure to implement Dose Three of the Purple Program
Evidence Base:	National Center on Shaken Baby Syndrome

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Work with marketing to determine and secure resources and infrastructure needed to implement Dose Three	12/31/2017	N/A	Marketing, Women and Children	Infrastructure	N/A	
Develop evaluational strategies	12/31/2017	N/A	Marketing, Women and Children	Evaluation report	N/A	
Develop materials for Dose Three	12/31/2017	Marketing materials; Purple Materials	Marketing, Women and Children	Materials	FPN, Nurse Family Partnership, other infant services	

2018

OBJECTIVES	
Objective #1:	Implement Dose One of the Purple Program
Evidence Base:	National Center on Shaken Baby Syndrome

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement Dose One with all new deliveries	continuous	Purple materials	Women and Children	Implemented program	Nurse Family Partnership	

OBJECTIVES						
Objective #2:	Implement Dose Two of the Purple Program					
Evidence Base:	National Center on Shaken Baby Syndrome					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement Dose Two with community based partners	continuous	Purple materials	Women and Children	Implemented program	FPN, Nurse Family Partners hp, other infant services	

OBJECTIVES						
Objective #3:	Implement Dose Three of the Purple Program					
Evidence Base:	National Center on Shaken Baby Syndrome					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement Dose Three with community based partners	12/31/2018	Purple Materials	Marketing, Women and Children	Implemented Program	FPN, Nurse Family Partners hp, other infant services	

4/1/2016						Date Updated:

Goal:	To improve behavioral health indicators in Lake County adolescents
HP 2020 Alignment:	MCHD-2, MCHD-3, MDHD-4.1
Other Alignment:	Indiana Chronic Disease Strategic Plan
Comments:	

PERFORMANCE MEASURES How will we know that we're making a difference?			
	Indicator	Source	Frequency
Short Term:	Improvement of attitude, knowledge, and skills by participants	Pre-Post Evaluation Observation by facilitators	Quarterly
Intermediate Term:	Improvement of combined positive mental health scores Improvement of academic scores	ATOD Survey Schools	Annually
Long Term:	Decrease in poor mental health health days	BRFSS; YBRFSS	Every 3 years

2016

OBJECTIVES	
Objective #1:	Implement Adolescent Coping with Depression program in two schools.
Evidence Base:	Kaiser Permanente Center for Health Research

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop internal resources to offer program	8/1/2016	Materials, training	Behavioral Health	Internal infrastructure	GCS,ECSC ,HSC,BGC	
Create legal release forms for participants, parents, and schools	8/1/2016	Releases	Behavioral Health	Release forms	GCS,ECSC ,HSC,BGC	
Develop evaluation strategy	8/1/2016	N/A	Behavioral Health	Evaluation data	GCS,ECSC ,HSC,BGC	
Recruit participants	9/30/2016	Marketing materials	Behavioral Health	Participants	GCS,ECSC ,HSC,BGC	
Implement program	12/31/2016	Participants	Behavioral Health	Program completers	GCS,ECSC ,HSC,BGC	

2017

OBJECTIVES	
Objective #1:	Implement Adolescent Coping with Depression program in four schools.
Evidence Base:	Kaiser Permanente Center for Health Research

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Recruit participants	9/30/2017	Marketing materials	Behavioral Health	Participants	GCS,ECSC ,HSC,BGC NWI	
Implement program	12/31/2017	Participants	Behavioral Health	Program completers	GCS,ECSC ,HSC,BGC NWI	
Create evaluation report	12/31/2017	N/A	Behavioral Health	Report	GCS,ECSC ,HSC,BGC NWI	

2018

OBJECTIVES	
Objective #1:	Implement Adolescent Coping with Depression program in two schools.
Evidence Base:	Kaiser Permanente Center for Health Research

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Recruit participants	9/30/2017	Marketing materials	Behavioral Health	Participants	GCS,ECSC ,HSC,BGC NWI	
Implement program	12/31/2017	Participants	Behavioral Health	Program completers	GCS,ECSC ,HSC,BGC NWI	
Create evaluation report	12/31/2017	N/A	Behavioral Health	Report	GCS,ECSC ,HSC,BGC NWI	