

Community Health Implementation Plan--Munster

Franciscan Health-Munster

2016-2018

Community Health Improvement Plan

CONTENTS

Community Health Improvement Plan 2

Executive Summary of CHNA 3

Franciscan Health-Munster 3

Top Health Needs and FH-Munster Selections 5

Approach and Methodology 6

Principles and Methodology 6

Intervention Design 7

Evidence Base 7

Evaluation 8

Documentation 8

Implementation Plans 8

2013-2016 Results 9

2016-2018 Implementation Plan 9

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 Health-Munster (FH-Munster). 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 FH-Munster in providing essential services to those most in need. Based on the findings in this report, FH-Munster 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 FH-Munster 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 county of Lake and the city of Munster.

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 Health-Munster

A trusted leader in providing faith-based, integrated health care, FH-Munster is a 63-bed acute-care facility that offers nearly 50 medical specialties and subspecialties including heart care, orthopedic surgery, imaging and diagnostic procedures, laboratory and more.

FH-Munster 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.

FH-Munster is located in Lake County, 701 Superior Avenue, Munster, IN 46321. The CEO of FH- Munster is Michael Stenger.

The FH-Munster statistics include:

FH Services	
Annual Outpatient Visits	93,561
Annual Emergency Department Visits	0
Annual Surgical Procedures	7,131
Births	0
Employees	425
Volunteers	42
Total Physicians (includes Franciscan Physician Network and affiliated doctors)	299
Average length of patient stay	3.90 days

FH- Munster services include:

Audiology	Gynecology	Outpatient Services	Wound Care
Behavioral Health	Heart & Vascular	Pain Management	
Breast Health	Home Health Care	Podiatric Medicine	
Cancer Care	Hospitalists	Primary Care Physicians	
Dermatology	Imaging	Pulmonary Medicine	
Dietitians	Infectious Disease Management	Registered Dietitians	
Ear, Nose, and Throat	Infusion Services	Rehabilitation Services	
Emergency Medicine	Interventional Radiology	Respiratory Care	
Employee Assistance Program	Joint & Spine Care	Same Day Surgery	
Family Doctor	Laboratory Services	Senior Services	
Franciscan ExpressCare	Mammography	Sleep Disorders	
Franciscan Hammond Clinic	Occupational Health	Surgical Services	
Franciscan Medical Specialists	Ophthalmology	Urgent care	
Gastrointestinal Services	Orthopedics	Women's Health/OBGYN	
Gynecologic Surgery	Otolaryngology	WorkingWell	

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

<u>Respect for Life</u>
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 FH-Munster 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 FH-Munster 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	FSAH-Munster 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.	Some-what	Physical activity and nutrition education will be integrated into the colorectal and asthma programs.
Behavioral Health	Suicide, poor mental health days, depression, and substance abuse all rank highly in the community.	No	FH-Munster is unable to provide resources related to behavioral healthcare.
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	FH-Munster 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.	Yes	Colorectal cancer screenings and education will be a priority for FH-Munster

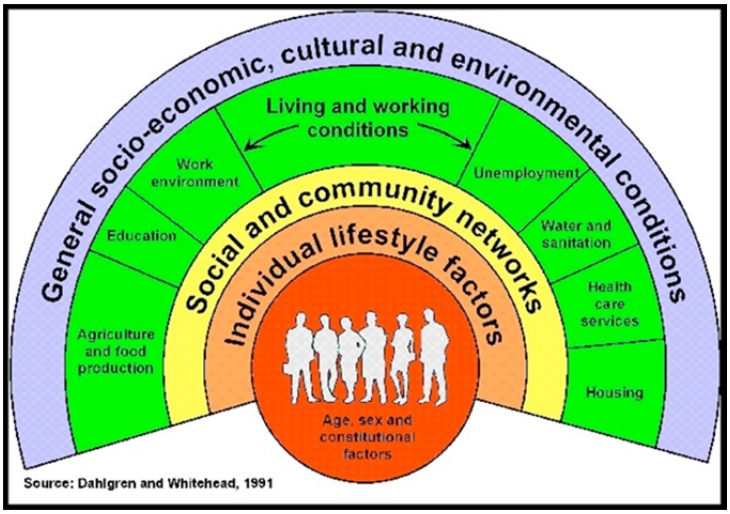
Infant Mortality	Smoking during pregnancy, low clinical care visits, and high infant mortality rates show the need for improved access and services for pregnant women and their families.	No	FH-Munster does not provide labor and delivery services
Asthma	Perhaps linked to the poor air quality in the county 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. FH-Munster 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:

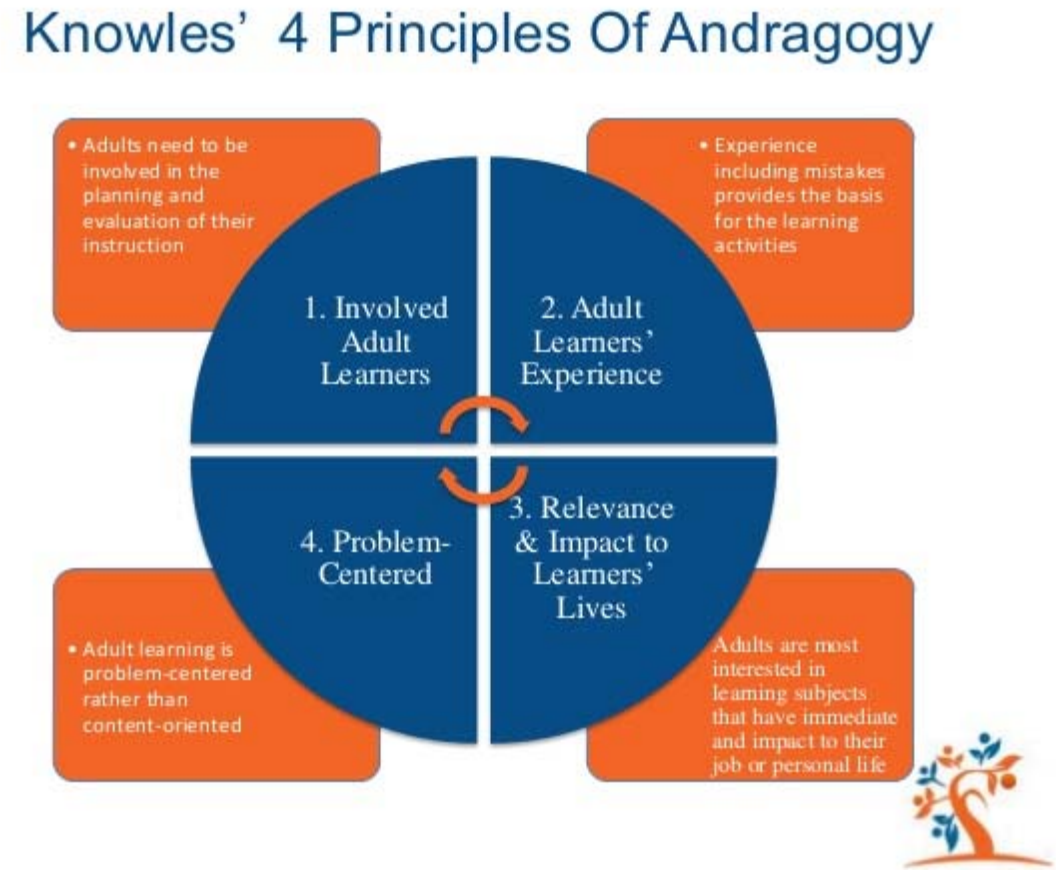




Social Determinants of Health **Socio-Ecological Model**

Intervention Design

Interventions implemented by FH-Munster 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

FH-Munster 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, FH-Munster had two priorities. The following table reviews the previous priority areas, results, and future efforts:

Priority	Results	Continuation?	Future Efforts
Colorectal Screening	Program efforts for those who participated was a success. However overall program has been notable as effort to retain participants was a constant challenge.	Yes	FHM Munster will continue expand the program effort to a larger targeted group than previously.
Improve self-management among diabetic patients	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

Two priority areas have been identified for the 2016-2018 timeframe—colorectal cancer and respiratory care. The colorectal program will improve education and screening rates through a faith based initiative, targeted to the African American community. The disparity in colorectal screening and incident rates between Caucasians and African Americans is quite high in this community. 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.

The following plans document the anticipated activities and outcomes.

Date Created: 5/18/2016						Date Updated:
Goal:	To reduce the incidence of colorectal cancer in Lake County residents, with emphasis on the African American population					
HP 2020 Alignment:	C-9, C-16					
Other Alignment:	Indiana Cancer Control Plan (Indiana Cancer Consortium)					
Comments:						

PERFORMANCE MEASURES How will we know that we're making a difference?			
	Indicator	Source	Frequency
Short Term:	Number of adults participating in educational programming, accepting a testing kit, and returning a testing kit Improvement of knowledge of colorectal cancer risk factors, protective factors, and obtaining testing	Program facilitator Pre/post test	Monthly
Intermediate Term:	Improvement of screening rates among African Americans in Lake County	ISDH Indiana Hospital Association EPIC	Annually
Long Term:	Reduction of colorectal death rates in Lake County	Indiana Hospital Association	3-5 years

2016

OBJECTIVES	
Objective #1:	Develop a faith-based curriculum and screening promotion program
Evidence Base:	CDC; Missouri Department of Health

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Review evidenced based programs and determine strategies for working with local faith based organizations	10/1/2016	N/A	Oncology, Spiritual Care, Marketing	Infrastructure; curriculum	Faith organizations	
Develop evaluation strategies	10/1/2016	N/A	Oncology, Spiritual Care, Marketing	Evaluation report	N/A	
Recruit one faith based organization to implement program	11/15/2016		Oncology, Spiritual Care, Marketing	Program site	Faith organization	

2017

OBJECTIVES	
Objective #1:	Implement a faith-based curriculum and screening promotion program
Evidence Base:	CDC; Missouri Department of Health

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement curriculum and screening promotion program at two faith based organizations	10/1/2017	Program materials	Oncology	Participants	Faith organizations	
Recruit two additional faith based organizations for 2018 implementation	12/31/2017	Marketing materials	Oncology	Program sites	Faith organizations	

2018						
OBJECTIVES						
Objective #1:	Implement a faith-based curriculum and screening promotion program					
Evidence Base:	CDC; Missouri Department of Health					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Implement curriculum and screening promotion program at two faith based organizations	10/1/2018	Program materials	Oncology	Participants	Faith organizations	
Recruit two additional faith based organizations for 2019 implementation	12/31/2018	Marketing materials	Oncology	Program sites	Faith organizations	

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	