Mary Free Bed Rehabilitation Hospital

COMMUNITY HEALTH IMPLEMENTATION PLAN

2016-2018

Community Health Needs Assessment

This report will serve as the second component of the second Mary Free Bed Rehabilitation Hospital Community Health Needs Assessment [CHNA] conducted in Grand Rapids, Michigan spanning September 2015 through March 2016 and spans the period April 1, 2016 through March 31, 2019. The purpose of this CHNA was to better our understanding of the health needs of the community served by Mary Free Bed and the Mary Free Bed Network, especially for persons with disability and/or impairments.

The information obtained for the CHNA will be used to create the Mary Free Bed Community Health Implementation Plan will be used to reduce health disparities and promote overall community well-being through:

1. Increase access to needed health and rehabilitation services
2. Support community needs through MFB Community Partnerships
3. Continue to assess and evaluate hospital services
4. Assure a competent more productive workforce

Additionally, this assessment will be used to support efforts of Mary Free Bed leadership to identify areas where specific strategies and objectives of the organization can be optimized to meet the needs of our community served. While there were many needs identified in the CHNA, Mary Free Bed has determined that Disability is the top priority for the community served. Given that the hospital's main priority is Disability, Access to Care will be used as it relates to the availability and community access to disability services offered at Mary Free Bed.

Implementation Plan Goals

The Board of Trustees and Senior Management of Mary Free Bed Rehabilitation Hospital have identified the following community health needs, through the CHNA process, that will be addressed and prioritized in the Implementation plan:

- Disability
  - Access to Care
- Competent Workforce

The following strategies will summarize the methods in which Mary Free Bed will undertake in order to address our community health needs.

Disability

Specific Needs Identified in CHNA: Chronic Disease

- **Implementation Strategy**: Provide comprehensive rehabilitation focused on the specialized needs of the increasing number of cancer survivors by increasing cancer rehabilitation and survivorship programs and services across the network
  - ***Measureable Outcome***: Increase the number of oncology patients who have an encounter with a Mary Free Bed provider or team member across the network
- **Implementation Strategy**: Maintain or increase initiatives and services offered through the Betty Bloomer Ford Cancer Rehabilitation Program
  - ***Measureable Outcome***: Number of programs offered, [maintain or increase] community partnerships offered through the Betty Bloomer Ford Cancer Rehabilitation Program

Specific Needs Identified in CHNA: Nutrition & Obesity

- **Implementation Strategy**: Increase patient self-management and awareness of body weight, nutrition, and chronic disease risk
  - ***Measureable Outcome***: Increase the number of patients enrolled in the Mary Free Bed Weight Management Program
  - ***Measureable Outcome***: Increase the number of patient encounters with the Outpatient Nutrition Program dietitian
- **Implementation Strategy**: Implement use of the Kent County Health Department Community Nutrition Survey on access to Healthy Food Choices across the continuum (KCCNA 2015)
  - ***Measureable Outcome***: Obtain and report to Kent County results of access to Healthy Food Choices survey as reported by patients

Commented [SL1]: RDN's now have an EFA write off to provide underinsured/noninsured with one free RD visit

Specific Needs Identified in CHNA: Mental Health & Quality of Life

- **Implementation Strategy**: Improve physical, emotional and mental health of persons with disabilities by receiving Recreational Therapy Services
  - ***Measureable Outcome***: FIM Scores or other HRQOL pre-post assessments, maintain or improve the functionality and quality of life for persons with disabilities or impairments who receive inpatient Recreational Therapy services

- **Implementation Strategy**: Maintain targeted efforts toward utilizers of Mary Free Bed Rehabilitation Hospital's Wheelchair and Adaptive Sports programs and services
    - ***Measurable Outcome***: number of participants, maintain or increase the clinics and teams offered by Wheelchair and Adaptive Sports for persons with disabilities or impairments
- **Implementation Strategy**: Promote the health and well-being of persons with disabilities who have the opportunity to take part in the Driver Rehabilitation Program
    - ***Measureable Outcome***: Maintain or increase the number of persons engaging in the Driver Rehabilitation Program

Specific Needs Identified in CHNA: Access

- **Implementation Strategy**: Using health information technology, improve coordination of care and services across the continuum of care and services
    - ***Measureable Outcome***: Using health information technology, increase the number of persons with complex care needs who are being medically managed with a nurse case manager or nurse navigator
    - ***Measureable Outcome***: Reduce delays in access to care through tracking time of inbound calls to conversion to an appointment or speaking with a team member for information (access center)
- **Implementation Strategy**: Expand capacity for NEXT Steps Day Rehab Program for patients who require intensive rehabilitation services in an outpatient setting
    - ***Measureable Outcome***: Increase access to NEXT Steps Day Rehab Program as measured by patient encounters with program staff
- **Implementation Strategy**: Maintain Universal Access practices to assure access to quality health care in the Post-Acute Care Setting (2013 MFB CHNA)
    - ***Measureable Outcome***: Accept for treatment, all patients whom are clinically appropriate regardless of their ability to pay (see MFB 2016-2018 CHNA for universal access definition)
- **Implementation Strategy**: Maintain or improve the proportion of community members, including the uninsured and working poor, that access healthcare services at MFB (2013 MFB CHNA)
    - ***Measureable Outcome***: Maintain or increase the number of charity and Medicaid patients treated over the cycle
- **Implementation Strategy**: Expand out-patient services statewide by 2018 (MFB SO1.8)
    - ***Measureable Outcome***: Maintain or increase in patient visits seen by outpatient encounters

- **Implementation Strategy**: Expand the capacity for post-acute care by increasing the number of referral sources
  - ***Measureable Outcome:*** Increase number of inpatient visits from referral sources seen by MFB providers
- **Implementation Strategy**: Expand capacity for post-acute care through the development of two new subspecialty inpatient programs in our Network (Lansing & Muskegon)(MFB SO1.3)
  - ***Measureable Outcome***: Increase in inpatient subspecialty visits seen in Lansing & Muskegon by an MFB provider
- **Implementation Strategy**: Maintain or expand MFB Rehabilitation Home & Community Services Program of receiving therapy at home for brain or spinal cord injury patients (new)
  - ***Measureable Outcome***: Maintain or increase the number of patients seen by Home & Community Services providers
- **Implementation Strategy**: Maintain or increase initiatives and services offered through MFB Wheelchair and adaptive sports
  - ***Measureable Outcome***: Number of programs offered by Wheelchair and Adaptive Sports
- **Implementation Strategy**: Maintain or increase initiatives, services, and community partnerships offered through the MFB YMCA
  - ***Measureable Outcome***: Number of visits of guests having a disability or impairment who access the MFB YMCA

Competent Workforce

Specific Needs Identified in CHNA: Disability

- **Implementation Strategy**: Maintain or increase initiatives and services offered through medical & health education that are focused on post-acute care and rehabilitation
  - ***Measureable Outcome***: Number of attendees
  - ***Measureable Outcome***: Number of medical education events and certifications offered at MFB open to MFB and West Michigan Community members that are focused on post-acute care and rehabilitation

Specific Needs Identified in CHNA: Chronic Disease, Nutrition & Obesity

- **Implementation Strategy**: Reduce risk of chronic disease, improve cardiovascular health, and promote quality of life in the MFB workforce

through the implementation of a comprehensive Employee Wellness Program (MFB SO4.3) and use of population health management reports (new)

- ***Measureable Outcome***: Use population health management values to drive employee wellness initiatives and challenges
- ***Measureable Outcome***: Improve nutritional habits by increasing number of employees accessing the Outpatient Registered Dietician via health care claims data or encounters
- ***Measureable Outcome***: Improve BMI and weight status awareness by increasing the number of employees who participate in the MFB Healthy! You Wellness Program or other weight management program
- ***Measureable Outcome***: Improve physical activity levels among MFB employees through peer exercise/physical activity challenges
- ***Measureable Outcome***: Improve employee life satisfaction per self-reported life satisfaction on population health management reports

Commented [SL2]: Measured through: 1. (Access) increase or maintain # of opportunities to improve PA 2. # Of employees participating

Other needs identified in CHNA not addressed in this strategy

Mary Free Bed Rehabilitation Hospital's Community Health Needs Assessment and Implementation Plan will address the three aforementioned community identified health needs. While the CHNA and IP chose to focus on hospital resources that strengthen these three community needs areas, it is important to recognize that these are not the only needs being addressed by the hospital. The Mary Free Bed IP will not address certain community needs identified by the Kent County CHNA- such as substance abuse or violence and safety. While these needs were identified in our community, and Mary Free Bed has an obligation to assess patients for these conditions, however, other area organization are better able to allocate resources to these needs as they relate to persons in the community.

Monitoring of Implementation Strategy and reporting of outcomes

Mary Free Bed has identified individuals within the organization who will be accountable for each strategy. In addition, a workgroup has been established to identify metrics of measurement for each outcome. Systems and processes are being put into place to obtain specific measures and track each health need. These measures will be collected annually and results submitted to the Board and Mary Free Bed Community. Upon review, adjustments or changes will be made to the strategies and measurable outcomes as deemed appropriate or necessary.

References

1. Essential Public Health Services [Internet]. Centers for Disease Control and Prevention: 2014 [cited [November 2015]]. Available from: http://www.cdc.gov/nphpsp/documents/essential-phs.pdf

2. Healthy Michigan 2010 [Internet]. Michigan: Surgeon General Report [cited [October 2015]]. Available from: [https://www.michigan.gov/documents/Healthy_Michigan_2010_1_88117_7.pdf]

3. Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health andHuman Services, Office of Disease Prevention and Health Promotion [cited [October 2015]]. Available from: [http://www.healthypeople.gov/].

4. Kent County Community Health Needs Assessment, 2014. Kent County, Michigan: Healthy Kent [cited [November 2015]]. Available from: [http://www.mercyhealthsaintmarys.com/documents/GrandRapids/FINAL%20Kent%20County%20CHNA2014.pdf]

6. The Michigan Health and Wellness 4x4 Plan [Internet]. Lansing, Michigan: Michigan Department of Community Health [cited [October 2015]]. Available from: https://www.michigan.gov/documents/healthymichigan/Michigan_Health_Wellness_4x4_Plan_387870_7.pdf]

Final Acknowledgements & Appreciation

We would like to acknowledge the following individuals for their time, diligence, and dedication to the CHNA process. Without the following support, this process would not be possible:

Assistance in Statistical Submission and Reporting Details:

- Kerry Nance, BA
- Ryan Podvin
- Kyle Schmuker
- Tom Stranz, MA
- Francine Dietrich
- Jill Novak
- Randy DeNeff
- Sue Shannon
- Jacobus Donders, PhD, ABPP
- Randy DeNeff, CFO
- Maria Besta, CTRS
- Lorraine Pearl-Kraus, PhD, CS, FNP-BC
- Joe Hufnagel

Assistance in Statistical Analysis and Tech Support:

- Matthew Mackey
- Mary Free Bed Institutional Technology

Assistance in Editing and Corrections:

- Mary Rigo-Burdo
- Tricia Boot
- Karen Richter, PHR
- Paula Hendrickson
- Jane Brierley, MPA
- Jackie Wondolowski

Our deepest appreciation and gratitude to the CHNA writing team for their full dedication to this process. This CHNA would not have been possible without the following writers:

- Samantha Lamkin, BS
- Terri Eudy, MA