

Community Health Implementation Plan--Lafayette

Franciscan St. Elizabeth Health-Lafayette

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. Elizabeth Health-Lafayette East and Central (FSEH). 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 FSEH in providing essential services to those most in need. Based on the findings in this report, FSEH will develop a three year strategic plan on meeting community health needs as capacity and resources allow.

This report focuses on Tippecanoe County, the location of most of FSEH patient residences. Because Indiana is a home rule state, data by zip code is limited.

Tippecanoe 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. While the county is not a federally designated health professions shortage area, there is a shortage of providers, or long waits to see a primary care provider. Riggs Community Health Center, a federally qualified health center, cares for over 13,000 patients per year, over 7,000 are children. There is a shortage of providers, though not to the level of federal designation.
4. Tobacco: As is true in most Indiana counties, tobacco continues to be an issue and may contribute to other conditions, including lung cancer and asthma.

Franciscan St. Elizabeth Health-Lafayette

Franciscan St. Elizabeth Health – Lafayette East (FSEH-Lafayette) East facility blends the best attributes of our original facilities but stands as a unique, state-of-the-art hospital designed for the future, equipped to deliver clinical excellence and focused on compassionate patient-focused care. Opened in February 2010, this location is our primary facility for surgery, cardiac and women's services.

Franciscan St. Elizabeth Health - Lafayette Central provides services for long-term care patients. Additionally, the facility currently houses inpatient rehabilitation center, inpatient psychiatric services, outpatient lab, wound care, Franciscan ExpressCare, Home Healthcare, Hospice, Kathryn Weil Center for Education, Healthy Living Center, Outpatient Behavioral Health Center, and outpatient therapy. More support staff/offices are also located at the central campus.

FSEH-Lafayette 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 is one of a 14-member hospital system, the Franciscan Alliance.

FSEH-Lafayette East is located in Tippecanoe County, 1701 South Creasy Lane, Lafayette, IN 47905. FSEH-Lafayette Central is located in Tippecanoe County, 1501 Hartford Street, Lafayette, IN 47904. The president of the hospitals is Terry Wilson.

The FSEH-Lafayette statistics include:

FSEH Services	Central East
Average Annual Inpatient Admissions	10,792
Annual Outpatient Visits	358,152
Annual Emergency Department Visits	52,038
Annual Surgical Procedures	12,056
Births	2,125
Employees	1,567
Volunteers	176
Total Physicians (includes Franciscan Physician Network and affiliated doctors)	58
Average length of patient stay	4.0 days

FSEH- Services Include:

Anticoagulation Clinics	Home Health Care	Neurodiagnostics	Pulmonary Medicine
Behavioral Health	Home Health Pharmacy	Neurosurgery	Registered Dietitians
Cardiac Rehabilitation	Hospice	Nuclear Medicine	Rehabilitation Services
Cancer Care	Hospitalists	Observation Center	Sleep Disorders
Diabetes Care	Imaging	Occupational Health	Stroke Care
Dietitians	Intensive Care Unit	Orthopedics	Surgical Services
Franciscan Express Care	Joint & Spine Care	Outpatient Services	Therapy Services
Healthy Living Center	Laboratory Services	Palliative Services	Women's Health/OBGYN
Heart & Vascular	Mammography	Pediatrics	Wound Care

The FSEH-Lafayette 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 FSEH-Lafayette 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 FSEH-Lafayette will commit to working on, and justification of why the other needs were not selected. Selection of priority health needs was based on the magnitude, impact, feasibility, cost, and partnerships.

Health Need	Description	FSEH-Lafayette 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. Concerns about public safety, lack of built environment, and access to healthy food also contribute to this issue.	Yes	The ACO will address diabetes and cardiovascular concerns, including physical activity and nutrition. The breastfeeding initiatives to curb childhood obesity will continue.
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,	Yes	A wellness and prevention program will be developed and implemented for students at IVY Tech Community College.

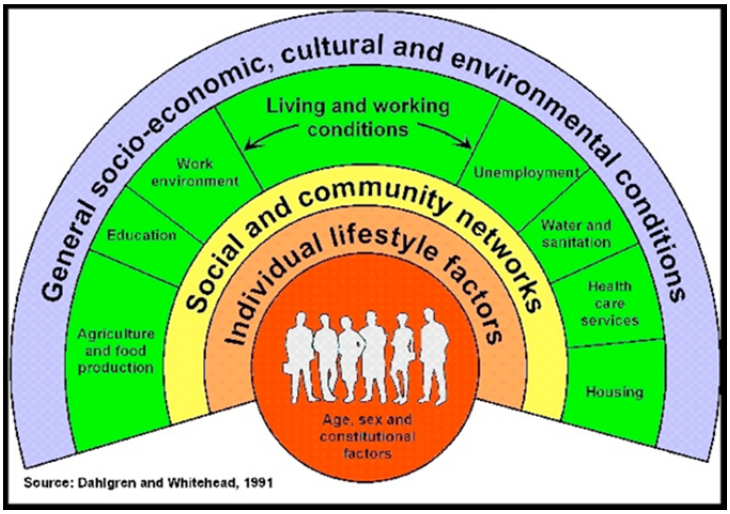
	depression, and poor mental health rates also contribute to poor chronic disease management, obesity, and self-satisfaction.		
Access to Health Care	Survey responses identified cost of co-pays, medication expenses, transportation, and related costs are challenges throughout the county.	Not as a priority	FSEH-Lafayette provides significant financial support through government programs and charity care.
Lung Cancer/Tobacco Use	Tobacco use rates are high throughout Indiana.	Yes	FSEH-Lafayette will develop and implement a program designed to assist pregnant smokers quit.

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. FSEH-Lafayette 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:



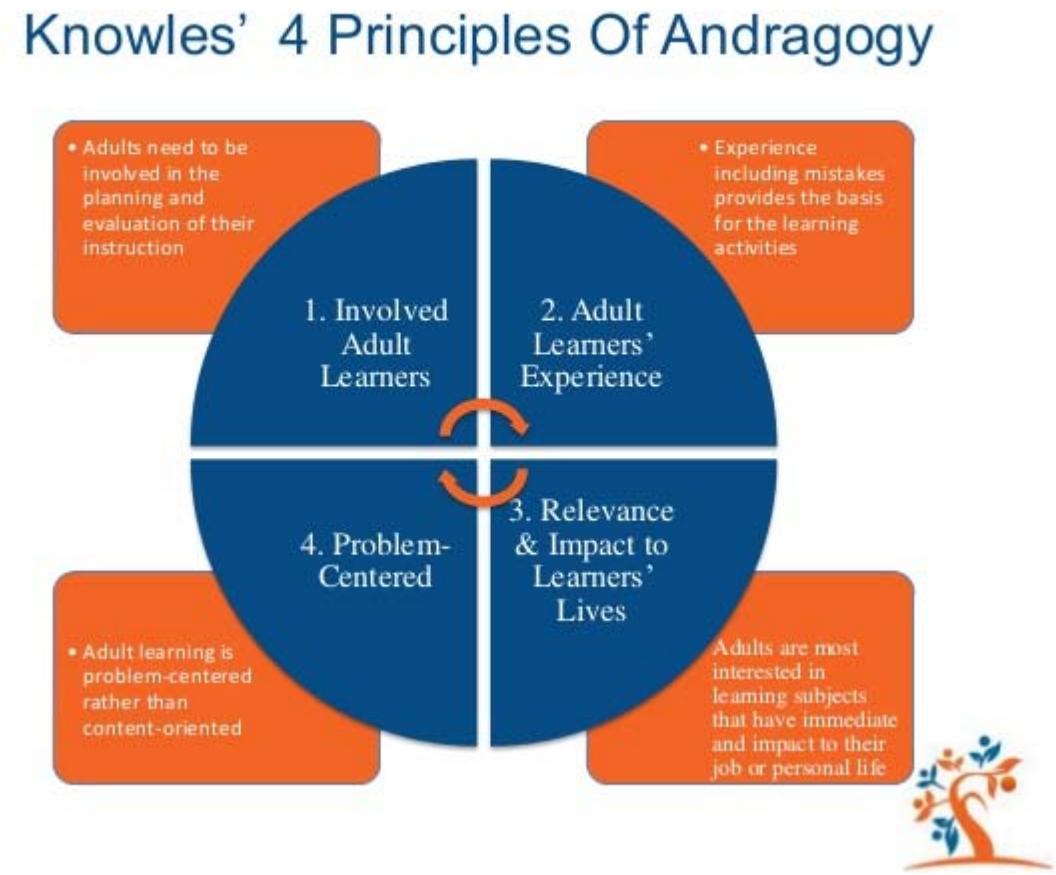
Social Determinants of Health



Socio-Ecological Model

Intervention Design

Interventions implemented by FSEH-Lafayette 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

FSEH-Lafayette 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, FSEH-Lafayette had three priority areas. The following table reviews the previous priority areas, results, and future efforts:

Priority	Results	Continuation?	Future Efforts
Improving Breastfeeding Rates among new Mothers	Comparison of 2013 to 2014 responses demonstrated a .41% increase in breastfeeding at 3 months and a 2.44% increase at 6 month. Follow-up call results for 2013 – less than 40% of moms were still breastfeeding at 6 months, the percentage increased to greater than 40 % in 2014 and was slightly under 50 % in 2015.	Yes	Certified Lactation Nurses will continue calling new mothers at determined intervals to provide education and breastfeeding support. FSEH-Lafayette will continue to work with other local agencies to provide consistent messaging to expectant and newly delivered moms about the benefits of breastfeeding to both mom and baby.
Diabetes Awareness and Support	A1c testing of Franciscan Physician Network patients went from 78% in 2013 to 93.2% in 2015. Those referred to education increased from 10% to 50%. Repeated testing after 3-6 months showed that 96% of participants improved their A1c scores in that time period.	Yes	Efforts will continue to refer patients for diabetes education and monitor their A1c scores. We will reach out to physician offices beyond our own physicians.
Reduction of Heart Failure and COPD Avoidable Re-Hospitalizations	The goal was to reduce readmissions by 20%. In 2015 30-day heart failure readmissions was 19.8% and COPD was 16.59%.	Yes	Franciscan Healthy Living Center will merge with the ACO to enhance services and care coordination. COPD and HF navigators will be part of the ACO readmission team. A Corporate HF Taskforce is being planned.

2016-2018 Implementation Plan

Three priority areas have been identified for the 2016-2018 timeframe—physical activity and nutrition; behavioral health, and tobacco cessation amongst pregnant women. Diabetes and cardiovascular screening and education will address physical activity and nutrition as not only a preventative, but management tool. Specific dietary needs will also be addressed. A wellness behavioral health program will be developed for the students of IVY Tech community college. The program will address mental health concerns as well as protective factors, such as life skills, stress reduction, resources, and life skills. A new effort to reduce the number of women who smoke during pregnancy will partner with Indiana's Baby and Me program, expanding the reach to additional women.

The following plans document the anticipated activities and outcomes.

Date Created: 5/24/2016						Date Updated:
Goal:	To improve chronic disease prevention and management in Lafayette service area					
HP 2020 Alignment:	NWS-6, NWS-8, NWS-14, NWS-15, PA-1, D-1, HDS-1					
Other Alignment:	Indiana Chronic Disease Plan, Indiana Cardiovascular and Diabetes Initiative					
Comments:						

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

	Indicator	Source	Frequency
Short Term:	Number of screenings Increase in knowledge, attitudes, and positive behaviors	Program facilitator Pre/Post Test	Quarterly
Intermediate Term:	Decrease in new diagnosis of diabetes and heart disease Decrease in ED and Hospitalization rates for complications related to diabetes and heart disease	Indiana Hospital Association	Annually
Long Term:	Decrease in adults with no leisure time activity Increase in consumption of fruits and vegetables Increase is self-reported healthy weight Decrease in deaths due to diabetes and heart diseases	BRFSS Indiana State Department of Health	3-5 years

2016

OBJECTIVES

Objective #1:	Increase screening and educational programming related to diabetes in the Lafayette service area
Evidence Base:	American Diabetes Association

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop strategies to increase referrals to current patients and the public	10/31/2016	Staff, provider speakers, diabetic glucose testing supplies	FHLC, PCPs	Increase the number of patients receiving care and education for diabetic management	TBD	
Develop evaluation strategies and determine baseline	10/31/2016	N/A	FHLC, PCPs	Evaluation report	N/A	
Identify and reach out to previously diagnosed diabetics with high A1C scores to manage and track progress	Continuous	Epic report, staff	FHLC, PCP	Identify elevated glucose levels and decrease them	TBD	

OBJECTIVES

Objective #2:	Provide educational programming related to heart conditions.
Evidence Base:	American Heart Association

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop comprehensive curriculum and participant materials related to heart conditions	12/31/2016	Evidence based curriculum for review	FHLC, ACO	Program guide and materials	TBD	
Identify available community events in surrounding area for outreach and education	12/31/2016	N/A	FHLC, ACO	Program completers	N/A	
Partner with local Skilled Nursing Facilities (SNFs) to provide support for community outreach events	12/31/2016	Materials	FHLC, ACO, SNFs	Program	PAC CCN facilities	
Develop evaluation strategy and determine baseline	12/31/2016	N/A	FHLC, ACO	Evaluation Report	N/A	

2017

OBJECTIVES						
Objective #1:	Provide screening and educational programming related to diabetes in the Lafayette service area					
Evidence Base:	American Diabetes Association					

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide screenings and follow up information to 300 individuals through community partnerships	Continuous	Staff, provider speakers, diabetic glucose testing supplies	FHLC, PCP	Increase the number of patients receiving care and education for diabetic management	YMCA	
Identify and reach out to 25 previously diagnosed diabetics with high A1C scores to manage and track progress	Continuous	Epic report, staff	FHLC, PCP	Identify elevated glucose levels and decrease them	N/A	

OBJECTIVES	
Objective #2:	Provide educational programming related to heart conditions.
Evidence Base:	American Heart Association

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide 8 educational programs on heart related issues	Continuous	N/A	FHLC, ACO	Program completers	N/A	
Partner with local nursing programs to provide support for community outreach events	Continuous	Materials	FHLC, ACO	Program completers	N/A	

2018

OBJECTIVES						
Objective #1:	Provide screening and educational programming related to diabetes in the Lafayette service area					
Evidence Base:	American Diabetes Association					

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide screenings and follow up information to 500 individuals through community partnerships	Continuous	Staff, provider speakers, diabetic glucose testing supplies	FHLC, PCP	Increase the number of patients receiving care and education for diabetic management	YMCA	
Identify and reach out to 50 previously diagnosed diabetics with high A1C scores to manage and track progress	Continuous	Epic report, staff	FPN, PCP	Identify elevated glucose levels and decrease them	N/A	

OBJECTIVES	
Objective #2:	Provide educational programming related to heart conditions.
Evidence Base:	American Heart Association

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide 8 educational programs on heart related issues	Continuous	N/A	FHLC, ACO	Program completers	N/A	
Partner with local nursing programs to provide support for community outreach events	Continuous	Materials	FHLC, ACO	Program completers	N/A	

ACO	**Accountable Care Organization**
BRFSS	**Behavioral Risk Factor Surveillience System**
FHLC	**Franciscan Health Learning Center**
PAC CCN	**Post Acute Care Continuing Care Network**
PCP	**Primary Care Provider**
SNF	**Skilled Nursing Facility**

Date Created: 3/9/2015						Updated:	4/11/2016
Goal:	To reduce smoking amongst pregnant women in service area						
HP 2020 Alignment:	MICH 11.3						
Other Alignment:	Indiana Tobacco Cessation and Prevention Commission, 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 women participating in the program Number of women who quit smoking during pregnancy	Program Facilitators, EPIC	Quarterly
Intermediate Term:	Number of women who do not smoke for three months following delivery	Program Facilitators, EPIC	Annual Review
Long Term:	Number of women who do not smoke for one year after delivery	Program Facilitators, EPIC ISDH Tobacco Data	Annual Review

2016

OBJECTIVES	
Objective #1:	Develop a tobacco cessation program for pregnant women in conjunction with community partners
Evidence Base:	ISDH, CDC

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Identify community resources	10/1/2016	Staff collaboration	Jackie Bahler/Matt Oates/ Brandi Murray/ FPN Physician office	Committee development	Baby & Me Tobacco Free, Tippecanoe Tobacco Prevention and Cessation, Matrix, Riggs FQHC, Life Care services, Nurse Family Partnership	
Identify Smoking cessation programs	11/1/2016	Staff collaboration	Jackie Bahler/Matt Oates/ Brandi Murray/ FPN Physician office	Resource	Baby & Me Tobacco Free, Tippecanoe Tobacco Prevention and Cessation, Matrix, Riggs FQHC, Life Care services, Nurse Family Partnership	
Develop internal infrastructure for program	12/31/2016	Staff collaboration	Jackie Bahler/Matt Oates/ Brandi Murray/ FPN Physician office	Infrastructure	Baby & Me Tobacco Free, Tippecanoe Tobacco Prevention and Cessation, Matrix, Riggs FQHC, Life Care services, Nurse Family Partnership	

Determine incentive program	12/31/2016	Funding for incentives - collaboration with Baby & Me	Committee	Incentives	Baby & Me Tobacco Free, Tippecanoe Tobacco Prevention and Cessation, Matrix, Riggs FQHC, Life Care services, Nurse Family Partnership	
Develop roles/responsibilities for each organization	10/1/2016	N/A	Committee	Infrastructure	Baby & Me Tobacco Free, Tippecanoe Tobacco Prevention and Cessation, Matrix, Riggs FQHC, Life Care services, Nurse Family Partnership	

OBJECTIVES	
Objective #2:	Recruit eligible participants from the target population
Evidence Base:	ISDH, CDC

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Create marketing materials	11/1/2016	Marketing	Marketing	Materials		
Enlist FPN physicians to identify women who smoke	12/30/2016	N/A	FSEH staff & FPN Staff	Referral of Pts who smoke	FPN	
Establish referral process for referring women to smoking cessation program	12/30 2016	N/A	FSEH staff & FPN Staff	Target population identified and informed of program options		

OBJECTIVES	
Objective #3:	Increase community awareness of health risk of smoking and pregnancy
Evidence Base:	ISDH, CDC

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Determine evaluation strategy	12/30/2016	N/A	FSEH staff	Evaluation Report	N/A	
Develop media kit	12/30/2016	Data, marketing materials	Marketing	Awareness	News outlets	

2017

OBJECTIVES	
Objective #1:	Implement smoking cessation program for 10 women
Evidence Base:	ISDH, CDC

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Recruit and provide programming	continuous	Materials	Program coordinators	Decrease in smoking rate	Committee	
Salvia testing for cessation	Monthly per participant	Funding to purchase the testing supplies.	Identified contact at each FSEH facility	validation of smoking abstinence	Committee	

OBJECTIVES						
Objective #2:	Increase community awareness of health risk of smoking and pregnancy					
Evidence Base:	ISDH, CDC					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement media campaign	6/1/2017	Media kit	Marketing	Awareness	Committee, News outlets	

2018

OBJECTIVES						
Objective #1:	Implement smoking cessation program for 15 women					
Evidence Base:	ISDH, CDC					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Recruit and provide programming	continuous	Materials	Program coordinators	Decrease in smoking rate	Committee	
Salvia testing for cessation	Monthly per participant	Funding to purchase the testing supplies.	Identified contact at each FSEH facility	validation of smoking abstinence	Committee	

OBJECTIVES						
Objective #2:	Increase community awareness of health risk of smoking and pregnancy					
Evidence Base:	ISDH, CDC					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement media campaign	6/1/2018	Media kit	Marketing	Awareness	Committee, News outlets	

CDC	**Center for Disease Control and Prevention**
FPN	**Franciscan Physician Network**
FSEH	**Franciscan St. Elizabeth Health**
ISDH	**Indiana State Department of Health**