Copley Hospital Community Health Needs Assessment Implementation Plan
Progress Report (Feb. 2016-May 2017)

Community Need: Reduce Preventable Hospital Visits (Reduce the Cost of Healthcare)

Objectives: Reduce service area's rate of 30-day all-cause readmissions; Reduce # of avoidable visits to the ER; All persons in HSA will have a primary care provider

Action Item/Specific Tactic	Outputs Performance Level Accountability	Results	Comments
Inpatient Readmissions	Follow up with PCP within 7 days from discharge Real time review of inpatient readmits Readmissions rate	Achieved for all inpatients Established, no trends to report. Will continue to monitor. Readmissions rate is Average, on par with rates of Vermont Critical Access Hospitals	Established process w/ Primary Care Practices Readmission rates ranged from 9.15%-18.18% calendar year 2016; (all Vermont Critical Access Hospitals' range 11.61%-17.45%) Team formed to implement the LACE tool for inpatients. (LACE is a risk assessment tool; LACE stands for length of stay, acuity of admission, Charlson comorbidity index, CCI, and number of emergency department visits in preceding 6 months). Goal is begin using LACE tool as of July 1, 2017, to screen all inpatients prior to discharge and establish baseline data.
ER Utilization Follow up w Frequent Users; modified to all ER patients identified with potential unmet needs	# of patients referred # of referrals made	January 2017-April 2017: 294 patients referred 352 referrals made	Caseworker placed in the ER as of January 2017, in collaboration with Community Health Services of Lamoille Valley (CHSLV) Referral patterns (in order of most need): Securing primary care provider Financial assistance/insurance Non-urgent mental health issue Non-urgent substance abuse issue Lack of or unstable housing Dental services Referral to Nursing Home Advance Directives

ED referral to Home Health	# of patients referred	January 2017-April 2017 8 patients referred	
Med Reconciliation via Home Health referral as part of Hospital Discharge, patients 65+ (patients do not need skilled home care nursing)	# of referrals	Few patients accept the offer, per Lamoille Home Health and Hospice.	Home Health RN participates daily in hospital's discharge planning. Able to identify/refer patients that need skilled home care nursing prior to discharge. This program is offered to patients that do not have need for skilled nursing homecare. Home Health RN would do home visit to conduct med reconciliation.
Assist ER patient in securing Primary Care Provider	# of patients referred	January 2017-April 2017: 168 referred 148 patients referred in 2016	Process change in January 2017.
Learning Collaborative through Blueprint: Connecting Frequent Complex Patients with dedicated Care Coord.	# of patients in program	17 patients identified as participating.	Process/Program being revamped by Blueprint for Health Care Coordination Team Facilitator due to difficulty in getting patient participation and measurable improvement.
Advance Directives and Hospice Care included in Social Media information	Articles/content submitted and published	2 articles published re end of life/advanced directives 4 articles regarding Hospice	

Measurable long term outcomes

% 30 day all-cause readmissions for Copley for all payers (Copley)

Measurable long term outcomes (population level accountability)

% 30 day all-cause readmissions for HSA, Medicare only; Rate of Medicare enrollees hospitalized for conditions that are Ambulatory Care Sensitive (both

UCC/OneCare)
% of residents without PCP (VDH) % of residents without insurance (VDH)

Community Need: Chronic Conditions: Obesity

Objectives: Reduce the rate of obesity in the Copley Hospital Service Area

Action Item/Specific Tactic	Outputs Performance Level Accountability	Results	Comments
Copley Employee Wellness Program; Facilitate healthier lifestyle/choices w/ largest year round employer in area	# of employees participating # of events/programs/screenings	2755 employee interactions with a Wellness activity 15 employees participated in Employee Wellness program "Go Figure." Blood pressure/blood sugar screenings held monthly with opportunity to speak 1:1 with wellness coach 7 employees participated in 12-week Lunchtime Boot Camp Increased employee participation in Corporate Cup 5K from 13 to 40 Participants from 2016 to 2017.	Working in tandem with our insurance company. Set aggregate baseline data; impact results will take several years.
Copley Workplace Wellness Programs; Help area employers develop healthier living programs for their employees	# of participants #of employers participating	3 of the area's largest businesses utilize Workplace Wellness program, providing health screenings and assessments for their employees.	Seeing positive behavior changes in some, but nothing tangible in the numbers.
Wellness Programs offered in community	# of events # of participants	Diabetes Support Group, 9/yr CPR & First Aid Training 2x Type 1 Diabetes 101 Nutrition Class/Health Talks (held at JSC, PA, Leadership Lamoille) Health Fairs held at Copley, Hyde Park School Public Health Screenings 2x "Baby Party" w/ VDH Bike Safety 2/yr	106 attendees to Diabetes Support Group 2755 employee interactions with a Wellness activity 2816 community resident interactions with a Wellness activity

Copley 5k Run/Walk for the Heart	5K Run/Walk established	90 runners and walkers participated in 2016; planning for 2017 event underway	Promotes use of the Lamoille Valley Rail Trail for exercise and recreation
Bike Share/Bike Racks in Morristown	Grant made to Morristown Bike Share program	$1,000 donation to Bike Share	Supports recreation and transportation
Targeted Social Media Marketing Campaign re Healthy Living Choices, Preventive Screenings, Healthy Activities in Area	Blog LiveWellLamoille.com created # of articles published #of interactions	77 articles published 6,744 views (as of April 2017)	Blog is funded and hosted by Copley Hospital and features Bloggers from social service organizations, healthcare providers, community leaders and community members. Topic Areas: Health Behaviors, Clinical Care, Social & Economic Factors, Physical, Preventive Screenings; Healthy Activities in the Area; Healthy Living Choices; Substance Abuse Prevention; Hospice/Advance Directives
Advocate for town policies that support healthy lifestyle choices (sidewalks, green space, etc.)	# of meetings # of Copley attending	CEO, Sr Team participating in quarterly People in Partnership meetings, Lamoille Hunger Council of Lamoille Valley and Town Planning Commission as needed. Copley spoke in support of proposed renovation of school sports facility to include community recreational use.	

Measurable long term outcomes (population level accountability)

% of residents without PCP (VDH)
% of residents without insurance (VDH)
% of adults with hypertension (VDH)
% of adults who are obese (VDH) % of children age 2-5 (in WIC) who are obese (VDH)
% of adults meeting the physical activity guidelines (VDH)
% of adults with diabetes (VDH)
Copley specific
% Copley employees using Copley health insurance who are obese (Copley)
% Copley employees using Copley health insurance with hypertension (Copley)
% Copley employees using Copley health insurance with diabetes (Copley)

Community Need: Routine Preventive Care: Screenings

Objectives: Targeted Population(s) will receive screening for tobacco, alcohol and depression annually/as appropriate; with appropriate referrals made

Action Item/Specific Tactic	Outputs Performance Level Accountability	Results	Comments
Healthy Lamoille Valley / Partnership for Success Advocacy	Grant made to Healthy Lamoille Valley in support of advocacy for green space, healthy town planning and prevention.	$2,500 donation to Healthy Lamoille Valley	
Women receiving "Well Woman" exams and/or Pre-Natal Intake at TWC will be screened for Tobacco, Alcohol and Depression; Referrals will be made as needed	# of patients receiving screening Screening tool will be part of electronic health record with mineable data fields for aggregate data collection. Screening expanded to add electronic collection re substance abuse, food security, housing security, personal safety	100% of women receiving "Well Women" exams and/or Pre-Natal Intake at The Women's Center are screened for Tobacco, Alcohol and Depression. Expanded screening tool built into Electronic Health Record Social Worker added to The Women's Center practice as part of Women's Health Initiative as of January 2017. From January-March 2017, the social worker has had 43 1:1 appointments with patients. Providers also bring social worker into appointments as needed (unscheduled). These unscheduled visits have not been tracked to date.	19% of women screened were current smokers. Currently unable to electronically track # of referrals made elsewhere. Mineable data fields for aggregate electronic data collection slated to go live June 2017. Training on expanded electronic screening tool scheduled for June 2017. Many patients' needs are handled directly by social worker without additional referral. For those requiring outside referrals, needs are (in order of frequency): Housing Needs, Substance Use & Mental Health Counseling; Health Insurance; Food Insecurity; Intimate Partner Violence; Family/Parenting Support; Smoking Cessation.
Expand tobacco/alcohol /depression screening to additional Outpatient Clinic: Cardiology	Screening tool will be part of electronic health record with mineable data fields for aggregate data collection.		Slated for FY18.

ER Referrals to Blueprint for Health Opiate Neighborhood Program (MAT)	# of patients referred	January 2017-April 2017: 294 patients referred to caseworker of those, 9 were referred for non-urgent substance abuse issue.	Caseworker placed in the ER as of January 2017, in collaboration with Community Health Services of Lamoille Valley (CHSLV)
Consider Screening Readiness in Emergency Department			Slated for FY18
Inclusion in targeted Social Media Marketing Campaign re Healthy Living Choices, Preventive Screenings, Healthy Activities in Area	Blog LiveWellLamoille.com created # of articles published #of interactions Marketing Campaign promoting Healthy Choices Healthy Choices, tips and prevention information shared via FB, Twitter daily	77 articles published 6,744 views (as of April 2017) Print/Radio campaign ran Jan. 9-Feb. 3, 2017. Five community newspapers, Seven radio stations	Blog is funded and hosted by Copley Hospital and features Bloggers from social service organizations, healthcare providers, community leaders and community members. Topic Areas: Health Behaviors, Clinical Care, Social & Economic Factors, Physical, Preventive Screenings; Healthy Activities in the Area; Healthy Living Choices; Substance Abuse Prevention; Hospice/Advance Directives

Measurable long term outcomes (population level accountability)

% of Adult Excessive/Binge Drinking (VDH) % of Youth Excessive/Binge Drinking (VDH)
% of Adults who smoke cigarettes (VDH) % of Adults with 1+ days mental health "not good" (VDH)
% of Youth (grades 9-12) who smoked cigarettes in last 30 days (VDH)
% of Students who have misused a stimulant or prescription pain reliever (VDH)
% of Students who have misused a stimulant or prescription pain reliever in the last 30 days (VDH)
% of Youth (grades 9-12) who used marijuana in last 30 days (VDH)