Franciscan
ST. FRANCIS HEALTH
Carmel • Indianapolis • Mooresville



Community Health Implementation Plan--Mooresville

Franciscan St. Francis Health-Mooresville

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

In this report, Morgan and Hendricks Counties are reviewed. Based on the highest concentration of FSFH-Mooresville patients, a special focus is placed on all of Morgan County, including Mooresville, Martinsville, Eminence, and Monrovia, and Plainfield (46168) in Hendricks County. As a note, the data indicates that Plainfield is more similar to Morgan County than Hendricks County. Those interested in the detailed findings of the rest of Hendricks County should review the Hendricks County Health Partnership's Community Health Assessment, available in late 2015.

The top community health needs in Morgan County are balanced between social determinants of health, public health, and clinical care. The highest ranked concern in all forms of data is the poverty level of the county. With a higher than state average rate of unemployment and lower household income, families and individuals struggle to meet daily needs. This need is echoed in the number of free and reduced lunches, number of SNAP recipients, and lower than average graduation rates.

Mental health and substance abuse are consistently ranked in the top second and third place in Morgan County and in Plainfield, though to a lesser degree. The community shows a clear concern for the high suicide rates, especially of those under the age of 18, and the tremendous growth of illegal drug use and high rate of opioid prescriptions written. While limited 'official' data is available, much of the community has been impacted personally by drug use and suicide. Depression, anxiety, and stress are also increased.

Access to health care is also of high concern. A majority of survey respondents indicated that the high cost of co-pays and insurance deductibles limit their ability to access the care they feel they need. To complicate access, those in the lowest income brackets report transportation, finding a doctor, and limited hours as compounding barriers. Morgan and Hendricks Counties both have health profession shortages, per HRSA. A strong free health care clinic in Mooresville, St. Thomas Moore, was often mentioned in the survey as the primary source of health care for those in the city limits.

Obesity is a complex issue in Morgan County and Plainfield. Hendricks County, as a whole, has a lower obesity rate than these areas. Not only does state and national data show the number of those overweight or obese, but clinical data shows a high percentage of those with diabetes, heart disease, joint and pain issues, and other health conditions that obesity exacerbates. While Plainfield has a good built environment, Morgan County lacks in number of places to exercise, safety of walking areas, and promotion of a fit lifestyle. Nutrition is also a concern, as there is a high food insecurity rate in Morgan County and Plainfield, limited access to healthy food, and a high dehydration rate.

In Morgan County, lung, breast, and prostate cancer have a high incidence rate. Tobacco use is above the state average in Morgan County, and slightly higher in Plainfield. Additional concerns found in the analysis of data include aging issues (depression, fall prevention, arthritis); injuries; and infectious disease.

Franciscan St. Francis Health-Mooresville

A trusted leader in providing faith-based, integrated health care, FSFH-Mooresville is a full-service, acute-care medical center. Founded in 1914, FSFH-Mooresville provides nationally recognized heart, vascular, cancer and orthopedic care.

FSFH-Mooresville is ranked in the top 100 hospitals and has received an honor from HealthGrades. Blue Cross Blue Shield Association recognizes the hospital as a Blue Distinction center.

FSFH-Mooresville is a member of the Mishawaka, Indiana-based Franciscan Alliance, which is 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.

FSFH-Mooresville is located in northern Morgan County, 1201 Hadley Road, Mooresville, IN. The President and CEO is Dr. James Callaghan, who succeeded Robert J. Brody on July 1, 2015. The hospital is one of three Franciscan Alliance hospitals in Central Indiana that work collaboratively. The Central Indiana Region statistics include:

Licensed Bed Capacity	416—Indianapolis 98—Mooresville 6—Carmel
Average Annual Inpatient Admissions	21,000
Annual Outpatient Visits	1,546,913
Annual Emergency Department Visits	101,822
Annual Surgical Procedures	23,460
Births (Indianapolis and Mooresville)	2,491
Employees	4,007
Volunteers	572
Total Physicians (includes Franciscan Physician Network and affiliated doctors)	1,339
Average length of patient stay	4.5 days
Franciscan Visiting Nurse Service Employees	300
Franciscan Immediate Care Centers Physicians	25

FSFH-Mooresville services include:

- Behavioral Health
- Cancer Care
- Clinical Trials
- Colon and Rectal Surgery
- Diabetes Care
- Dietitians
- Emergency Medicine
- Family Doctor
- Heart & Vascular
- Hospice
- Hospitalists
- Imaging
- Immediate Care Center
- Incontinence Care
- Infusion Services
- Intensive Care Unit
- Joint & Spine Care
- Laboratory Services

- Mammography
- Massage Therapy
- Neurodiagnostics
- Neurology
- Nuclear Medicine
- OBGYN
- Occupational Health
- Orthopedics
- Outpatient Services
- Pain Management
- Pathology
- Primary Care Physicians
- Pulmonary Medicine
- Registered Dietitians
- Rehabilitation Services
- Rheumatology
- Senior Promise
- Sleep Disorders
- Sports Medicine
- Surgical Services
- Urgent Care
- Visiting Nurse Service
- Women's Health/OBGYN
- Wound Care

The FSFH-Mooresville 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 FSFH-Mooresville 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 FSFH-Mooresville 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	FSFH-Mooresville Priority?	Justification/Explanation
Food Insecurity	Food insecurity is evident Morgan County.	Indirectly	Food insecurity is a priority health issues amongst service providers in Morgan County. FSFH-Mooresville will collaborate when possible. Financial literacy, shopping, and healthy food choices will be addressed in the 'physical activity and nutrition' priority area.
Poverty	Poverty is a concern specifically in the northern third of the county, though disparities are apparent throughout the county.	No	FSFH -Mooresville does not have the financial or personnel resources to address this issue.
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.	Yes	An existing medication assistance program will be improved and broadened.
Substance Abuse (illegal drugs, prescription abuse, and alcohol)	Par for a majority of Indiana counties, all types of substance abuse are at a dangerous level.	No	FSFH-Mooresville behavioral health staff does not have the resources to adequately address substance abuse as a community health issue. However, as the state government and other safety net programs address this issue, FSFH-Mooresville will participate to the fullest extent possible.
Chronic Disease	Incident rates of heart disease, diabetes, obesity, arthritis, and cancer are average or above the state average.	Yes	A common cause of chronic disease is the lack of physical activity. Instead of focusing on one disease, FSFH-Mooresville will focus on engaging more individuals in physical activity and proper nutrition to assist with prevention and management of chronic disease.
Suicide	Suicide rates are high throughout Indiana.	Yes	FSFH-Mooresville will provide training related to suicide to health and service professionals in the communities it serves.
Lung Cancer/Tobacco Use	Tobacco use rates are highest in the northern portion of the county. The County does have average air quality.	Not as a priority	FSFH-Mooresville does have a tobacco cessation program. However, this has not been selected as a priority program.
Stress and	Survey results show stress and	Indirectly	Stress management, depression, and

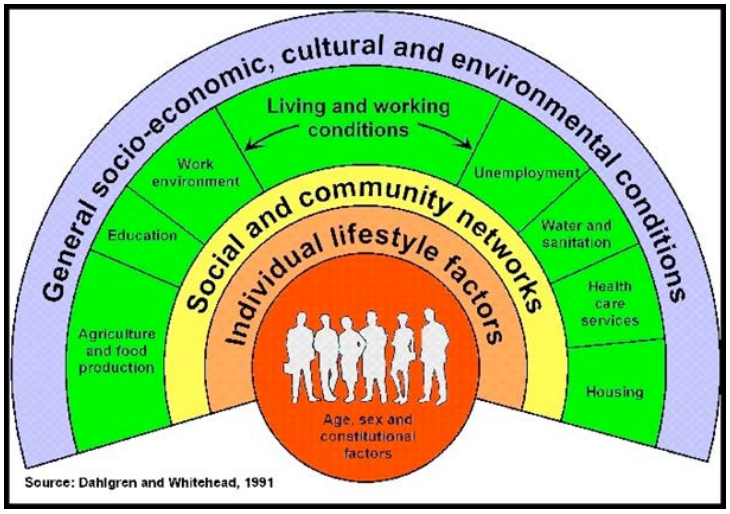
Depression	depression is a concern for residents.		anxiety education will be included in physical activity and nutrition programming.
Cancer	Breast, colorectal, and prostate cancers are above state averages in Morgan County.	Not as a priority	FSFH-Mooresville Cancer Center will continue to provide community health initiatives to promote screenings and assist individuals throughout treatment and recovery.
Aging	The population in Morgan County is aging, and brings concerns such as aging in place, arthritis, osteoporosis, depression, and increased geriatric care.	Indirectly	The comprehensive physical activity and nutrition program will apply to the senior population.

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. FSFH-Mooresville 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

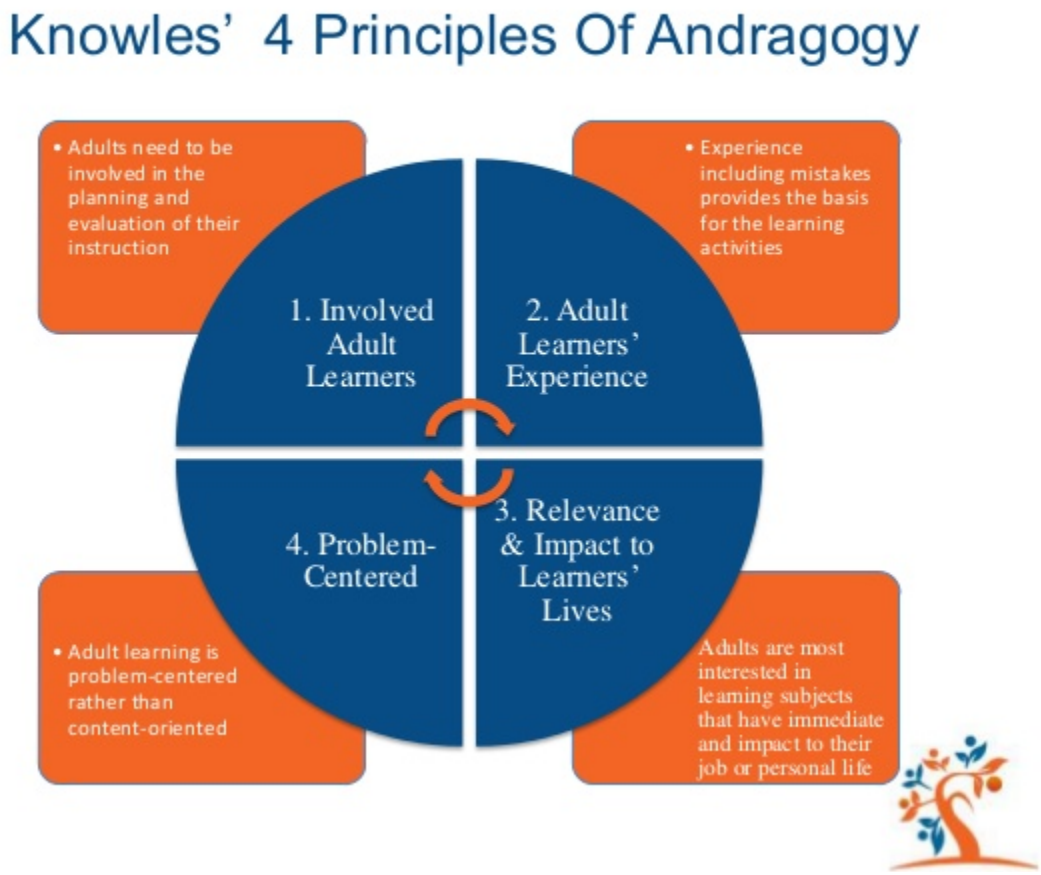


Socio-Ecological Model

FSFH-Mooresville contributes to the broader societal change by participating in the Healthier Morgan County Imitative. With all major health systems represented and inclusion of social service agencies, the Initiative allows for FSFH-Mooresville to move beyond the individual intervention level.

Intervention Design

Interventions implemented by FSFH-Mooresville 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

FSFH-Mooresville 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, FSFH-Mooresville had several priority areas. When the implementation plan was written, FSFH-Mooresville had more staff and financial resources. However, as economic changes occurred, a lack of resources

to made it challenging adequately accomplish the goals set forth in the first implementation plan. The following table reviews the previous priority areas, results, and future efforts:

Priority	Results	Continuation?	Future Efforts
Alignment with Community Partners	The goal of enhancing partnerships, especially within ACO activities, has been met.	Indirectly	Most future programming is in partnership with organizations and other health systems. It is not necessary for this to be a specific goal.
Breast Cancer	Breast cancer education and mammography events did meet the goals with very positive results.	Not as a priority	The activities of this priority will continue, but will not be listed as a priority area.
Tobacco Use	The stated goal is related to decreasing lung cancer rates and promotion of tobacco cessation programs.	No	FSFH-Mooresville will continue to promote tobacco cessation programs to patients. Through the Healthier Morgan County Initiative, the collective efforts will continue.
Diabetes and Arthritis Education	This goal has been met.	Indirectly	While diabetes specifically is not included in the implementation plan, a comprehensive physical activity and nutrition program will address the root cause of prediabetes and poor diabetes management.
Cardiovascular Health	Comprehensive educational programs were offered with survey results indicating an above-average transfer of learning. The goal in this area also included an increase in screening, implementation of best clinical practices, weight loss, and diabetes prevention.	Yes and No	While cardiovascular health specifically is not included in the implementation plan, a comprehensive physical activity and nutrition program will address the root cause of many cardiovascular conditions.

2016-2018 Implementation Plan

Three priority areas have been identified for the 2016-2018 timeframe—physical activity and nutrition; medication assistance; and suicide prevention. A comprehensive wellness program focused on physical activity and nutrition will take an interdisciplinary approach to wellness, disease prevention, and disease management. To address access to health care challenges, a medication assistance program will be improved and expanded.

It should be noted that two priority areas are developmental in 2016—physical activity and nutrition and medication assistance. Much of the activity will center on the development of sustainable programs. Because details are not complete, additional actions will be added to the strategic plans.

The following plans document the anticipated activities and outcomes.

Date Created: 1/22/2016					Date Updated: 1/22/2016
PRIORITY AREA: Access to Health Care-Medication Assist					
Goal:	To provide medication assistance to 250 individuals between 2016-2018.				
HP 2020 Alignment:	Access to Health Services				
Other Alignment:	Indiana Patient Safety Coalition				
Comments:					

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

	Indicator	Source	Frequency
Short Term:	Number of prescriptions Number of individuals linked to prescription plans or insurance	Program Coordinator	As scheduled
Intermediate Term:	Increase in medication adherence	Three month interval follow up	Annual
Long Term:	Increase in number of individuals reporting access to medication	Tri-Annual Survey	Every 3 years

2016

OBJECTIVES	
Objective #1: **DEVELOPMENTAL**	Develop a robust patient assistance program, through the outpatient pharmacy and link to St. Thomas Moore Free Clinic
Evidence Base:	Best practices via HP 2020; St. Thomas Moore recommendations

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop interdepartmental committee to design intervention	3/15/2016	N/A	Developing	Team Development	N/A	
Internal infrastructure to support program	6/1/2016	Materials	Committee	Procedures	N/A	
Pilot program, serving 50 individuals	6/1-11/31/2016	Materials	Committee	Prescription fills	N/A	
Adjust internal processes	12/31/2016	Materials	Committee	Procedures	N/A	

2017

OBJECTIVES	
Objective #1:	Provide prescription assistance for 100 individuals
Evidence Base:	Best practices via HP 2020; St. Thomas Moore recommendations

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide gap prescriptions for 100 individuals	1/1-12/31/2017	Materials	Committee; Marketing; Community Benefit	Prescription fills	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Community Benefit	Results	N/A	

2018

OBJECTIVES	
Objective #1:	Provide prescription assistance for 100 individuals
Evidence Base:	Best practices via HP 2020; St. Thomas Moore recommendations

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide gap prescriptions for 100 individuals	1/1-12/31/2018	Materials	Committee; Marketing; Community Benefit	Prescription fills	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Community Benefit	Results	N/A	

PRIORITY AREA: Physical Activity and Nutrition	
Goal:	To improve the number of adults meeting physical activity and nutrition benchmarks by 10% by 2018.
HP 2020 Alignment:	Physical Activity; Nutrition and Weight Status
Other Alignment:	Healthier Morgan County Imitative; Kendrick Foundation
Comments:	

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

	Indicator	Source	Frequency
Short Term:	Attendance at programs Satisfaction Survey	Program Coordinator	As scheduled
Intermediate Term:	Individual behavior change Decrease in diagnosis of overweight; obesity	Three month interval follow up Indiana Hospital Association data	Annual
Long Term:	Increase in number of adults reporting improved physical activity Decrease in number of poor health days	HCI/CDC/BRFSS data Tri-Annual Survey	As reported Every 3 years

2016

OBJECTIVES

Objective #1: **DEVELOPMENTAL**	Develop a wellness program focused on physical activity, nutrition, and emotional health; pilot program for 20 people
Evidence Base:	Best practices via HP 2020, No Kid Hungry, American Diabetes Association, American Heart Association, YMCA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop interdepartmental committee to design intervention.	3/15/2016	N/A	Developing	Team Development	ADA, AHA	
Design curriculum and support materials	9/1/2016	Materials	Committee	Curriculum	N/A	
Pilot curriculum	10/1-12/31/2016	Materials	Committee	Trained participants	N/A	
Adjust curriculum and support materials	12/31/2016	Materials	Committee	Curriculum	N/A	

2017

OBJECTIVES

Objective #1:	Provide new program for 200 people
Evidence Base:	Best practices via HP 2020, No Kid Hungry, American Diabetes Association, American Heart Association, YMCA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold program continuously	1/1-12/31/2017	Materials	Committee; Marketing; Community Benefit	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Community Benefit; Program Coordinator	Results	N/A	

2018						
OBJECTIVES						
Objective #1:	Provide new program for 200 people					
Evidence Base:	Best practices via HP 2020, No Kid Hungry, American Diabetes Association, American Heart Association, YMCA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold program continuously	1/1-12/31/2018	Materials	Committee; Marketing; Community Benefit	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Community Benefit; Program Coordinator	Results	N/A	

PRIORITY AREA: Suicide Prevention	
Goal:	To reduce the number of suicide attempts and completions in Morgan Counties by 10%.
HP 2020 Alignment:	Mental Health and Mental Disorders
Other Alignment:	Healthier Morgan County Imitative; Kendrick Foundation
Comments:	

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

	Indicator	Source	Frequency
Short Term:	Attendance at educational programs Satisfaction Survey	Program Coordinator	As scheduled
Intermediate Term:	Participant feedback and response Decrease in ED visits for suicide attempt	Three month interval follow up Indiana Hospital Association data	Annual;
Long Term:	Decrease in suicide attempts and completions	HCI/CDC data Tri-Annual Survey	As reported Every 3 years

2016

OBJECTIVES

Objective #1:	Provide QPR training for 500 people
Evidence Base:	QPR Institute; SAMHSA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide support and track QPR Trainer network	1/1/2016-6/31/2016	Materials	Kendrick Grant; Behavioral Health	Increased number of participants	HMCI	
Hire public health or behavioral health student to design tracking mechanisms and schedule logistics	5/1/2016	Student	Community Benefit; Behavioral Health	Tracking program	N/A	
Provide 10 QPR Courses	1/1-12/31/2016	Materials	Behavioral Health; Marketing; Community Benefit	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health	Results	N/A	

OBJECTIVES

Objective #2:	Provide Mental Health First Aid training for 100 people
Evidence Base:	SAMHSA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hire public health or behavioral health student to design tracking mechanisms and schedule logistics	5/1/2016	Student	Community Benefit	Tracking program	N/A	
Hold four Mental Health First Aid trainings	1/1-8/1/2016	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	

2017

OBJECTIVES						
Objective #1:	Provide QPR training for 250 people					
Evidence Base:	QPR Institute; SAMHSA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold 10 QPR trainings	1/1-12/31/2017	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	
OBJECTIVES						
Objective #2:	Provide Mental Health First Aid training for 100 people					
Evidence Base:	SAMHSA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold three Mental Health First Aid trainings	1/1-12/31/2017	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	

2018

OBJECTIVES						
Objective #1:	Provide QPR training for 100 people					
Evidence Base:	QPR Institute; SAMHSA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold ten QPR trainings	1/1-12/31/2018	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	
OBJECTIVES						
Objective #2:	Provide Mental Health First Aid training for 100 people					
Evidence Base:	SAMHSA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold three Mental Health First Aid trainings	1/1-12/31/2018	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	