

Community Health Implementation Plan--Rensselaer

Franciscan Health-Rensselaer

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 Health-Rensselaer (FH-Rensselaer), formerly knowns as Jasper County Hospital. 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-Rensselaer in providing essential services to those most in need. Based on the findings in this report, FH-Rensselaer will develop a three year strategic plan on meeting community health needs as capacity and resources allow.

This CHNA has two sections. FH-Rensselaer completed a CHNA in Spring 2015, previous to the purchase of the hospital by Franciscan Alliance. The CHNA was approved by the Jasper County Hospital Board of Trustees. The original CHNA is presented in the first section of this report.

Franciscan Alliance finalized the purchase of Jasper County Hospital, effective Tuesday, Sept. 1, 2015. The sale of the hospital followed a June 1, 2015 meeting where the Jasper County Hospital Board of Trustees, Jasper County Board of Commissioners and the Jasper County Council all voted unanimously in favor of entering into an asset purchase agreement with Franciscan Alliance. FH-Rensselaer is a critical access hospital.

To assist Franciscan Alliance staff and Board of Trustees better understand the Jasper County community, Franciscan Alliance conducted a secondary data analysis, which is also presented in this report. Together, the data offers a complete review of health needs in Jasper County.

This report focuses on Jasper County, the location of most of FH-Rensselaer patient residences. Because Indiana's a home rule state, data by zip code is limited. Therefore, data in this report reflects the county as a whole.
Jasper 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. Health Profession Shortages and Critical Access Infrastructure: As is the case in many federally designated rural areas, primary care and other health services are in short supply. Jasper County, and four of seven boundary counties, are five of 31 hospitals in Indiana without inpatient obstetrical services. It is also a mental health and primary care health professions shortage area.

2. Behavioral Health Issues: Lack of mental health providers, high rates of substance abuse (including alcohol), above state average rates of suicide, and high rates of prescribed controlled substances are of concern.

3. Lack of Preventative Behaviors: Low rates of health screenings, especially cancer-related, low vaccine rates, and high rates of injury suggest health behaviors need improvement.

4. 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 and lack of built contribute to this issue.

5. 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 Health-Rensselaer

FH-Rensselaer is located in Rensselaer, Indiana. More than 40 physicians provide primary care and specialty services such as cardiology, orthopedics, urology, oncology, and more through hospital based outpatient clinics.

Inpatient services include medical/surgical and an extended care unit. A fully automated laboratory, certified mammography services, CT, MRI, ultrasound, and nuclear scanning meet the testing needs of inpatients and outpatients.

The Outpatient Department offers a variety of same day surgery and clinics in the specialty areas of medicine. Services in the Emergency Department are available 24 hours per day. The department is staffed by a physician and experienced support personnel who provide professional care.

The Hospital campus includes the Medical Outreach Building, which houses Home Health Care & Hospice and Rehabilitation and Sports Therapy, as well as the Office Building which houses Patient Accounts, Community Relations, Education, Administration and Nursing Administration.

FH-Rensselaer is a member of the Mishawaka, Indiana-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-Rensselaer is located in Jasper County, 1104 E. Grace Street, Rensselaer, Indiana. The President and CEO is Terry Wilson.

The FH-Rensselaer 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 FH-Rensselaer 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-Rensselaer 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.

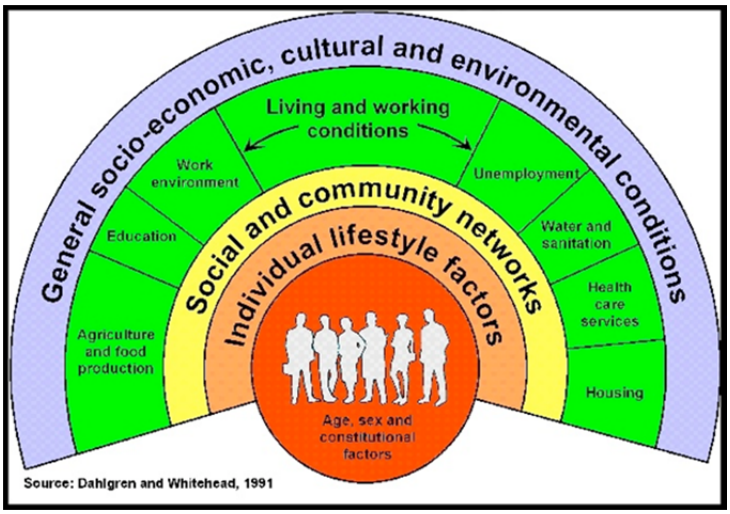
Health Need	Description	FH-Rensselaer Priority?	Justification/Explanation
Health Professions Shortages/ Critical Access Infrastructure	As is the case in many federally designated rural areas, primary care and other health services are in short supply. Jasper County, and four of seven boundary counties, are five of 31 hospitals in Indiana without inpatient obstetrical services. It is also a mental health and primary care health professions shortage area.	Yes	FH-Rensselaer will work to recruit primary care and specialty care providers to the area.
Behavioral Health	Lack of mental health providers, high rates of substance abuse (including alcohol), above state average rates of suicide, and high rates of prescribed controlled substances are of concern.	No	FH-Rensselaer does not have the capacity to provide services in this area.
Lack of Preventative Behaviors	Low rates of health screenings, especially cancer-related, low vaccine rates, and high rates of injury suggest health behaviors need improvement.	Yes	FH-Rensselaer will work to provide additional services in the community.
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 and lack of built contribute to this issue.	Yes	FH-Rensselaer will work to support community development that provides opportunities for physical activity and appropriate nutrition.
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.	Indirectly	The staff will continue to refer patients ready to quit to the state run helpline.

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-Rensselaer 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:



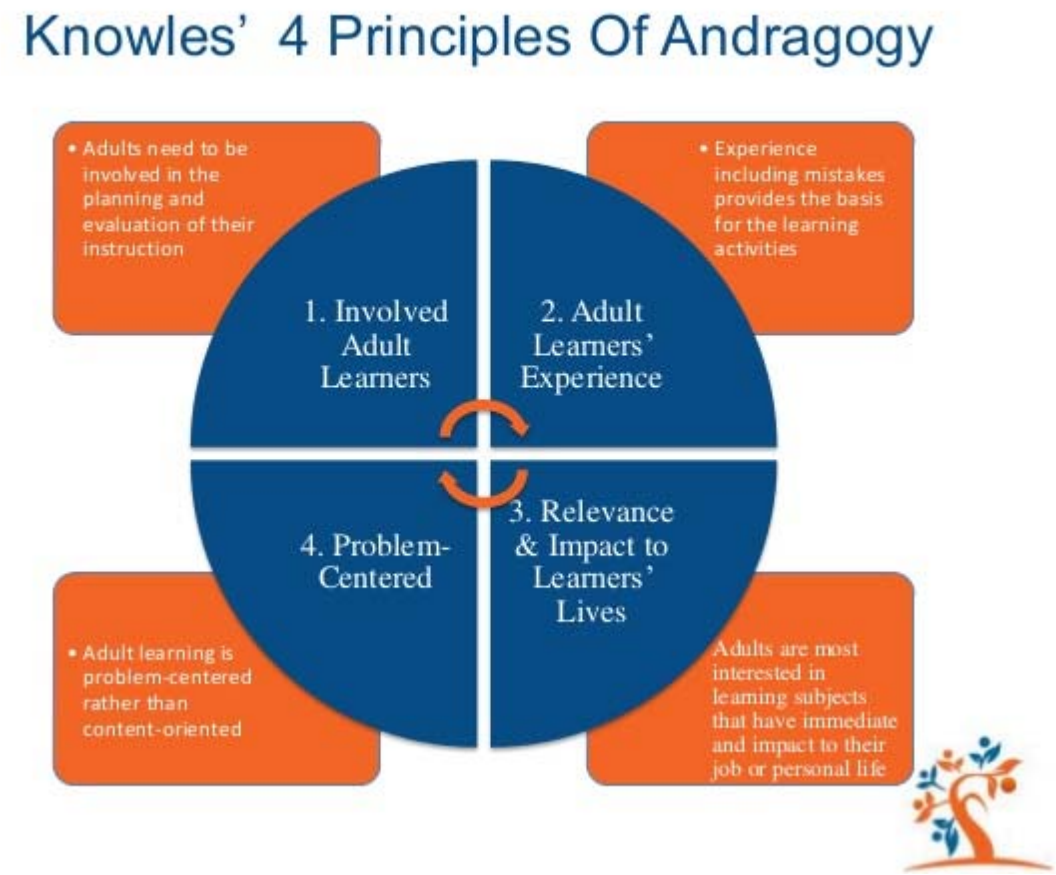
Social Determinants of Health



Socio-Ecological Model

Intervention Design

Interventions implemented by FH-Rensselaer 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-Rensselaer 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-Rensselaer had three priority areas. The following table reviews the previous priority areas, results, and future efforts:

Priority	Results	Continuation?	Future Efforts
Improvement in Emergency Department Care	Emergency services were greatly improved to provide better service to the critical access service area.	Not as a priority	The changes have been institutionalized and will continue as part of standard hospital administration.
Increased Specialty Care in Surgery	Hospital partnerships were developed to bring surgical services to the critical access service area two days a week	Not as a priority	The changes have been institutionalized and will continue as part of standard hospital administration.
Improvement of Hospital Quality Issues	Quality of care increased to better serve the critical access service area.	Not as a priority	The changes have been institutionalized and will continue as part of standard hospital administration.

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.

The following plans document the anticipated activities and outcomes.

Date Created: 5/13/2016						Date Updated:
Goal:	Improve access to primary care services for Jasper County residents.					
HP 2020 Alignment:	AHS-3; AHS-5					
Other Alignment:	Indiana Rural Health Association; Indiana State Department of Health Office of Rural Health					
Comments:						

PERFORMANCE MEASURES How will we know that we're making a difference?			
	Indicator	Source	Frequency
Short Term:	Recruitment of a primary care physician to Rensselaer	Hospital data	N/A
Intermediate Term:	Improvement of clinical care ranking	County Health Rankings	Annual
Long Term:	Increase in the number of people with a primary care provider	HCI	Tri-Annual

2016

OBJECTIVES	
Objective #1:	Recruit a primary care provider to Rensselaer or neighboring community
Evidence Base:	Indiana Rural Health Association; Indiana State Department of Health Office of Rural Health

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Secure one primary care provider commitment	12/31/2016	Provider	FPN	Provider	N/A	
Work with FPN and other recruiters	12/31/2016	Recruitment assistance	FPN	Provier	Adkisson Search	Adkisson under contract through 2/2017; advertisement and marketing position is ongoing

2017

OBJECTIVES	
Objective #1:	Recruit a primary care provider to Rensselaer or neighboring community
Evidence Base:	Indiana Rural Health Association; Indiana State Department of Health Office of Rural Health

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Secure an additional commitment from MD or mid-level practitioner	12/31/2017	Provider	FPN	Provider	N/A	
Work with Family Medicine Physicians to recruit additional providers	12/31/2017	Recruitment assistance	FPN	Provider	N/A	

2018

OBJECTIVES	
Objective #1:	Recruit a primary care provider to Rensselaer or neighboring community
Evidence Base:	Indiana Rural Health Association; Indiana State Department of Health Office of Rural Health

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Secure an additional commitment from MD or mid-level practitioner	12/31/2018	Provider	FPN	Provider	N/A	
Work with Family Medicine Physicians to recruit additional providers	12/31/2018	Recruitment assistance	FPN	Provider	N/A	

Date Created: 5/13/2016						Date Updated:
Goal:	To improve access to specialty care providers					
HP 2020 Alignment:	AHS-7					
Other Alignment:	Indiana Rural Health Association; Indiana State Department of Health Office of Rural Health					
Comments:						

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

	Indicator	Source	Frequency
Short Term	Number of patients Percent of population with access to specialty care	Hospital data	Annual
Intermediate Term:	Improvement of proportion of persons who are able to access necessary care Improvement of porportion of persons who receive appropriate evidence-based clinical preventative services	AHRQ	Biannual
Long Term:	Reduction in poor health outcomes in: Cancer Stroke Gynocology Pediatric-specific illnesses	HCI	Annual

2016

OBJECTIVES

Objective #1:	Develop plans for increased access to oncology, cardiology, gynocology, and pediatric services.
Evidence Base:	Indiana Rural Health Association; Indiana State Department of Health Office of Rural Health

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop sustainability plan for oncology services	12/31/2016	N/A	Corporate	Documented plan	N/A	
Complete assessment and implementation plan, if needed, on lung screening capabilities	12/31/2016	Radiology staff, vendor	Corporate	Documented plan	N/A	
Develop plan for women and children's services	12/31/2016	N/A	Corporate	Documented plan	N/A	
Secure funding and support for telehealth services	12/31/2016	*Business Development; Leadership*	*Corporate*	*Documented plan*	*N/A*	

2017

OBJECTIVES

Objective #1:	Implement providers and techology to enhance access to oncology, cardiology, gynocology, and pediatric services.
Evidence Base:	Indiana Rural Health Association; Indiana State Department of Health Office of Rural Health

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide staff training on new technology and services	12/31/2017	FPN	Corporate	Trained staff	N/A	
Engage marketing in new services and resoruces	12/31/2017	Marketing	Corporate	Marketing materials	N/A	
Secure providers for each area	12/31/2017	Bus. Dev., FPN	Corporate	Providers	N/A	

2018

OBJECTIVES

Objective #1:	Develop plans for increased access to oncology, cardiology, gynocology, and pediatric services.
Evidence Base:	Indiana Rural Health Association; Indiana State Department of Health Office of Rural Health

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Review capacity and resources	12/31/2018	N/A	Corporate	Report	N/A	
Market services and reduce barriers to care	12/31/2018	Marketing	Corporate	Usage of services	N/A	