Franciscan ST. ANTHONY HEALTH Michigan City



Community Health Implementation Plan—Michigan City

Franciscan St. Anthony Health-Michigan City

2016-2018

Community Health Improvement Plan

CONTENTS

Community Health Improvement Plan 2

Executive Summary of CHNA 3

Franciscan St. Anthony Health-Michigan City 4

Top Health Needs and FSAH-Michigan City Selections 5

Approach and Methodology 7

Principles and Methodology 7

Intervention Design 7

Evidence Base 8

Evaluation 8

Documentation 9

Implementation Plans 9

2013-2016 Results 9

2016-2018 Implementation Plan 10

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

This report focuses on LaPorte County, the location of most of FSAH-Michigan City patient residences. Because Indiana's 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 cities of LaPorte and Michigan City.

LaPorte 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 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.
4. Breast and Colorectal Cancers: While the mammogram rates are fairly good in the county, the incidence of breast cancer remains high. Colorectal cancer screening rates are low, as are prostate screenings, and incident rates are high.
5. Prenatal Care: 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. STIs: Perhaps related to the high heroine rates, Hepatitis C and HIV rates are high. In addition, chlamydia and gonorrhea are prevalent.
7. 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.
8. 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. Anthony Health-Michigan City

A trusted leader in providing faith-based, integrated health care, FSAH is a full-service, acute-care medical center. Founded in 1914, FSAH-Michigan City provides 310 licensed beds, surgical suites, comprehensive imaging center, cardiac testing, outpatient laboratory, physical therapy, oncology/hematology, infusion therapy, primary care physicians, and a sleep laboratory.

FSAH-Michigan City 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.

FSAH-Michigan City is located in LaPorte County, 301 W. Homer Street, Michigan City, IN 46360. The former President was Dr. James Callaghan, the interim President was Gene Diamond, and the new President is Dean Mazzoni. The FSAH-MC statistics include:

FSAH-Michigan City	
Average Annual Inpatient Admissions	6,332
Annual Outpatient Visits	341,238
Annual Emergency Department Visits	34,000
Annual Surgical Procedures	12,774
Births (Indianapolis and Mooresville)	591
Employees	949
Volunteers	32
Total Physicians (includes Franciscan Physician Network and affiliated doctors)	324
Average length of patient stay	4.09 days
Franciscan Visiting Nurse Service Employees	0
Franciscan Express Care-Michigan City Physicians	2

FSAH-Michigan City services include:

Anticoagulation Clinics	Diabetes Care	Gynecologic Surgery
Audiology	Dietitians	Heart & Vascular
Behavioral Health	Ear, Nose, and Throat	Home Health Care
Breast Health	Emergency Medicine	Hospice
Cancer Care	Employee Assistance Program	Hospitalists
Clinical Trials	Family Doctor	Imaging
Colon and Rectal Surgery	Fitness Centers	Infusion Services
Coolspring Health Center	Franciscan ExpressCare	Intensive Care Unit
Da Vinci Robotic Surgery	Gastrointestinal Services	Interventional Radiology
Joint & Spine Care	Laboratory Services	Limb Preservation
Lung Caner	Mammography	Nuclear Medicine
OBGYN/Women's Health	Occupational Health	Omni Health & Fitness

Ophthalmology	Orthopedics	Palliative Medicine
Pediatrics	Primary Care Physicians	Pulmonary Medicine
Registered Dietitians	Rehabilitation Services	Respiratory Care
Robotic Surgery	Senior Services	Stroke Care
Surgical Services	Urgent Care	Working Well

The FSAH-Michigan City 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 FSAH-Michigan City 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 FSAH-Michigan City 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.

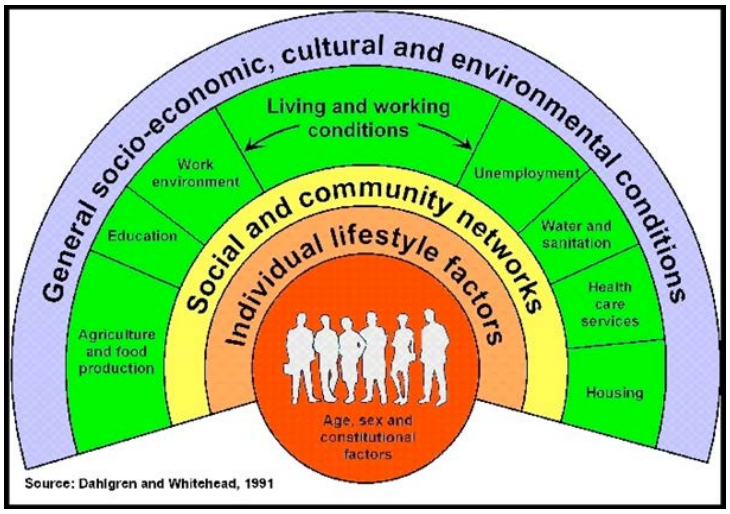
Health Need	Description	FSAH-Michigan City Priority?	Justification/Explanation
Physical Activity and Nutrition	Several chronic conditions and diseases caused or exacerbated by lack of physical activity and nutrition have high incident rates.	Yes	This health need will be addressed through the physical activity and nutrition and diabetes prevention program.
Pre-Natal Care	Smoking during pregnancy, low clinical care visits, and high infant mortality rates	No	FSAH-Michigan City staff will provide services to patients and general programming.
Access to Health Care	Survey responses and key leader focus groups identified cost of co-pays, medication expenses, transportation, and related costs are challenges throughout the county.	No	An existing medication assistance program will continue, but not as a community health priority.
Sexually Transmitted Infections	Hepatitis C, HIV, chlamydia, and gonorrhea is prevalent	No	LaPorte County has other providers that work on these issues in a community health context.
Chronic Disease	Incident rates of heart disease, diabetes, obesity, arthritis, and cancer are average or above the state average.	Yes	This health need will be addressed through the physical activity and nutrition and diabetes prevention program.
Behavioral Health	Suicide and substance abuse rates are high throughout Indiana.	Yes	A substance abuse program focused on middle school students will be developed and implemented.
Lung Cancer/Tobacco Use	Tobacco use rates are high. The County does have average air quality.	Not as a priority	FSAH-Michigan City works with the Indiana State Health Department on state-wide efforts. However, this has not been selected as a priority program.
Asthma	Poor air quality and high smoking rates contribute to high rates of asthma.	No	Clinical services to prevent and treat asthma will be available, but this will not be a community health priority program.
Cancer	Breast and colorectal incident rates are high.	Not as a priority	FSAH-Michigan City's clinical services will continue to provide community health initiatives to promote screenings and assist individuals throughout treatment and recovery.

Approach and Methodology

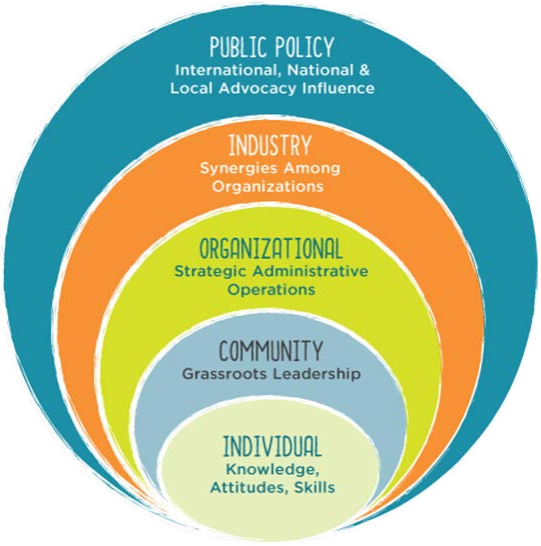
Principles and Methodology

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. FSAH-Michigan City 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

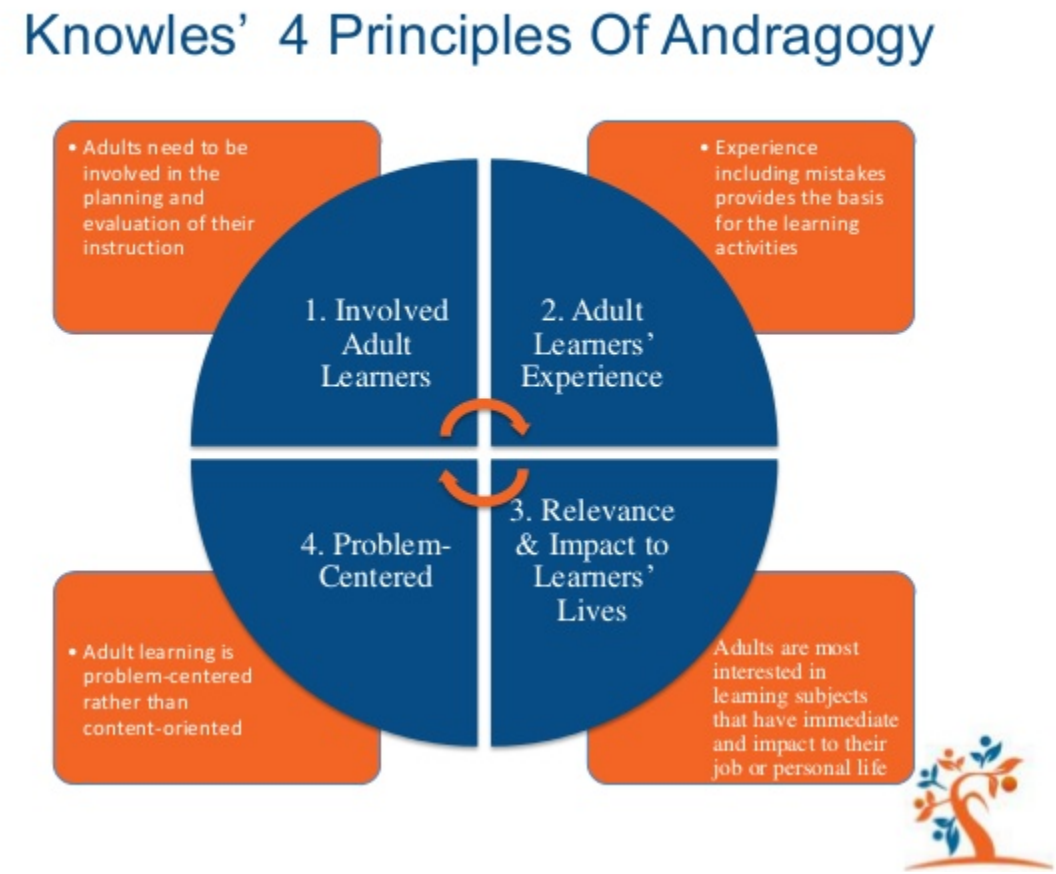


Socio-Ecological Model

FSAH-Michigan City contributes to the broader societal change by participating in the county healthy community partnership. With major health systems represented and inclusion of social service agencies, the Partnership allows for FSAH-Michigan City to move beyond the individual intervention level.

Intervention Design

Interventions implemented by FSAH-Michigan City 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

FSAH-Michigan City 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, FSAH-Michigan City had three priority areas:

Priority	Results	Continuation?	Future Efforts
Medication Assistance	The goal of this program was met—providing assistance for prescriptions to those most in need.	Not as a priority	This program will continue, but it will no longer be a community health priority program, as it has previously addressed many of the needs initially indicated.

Diabetes Management	The goal of this program was met. Referrals to providers, clinical management, and community education provided tools for better management.	Yes	To better serve the community, the program as-is will discontinue. In its place will be the CDC program, Diabetes Prevention Program.
Heart Failure	The goal of this program was met.	No	Internal infrastructure does not allow this program to continue as a community health priority program, though clinical services for patients will continue.

2016-2018 Implementation Plan

Three priority areas have been identified for the 2016-2018 timeframe—physical activity and nutrition, diabetes prevention and management, and medication assistance. To address access to health care challenges, a medication assistance program will be improved and expanded. The physical activity and nutrition program will target children and their families through a partnership with the YMCA. A new diabetes prevention and management program will be implemented for adults.

It should be noted that two of these priorities, diabetes prevention and management, and physical activity and nutrition are developmental. The first year of these programs will include ample time of development, to ensure sustainable programming and individual success. More complete action plans will be available once the full development has been completed.

The following plans document the anticipated activities and outcomes.

PRIORITY AREA: Substance Abuse			
Goal:	Develop and implement a strategy to educate LaPorte county residents on substance abuse prevention.		
HP 2020 Alignment:	Substance Abuse		
Other Alignment:	Indiana Division of Mental Health and Addiction; SAMHSA		
Comments:			
PERFORMANCE MEASURES How will we know that we're making a difference?			
	Indicator	Source	Frequency
Short Term:	LaPorte County Drug Free Partnership membership Collaboration with PNC Community Health Nursing students	Program coordinator Program coordinator, PNC Nursing Professor	Quarterly evaluation
Intermediate Term:	Participate in 'Drop it and Lock It' campaign Middle School education program evaluations Increased awareness of substance abuse prevention and treatment resources in the community	LaPorte County Drug Free Partnership Evaluations Annual Survey	Annual Review
Long Term:	Decrease the number of youth presenting to the ED for substance abuse related issues Decrease in negative resident responses to substance abuse problems	EPIC BRFSS; Tri-annual survey	Tri-annual

2016

OBJECTIVES	
Objective #1:	Create a sustainable substance abuse prevention program for middle school students in the community
Evidence Base:	FSAH-MC resources; SAMHSA; Indiana Department of Mental Health and Addiction

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Create forum of speakers regarding their role in substance abuse prevention and treatment	9/29/2015	Materials Speakers	Peggy Rose Mandi Eggert	Participant education	PNC Nursing Students	
Meet with PNC Community Health Nursing students to discuss their role in substance abuse prevention program	1/19/2016	N/A	Mandi Eggert	Information	N/A	
Attend PNC Community Health Nursing Students substance abuse community presentations	03/14/16 thru 04/22/16	Materials	Mandi Eggert	Information/ Education	N/A	
Review substance abuse prevention programs developed by PNC Community Health Nursing Students	5/1/2016	N/A	Mandi Eggert	Program development	LaPorte County Drug Free Partners hip	
Partner with schools and/or after school programs for substance abuse program implementation	5/1/2016	N/A	Mandi Eggert	Program development	N/A	

OBJECTIVES	
Objective #2:	Increase community awareness of substance abuse prevention and treatment resources in the community
Evidence Base:	FSAH-MC resources

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Evaluate available community resources for substance abuse prevention and treatment	5/1/2016	N/A	Mandi Eggert	Identification of resources	N/A	
Create informational guide regarding substance abuse prevention and treatment for the community	7/1/2016	Materials	Mandi Eggert	Guide implementation	N/A	
Incorporate community resource guide on hospital website	7/1/2016	N/A	Mandi Eggert	Information	N/A	
Educate physician offices and community groups on resource guide	7/1/2016	N/A	Mandi Eggert	Information/ Education	N/A	

2017

OBJECTIVES	
Objective #1:	Implement a sustainable substance abuse prevention program for middle school students in the community
Evidence Base:	FSAH-MC resources; SAMHSA; Indiana Department of Mental Health and Addiction

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Increase partnership with schools and/or after school programs for substance abuse program implementation by 5% from 2016	5/1/2017	Curriculum, materials	Mandi Eggert	Trained students	N/A	

OBJECTIVES	
Objective #2:	Increase community awareness of substance abuse prevention and treatment resources in the community
Evidence Base:	FSAH-MC resources

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Ensure that resource guide is up to date with all available community resources	3/31/2017	Materials	All	Information		
Incorporate resource guide on additional community websites	3/31/2017	N/A	All	Information		

2018						
OBJECTIVES						
Objective #1:						
Evidence Base:						
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Increase partnership with schools and/or after school programs for substance abuse program implementation by 5% from 2017	5/1/2018	N/A	Mandi Eggert	Trained students	N/A	
Continue to attend LaPorte County Drug Free Partnership meetings	On-going	N/A	Mandi Eggert	Information/Collaboration	N/A	
OBJECTIVES						
Objective #2:	Increase community awareness of substance abuse prevention and treatment resources in the community					
Evidence Base:	FSAH-MC resources					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Ensure that resource guide is up to date with all available community resources	3/31/2018	Materials	All	Information		
Incorporate resource guide on more community websites and with community organizations	3/31/2018	N/A	All	Information		

PRIORITY AREA: Physical Activity and Nutrition	
Goal:	To reduce the number of overweight and obese youth by 5% each year
HP 2020 Alignment:	Adolescence Health; Nutrition and Weight Status
Other Alignment:	YMCA
Comments:	

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

	Indicator	Source	Frequency
Short Term:	Number of participants in pilot program Biometric screening Satisfaction survey/knowledge check	Program coordinator Program coordinator Survey results	As scheduled
Intermediate Term:	Decrease of BMI to 65% or below of those children participating in Operation Fit Kids pilot program Post-program follow up	Dr. Roberts, YMCA data Survey Data	90-day post program
Long Term:	Decrease in juvenile diabetes rates Decrease in childhood obesity	CDC/ISDH BRFSS	Tri-Annual survey

2016

OBJECTIVES	
Objective #1:	Develop and implement pilot Operation Fit Kids program
Evidence Base:	CDC, YMCA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Identify target population of kids for program	1/22/2016	N/A	All	Participants	YMCA United Way Dr. Roberts	
Develop roles/responsibilities of each organization for the program	1/22/2016	N/A	All	Information	N/A	
Secure registered dietician speakers	2/29/2016	N/A	Mandi Eggert	Education	N/A	
Adequately promote program	On-going	Materials	Mandi Eggert	Information	N/A	
Assist with start up funds for program	1/22/2016	Monetary Donation	Mandi/Jill	Funding	N/A	Start up funding was secured.
Continued Program evaluation and interventions	On-going	N/A	All	Program evaluation	N/A	
Assist Dr. Roberts with purchase of tablets and UofChew app promotion	On-going	N/A	Mandi Eggert	tablet purchase	N/A	

2017

OBJECTIVES	
Objective #1:	Assist with the organization and implementation of the Operation Fit Kids program
Evidence Base:	CDC, YMCA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Increase target population of kids by 50% from 2016	1/31/2017	N/A	All	Participants	YMCA United Way Dr. Roberts	
Secure registered dietician speakers	2/29/2017	N/A	Mandi Eggert	Education	N/A	
Continue with program promotion	On-going	Materials	Mandi Eggert	Information	N/A	
Continued Program evaluation and interventions	On-going	N/A	All	Program evaluation	N/A	

2018						
OBJECTIVES						
Objective #1:	Assist with the organization and implementation of the Operation Fit Kids program					
Evidence Base:	CDC, YMCA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Increase target population of kids by 50% from 2017	1/31/2018	N/A	All	Participants	YMCA United Way Dr. Roberts	
Secure registered dietician speakers	2/29/2018	N/A	Mandi Eggert	Education	N/A	
Continue with program promotion	On-going	Materials	Mandi Eggert	Information	N/A	
Continued Program evaluation and interventions	On-going	N/A	All	Program evaluation	N/A	

PRIORITY AREA: Diabetes Prevention/Manag	
Goal:	Decrease the rate of adults with diabetes and diabetes-related complications by 5%.
HP 2020 Alignment:	Nutrition and Weight Status; Chronic Disease
Other Alignment:	ISDH, CDC, YMCA
Comments:	

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

	Indicator	Source	Frequency
Short Term:	Number of program participants completing the program Biometric pre and post screenings Satisfaction survey/knowledge check post program	Program Coordinator Program Coordinator Survey Results	Pre and Post Program
Intermediate Term:	Decrease in patient visits due to diabetes Integration of healthy behaviors 90-days post-program	EPIC Post-program survey	Annual Post Program
Long Term:	Decrease in number of adults with diabetes Decrease in number of ED visits due to complications from diabetes Reporting of healthy weight	CDC IHA ED data Tri-Annual survey/BRFSS	Tri-annually

2016

OBJECTIVES DEVELOPMENTAL	
Objective #1:	Implement the CDC's Diabetes Prevention Program; serve 20 people in pilot program
Evidence Base:	ISDH, CDC, YMCA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Collaborate with OMNI Wellness Center to implement DPP program in Michigan City	2/29/2016	N/A	All	Program implementation	ISDH	
Identify eligible participants for DPP program	2/29/2016	EPIC Physician office	Mandi Eggert	Participants	ISDH	
Enroll eligible participants for DPP program	3/31/2016	N/A	All	Enrolled Participants	N/A	
Utilize the CDC DPP program curriculum	3/31/2016	Materials	All	Program information /education	ISDH	
Train two additional instructors	8/1/2016	Instructors	All	Trainers	ISDH	

2017

OBJECTIVES	
Objective #1:	Implement the CDC DPP program, serving 25 people.
Evidence Base:	ISDH, CDC, YMCA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Identify eligible participants for DPP program	2/28/2017	EPIC Physician office	Mandi Eggert	Participants	N/A	
Enroll eligible participants for DPP program	3/31/2017	N/A	All	Enrolled Participants	N/A	
Increase eligible participant enrollment by 10% from 2016	3/31/2017	N/A	All	Enrolled Participants	N/A	

2018						
OBJECTIVES						
Objective #1:	Implement the CDC DPP program, serving 25 people.					
Evidence Base:	ISDH, CDC, YMCA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Identify eligible participants for DPP program	2/28/2018	EPIC Physician office	Mandi Eggert	Participants	N/A	
Enroll eligible participants for DPP program	3/31/2018	N/A	All	Enrolled Participants	N/A	
Increase eligible participant enrollment by 10% from 2017	3/31/2018	N/A	All	Enrolled Participants	N/A	