Mary Free Bed Rehabilitation Hospital

COMMUNITY HEALTH NEEDS IMPACT REPORT

2015

Mary Free Bed Network

Restoring Hope and Freedom
Mary Free Bed
Rehabilitation Network

A. Allegiance Health
B. Borgess
C. Bronson Healthcare
- Battle Creek
- Lakeland - Paw Paw
- Methodist - Kalamazoo

D. Lakeland Health
- Medical Center - Saint Joseph
- Niles
- Watervliet

E. Mary Free Bed Rehabilitation Hospital
F. McLaren Health System
- Bay region
- Bay Special Care (LTACH)
- Central Michigan
- Flint
- Greater Lansing
- Lapeer Region
- Macomb
- Northern Michigan
- Oakland
- Orthopedic Hospital
- Port Huron

G. Mercy Health
- Hackley
- Lakeshore
- Mercy
- Saint Mary's

H. Metro Health
I. Munson Medical Center
J. Sparrow Hospital

B. Borgess
- Inpatient Unit

C. Bronson – Methodist
- Physiatrist

E. Mary Free Bed Rehabilitation Hospital
- Acute Rehabilitation
- Outpatient Locations (Main)
- O&P Locations (Main)
- Sub-Acute Rehabilitation

F. McLaren
- Oakland – Inpatient Unit. Outpatient Services
- Flint - Physiatrist

G. Mercy Health
- Mary Free Bed at Hackley – Inpatient Unit
- Saint Mary's – Acute Care Therapy
- Hauenstein Neuroscience Center

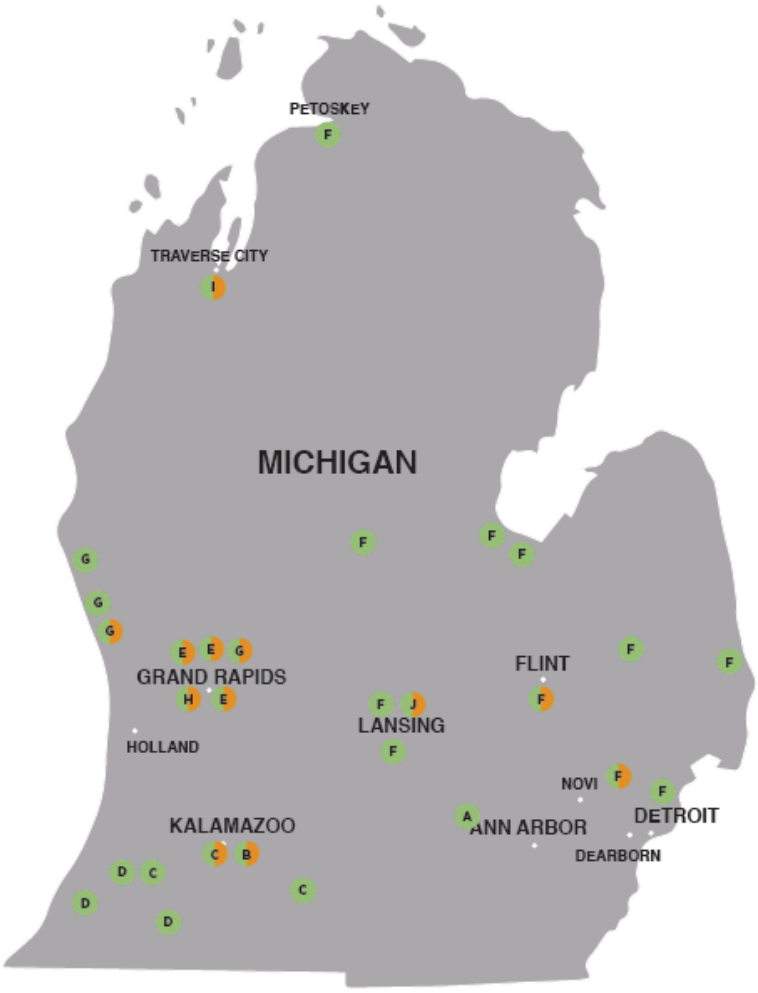
H. Metro Health
- Acute Care and Outpatient Therapy

I. Munson Medical Center
- Inpatient Unit. Outpatient Services

J. Sparrow
- Mary Free Bed at Sparrow – Inpatient Unit

In Network

In Network System Sites



Background

Under the new mandated provisions set by the Affordable Care Act Section 501(r), hospital organizations must complete a Community Health Needs Assessment [CHNA] that addresses the hospital's community needs as determined by and aligned with Local, State, and Federal identified needs. Along with identifying community needs, the hospital organization will also accompany their CHNA with a Community Health Implementation Plan [CHIP] outlining the action to be taken to meet the identified needs of the given community. As an added addition, each hospital must report on the progress and implementation of the previously written CHNA and CHIP cycle (IRS, 2015).

Section 501(r)(2)(A) defines a "hospital organization" as (i) an organization that operates a facility required by a State to be licensed, registered, or similarly recognized as a hospital ("State-licensed hospital facility"), and (ii) any other organization that the Secretary determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3). Similarly, section 501(r)(3)(A) provides that a hospital organization meets the CHNA requirements [as outlined by section 501(r) above] with respect to any taxable year (IRS, 2015).

Mary Free Bed Rehabilitation Hospital must complete the Community Health Needs Assessment requirements as outlined above as (i) Mary Free Bed is a hospital organization that operates a facility required by a State to be licensed, registered, or similarly recognized as a hospital ("State-licensed hospital facility"), and (ii) has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

Per the federal requirements above, Mary Free Bed published their first Community Health Needs Assessment in 2013. At this time, Kent County [county in which Mary Free Bed is located] had previously published their first Community Health Needs Assessment in 2012. Unfortunately, Kent County did not include disabilities as an identified 2012 need in the surrounding area. Due to this omission, Mary Free Bed developed their own rehabilitation specific addendums [see purpose below] to include in their 2013 CHNA. With the second publication of the Kent County CHNA, disabilities has been added at the request of Mary Free Bed.

Appendices A, B, and C provide Mary Free Bed Rehabilitation Hospital's CHNA, CHIP, and Kent County's 2012 CHNA respectively.

Defining the Purpose and Scope

This report will serve as the third and final component of the 2013-2015 Mary Free Bed Rehabilitation Hospital Community Health Needs Assessment [CHNA]. This report states the progress made on the Implementation Plan [a tool used to illustrate critical steps in developing a program to fill unmet needs and, in detail, outline specific goals, steps, and outcomes to be taken and documented]: and hence forth known as the **Impact Report**.

The Mary Free Bed Rehabilitation Hospital Implementation Plan addresses priorities and issues identified in the Kent County Health Needs Assessment as well as specific rehabilitation strategies, as identified by MFBRH CHNA, and spans the period April 1, 2013 through March 31, 2016. However, Mary Free Bed Rehabilitation Hospital focuses exclusively on rehabilitation services, which was not included in the previous Kent County CHNA. Therefore, two rehabilitation-specific addendums were developed by Mary Free Bed Rehabilitation Hospital and included in the CHNA documents.

The Mary Free Bed Rehabilitation Hospital Board of Trustees determined the following implementation strategies should be undertaken to address the needs identified in the 2013-2015 MFBRH CHNA Cycle and the rehabilitation-specific addendums. The remainder of this Impact Report will detail the strategic objectives and progress made toward achievement of these strategies to meet the needs of the 2013-2015 CHNA defined community [the community served was defined as Kent County].

Implementation Strategy #1

Increase the proportion of community members, including the uninsured and the working poor that have (sic) access to affordable healthcare to promote equal access to high quality, affordable healthcare.

Strategic Implementation Impact:

Maintain current practice of universal access:

- Mary Free Bed Rehabilitation Hospital maintains universal practices policies and accepts for treatment all patients whom are clinically appropriate regardless of their ability to pay.

Develop new programs and services [*such as cancer rehabilitation*] **so more patients can be served**:

In 2015/2016, the hospital developed the following new programs to better serve other vulnerable and underserved populations:

- Cardiopulmonary Rehabilitation program specializing in inpatient rehabilitation for cardiopulmonary patients, including ventilator-dependent patients.
- Women's & Reproductive Health is a new outpatient program to serve women and men with pelvic floor and other reproductive-related disorders.
- Mary Free Bed and Metro Health launched a joint effort expanding an existing shared program: Sports Rehabilitation. Several new sites of outpatient care are now included providing services to an increased number of patients.
- The Functional Aging outpatient program [currently in developmental/implementation stages] is designed to meet the needs of aging individuals. The program includes aging related debilities and conditions such as Parkinson's disease.
- The Behavioral Diabetes program [currently in developmental/implementation stages] will provide a diabetes management program with behavior-based model similar in design to the hospitals already established behavioral pain program.

Mary Free Bed Rehabilitation Hospital along with the Betty Bloomer Ford Cancer Rehabilitation Program at Mary Free Bed Rehabilitation Hospital, developed the following new cancer rehabilitation programs to better serve those with the primary diagnosis of cancer:

- In 2015, a Cancer + Wellness: Yoga, Food & Friends program was developed in order to better serve cancer survivors, recently diagnosed cancer patients, and their support system [non-cancer participants]. This program provides individualized nutrition counseling based on food habits and cancer diagnosis, group physical activity sessions, and utilizes biometric markers to assess individual progress through the program.
- During the previous CHNA cycle, The Betty Bloomer Ford Cancer Rehabilitation program at MFBRH developed and implemented specialized program for treating diverse cancer patient populations for symptom management related to cancer and cancer-related treatments (e.g.: Chemotherapy-induced Peripheral Neuropathies; Cognitive Dysfunction/ChemoBrain; Sexuality Dysfunction; Incontinence; Lymphedema; Gait Dysfunction; Etc.).
- Along with the above mentioned program, The Betty Bloomer Ford Cancer Rehabilitation Program at MFBRH developed and implemented

rehabilitation treatment algorithms for Chemotherapy-induced Peripheral Neuropathies and Cognitive Dysfunction/ChemoBrain.
- Inpatient and outpatient Cancer Rehabilitation volumes had trended upward in the fiscal years of 2014, 2015, and 2016 [Please see Implementation Strategy #5 or Appendix D for patient numbers].

Increase the number of health care professionals who will also provide additional access for Medicaid and charity patients:

- Between the years of 2013 and late 2015, Mary Free Bed Rehabilitation Hospital completed the objective of increasing the number of health care professionals providing care and access to Medicaid and charity patients outlined above in CHNA Implementation Strategy #1. Medicaid/Charity providers within the hospital increased by 58.3% [See Appendix D].

Increase the number of charity and Medicaid patients [*by 2%]* treated in each of the next three fiscal years:

Category	2013	2014	2015
Medicaid & caid HMO- IP	127	161	170
Charity & Self-pay- IP	21	14	9
Medicaid & caid HMO- OP	958	1570	1887
Charity & Self-pay- OP	145	385	296
All- IP	1112	1141	1253
All- OP	5479	10834	10072
All- IP/OP	6591	11975	11325

IP- Inpatient
OP-Outpatient

While Mary Free Bed Rehabilitation Hospital did not meet a 2% increase in each category during the 3 year span, overall [with the exception of 2015], MFBHR did increase the number of Medicaid and Charity patients treated.

Implementation Strategy #2

Increase the number of providers available that accept Medicaid or offer low-cost/free services to promote a coordinated system of care that is local, preventive, holistic, and patient centered.

Strategic Implementation Impact:

Maintain current practice of universal access:

- Mary Free Bed Rehabilitation Hospital maintains universal practices policies and accepts for treatment all patients whom are clinically appropriate regardless of their ability to pay.

Increase the number of providers available that accept Medicaid or charity patients:

CHNA Implementation Strategy #2 [See chart below for list of physicians added] objectives and goals for 2014, 2015, and 2016 were all met by adding the stated physician or physician extender to the Mary Free Bed staff. Locations of added staff vary.

Year:	Goal:	Achieved:
2014	Add Adult Physiatrist	YES
2015	Add Pediatric Physiatrist	YES
2016	Add Physician Extender	YES

Implementation Strategy #3

Improve quality of care for all community members and address the root causes of disease and treat the whole person.

Numerous studies document the holistic benefits of recreational therapy. By its very nature, recreational therapy is focused on individual patient needs. It motivates patients to create new and fulfilling lives in the face of adversity:

Below is a testimonial from a Recreational Therapy patient, detailing his experience and the outcomes he felt he received from the program:

While occupational, physical, and speech therapists were encouraging David to push himself further, something in recreational therapy really touched his heart. "When they first asked me what I liked to do, I wasn't sure what to say," [David] "Even before the accident, I wasn't really much of a physical guy, I just like to read and play in my community band." When David's rec. therapist, Brianne, told him that he could participate in the Allendale Community Jazz Band as the main portion of his rec therapy, David admits

that he just started crying. "I was still in my wheelchair for the most part when they first took me to participate in the band," "During the outing, I was able to play my trumpet and nearly forgot that I was in an accident." The Allendale Community Jazz Band plays at various places in the Allendale and GR area. The Band was even invited to play for patients at MFB in December. David continues to participate in the jazz band. He is thankful that rec therapy allowed him to participate in a hobby that he loves. David is excited to perform again at MFB with the ACJB [performance in 2013]. In addition, David received an adapted bike from Wheelchair and Adaptive Sports "Bikes for the rest of us" program. He is thrilled to have the freedom to ride his bike for fun and for exercise.

Strategic Implementation Impact:

- **Payers reimburse directly for physical and occupational therapy as well as speech/language therapy. There is no direct reimbursement for recreational Therapy:**
  There has been no change in the direct reimbursement, however, Mary Free Bed Rehabilitation Hospital will continue to offer the above mentioned Recreational therapy services.

At a time when reductions are being made in recreational therapy programs in some organizations, Mary Free Bed added additional staff to enhance evening and weekend offerings:

With potential reimbursement cuts looming, Mary Free Bed proposes to maintain the current high level of recreational therapy for FY 2014, FY 2015, and FY 2016:

The Mary Free Bed Recreational Therapy Department managed to retain all employees [with the exception of one staff member- which was not a reimbursement driven cut] through the reimbursement driven cuts in the fiscal years of 2013, 2014, and 2015.

Year	Recreational Therapists	Recreational Therapy Programs	Full-Time Equivalents
2012	6	6	5.82
2013	12	7	7.9
2014	12	7	7.9
2015	13	7	8.4

Implementation Strategy #4

Increase physical activity by ensuring access to resources to be physically active. Support physical, emotional and mental health for wheelchair athletes and their families.

Mary Free Bed Current Practice:

> Because the Wheelchair & Adaptive Sports Program is housed at Mary Free Bed, recreational therapists are able to engage patients sooner in sports-related discussions and activities. As part of the recreational therapy program, interested patients are transported to sports practices, so they can meet participants and watch the sports.

Strategic Implementation Impact:

Increase Number of Participants:

Goal	2014	2015	2016
25 Competitive Athletes	YES- Completed	YES- Completed	YES- Completed
25 Clinic Participants	YES- Completed	YES- Completed	YES- Completed
5 Campers	YES- Completed	YES- Completed	YES- Completed

Increase Number of Sports Teams:

Goal	2014	2015	2016
Add 1 New Team	YES- Completed	YES- Completed	YES- Completed

Increase Adaptive Sports Clinics:

GOAL	2014	2015	2016

Add 1 New Clinic	YES- Completed	YES- Completed	YES- Completed

At the end of FY 2016, have at least one inclusionary team [Teams composed of wheelchair athletes and able bodied athletes who use wheelchairs or adaptive equipment]:

Mary Free Bed Rehabilitation Hospital has developed an Up-Down Inclusionary Tennis Leagues through our Wheelchair and Adaptive Sports program. In this league, participants play tennis doubles with the team composed of one wheelchair athlete and one able bodied athlete.

In addition to the inclusionary Up-Down Tennis League, the Wheelchair and Adaptive Sports clinics also offer a wide variety of inclusionary varsity sporting teams, clinics, and activities. The chart below outlines the sport/clinic offered and a brief description of the activity:

Clinic:	Description:	Participation:
Archery	Join us and learn how you too can participate in this activity. Recurve and crossbows are available.	Participants must be aged 10 years or older
Ballroom Dancing	Dancing tailored to participants needs.	Class #1: experienced a stroke Class #2: physical disability and use a wheelchair for mobility
Fencing	Champion swordsmen lead this 4-week adaptive fencing class for those who have physical disabilities. Per Paralympic standards, all athletes will fence from wheelchair level in electronic gear.	Participants must be 10 years or older
Golf	Our Adaptive Golf Clinic equips you with everything from the mechanics of the golf swing, to balance and stance.	N/A
Kayak & Canoeing	The Adaptive Kayak and Canoe Clinic is open to those with various types of disabilities, including spinal cord injury, visual impairment, brain injury, stroke, cerebral palsy and amputation. You'll receive an individual assessment to determine if adaptive equipment is necessary to help you enjoy these sports.	Participants must be aged 13 years or older

Rock Climbing	Push your limits and achieve new heights while safely and securely scaling the indoor rock wall. This clinic includes an individual assessment to determine if adaptive equipment is necessary to help you participate.	Participants must be aged 10 years or older
Sailing	Adaptive sailing can be enjoyed by those with visual impairments, brain injury, spinal cord injury, strokes, cerebral palsy and amputations.	Participants must be aged 5 years or older: inclusive sport
Scuba Diving	Dive into something new! Scuba diving allows you to enjoy the experience of being weightless underwater.	Participants must be aged 10 years or older
Skiing	With the appropriate adaptive training and equipment, you'll be ready to take to the snowy runs for your own recreation or competitive pursuits.	Downhill skiing is available to individuals with various types of disabilities, including spinal cord injury, visual or sensory impairments, amputations, brain injury, stroke or developmental disabilities: Participants must be aged 5 years or older
Waterskiing	Experience the thrill and exhilaration of flying across the surface of a lake with the sun beaming down on you. This adaptive clinic focuses both on sitting and standing skiing.	Participants must be aged 13 years or older
Yoga	An exercise practice that combines the body, mind and spirit, fostering relaxation, stretching, flexibility and stress relief. A trained yoga instructor leads the group in a routine that can be adapted to your abilities.	Participants must be aged 12 years or older

Team:	Description:	Participation:
Basketball	As a wheelchair basketball player, you or your child will use precise and daring chair skills. Learn to stop your chair on a dime, reach up with both hands to catch a flying pass and sail down the court.	Junior Pacers: 7 to 18 years old Adult Pacers: 18 years or older
Goal Ball	Wearing special "black-out" goggles ensures athletes of all degrees of visual impairment compete on a level playing field. Teams face off on a volleyball-sized court. The goal is to roll a ball past the opposing team and into their goal.	16 years and older

Hand cycling	Propelling forward with nothing but arm strength, compete against elite athletes from all over the world.	16 years or older. You don't have to have hand cycling experience to participate.
Rugby	Speed across the court on your wheelchair, passing the ball to a teammate while simultaneously dodging jabs from your opponents.	16 years and older: sport is only available for individuals with quadriplegia
Sled Hockey	Junior sled hockey is a partner program of Mary Free Bed Rehabilitation Hospital and the Grand Rapids Griffins Youth Foundation. It's open to both competitive and recreational athletes who have lower-limb affected disabilities.	The Grand Rapids Sled Wings is the adult version of the Jr. Sled Wings program and is open to individuals who are 18 years and older and who have lower extremity physical disabilities.
Softball	Instead of playing on a grassy infield, you'll play on a hard surface, using a 16-inch ball to allow for maneuverability.	16 years and older

Currently, Mary Free Bed Rehabilitation Hospital has sponsored a new YMCA facility. This new facility is the first to be universally designed and includes adaptive equipment. Our current Wheelchair and Adaptive Sports teams and clinics will utilize this facility and are in a transition process of being housed there full time.

Implementation Strategy #5

Provide comprehensive rehabilitation focused on the specialized needs of the increasing number of cancer survivors.

Strategic Implementation Impact:

Help cancer patients regain and maintain maximum cognitive and physical function:

In 2015, The Betty Bloomer Ford Cancer Program at Mary Free Bed Rehabilitation Hospital in collaboration with Mary Free Bed Health Management Wellness Program collaborated to develop a Cancer + Wellness: Yoga, Food & Friends program to better serve cancer survivors, recently diagnosed cancer patients, and their support system [non-cancer participants]. This program provides individualized nutrition counseling based on food habits and cancer diagnosis, group physical activity sessions, and utilizes biometric markers to assess individual progress through the program. In addition, the program utilizes metrics to assess functional reach and 5-times sit to stand measures that assess physical function.

Improve independence and quality of life for cancer survivors:

The inpatient Cancer Rehabilitation Program utilizes the Functional Independence Measure (FIM score) in order to track improvement in independence and quality of life. The programs over all goal is to have every patient have a FIM score change >22.2 points upon program completion. The current average FIM score change observed among the inpatient program is 30.6 points.

The outpatient Cancer Rehabilitation Program utilizes a multitude of tools to assess and track quality of life. The tool[s] used are based upon the specific cancer diagnosis and vary by patient.

The outpatient Cancer Rehabilitation Program makes use of patient satisfaction surveys in order to track program progress and effectiveness. All outpatients receive the survey and results are based upon the surveys that are returned. This satisfaction survey touches on the following areas: scheduling/registration process, facility, physical therapy, occupational therapy, customized speech therapy, personal and overall satisfaction, overall care satisfaction level, and if they would recommend Mary Free Bed to others. Currently, Mary Free Bed scores 99% among the outpatient satisfaction survey ratings in all the above mentioned categories.

Provide assistance and education to cancer patients and their caregivers:

Mary Free Bed Rehabilitation Hospital continues to provide educational assistance to cancer patients and their caregivers to promote strong support systems and enhanced quality of life.

Serve more patients with a primary diagnosis of cancer including underserved and vulnerable populations:

Mary Free Bed Rehabilitation Hospital maintains universal practices policies and accepts for treatment all patients whom are clinically appropriate regardless of their ability to pay including underserved and vulnerable populations.

Patient type	2013	2014	2015
Inpatient	121	132	99 (Current FY)
outpatient	N/D	61	171 (Current FY)

Goal	Achieved

Fiscal Year 2014:

1. Develop separate, stand-alone program focusing on rehabilitation for inpatient and outpatient cancer patients.
2. Interdisciplinary inpatient and outpatient rehabilitation health care professionals.
3. Provide advanced training in oncology and rehabilitation care for oncology patients.
4. Educate medical and lay community about specialized services.
5. Establish databases to capture patient care outcomes and health systems outcomes and integrate databases within the Mary Free Bed electronic medical record.
6. Establish research infrastructure for reporting program outcomes and to support clinical research.

1	Yes
2	Yes
3	Yes
4	Yes
5	Yes
6	Yes

Fiscal Year 2015:

1. Train additional Mary Free Bed staff members.
2. Fine tune infrastructure to support current and future program needs including facilities, management, and staffing.
3. Identify and submit proposals for applicable grants and other funding options to promote program and staff development
4. Conduct clinical research relevant to:
   a. Oncology patient care issues and rehab intervention
   b. Health systems outcomes (including payer/reimbursement systems)

Goal	Achieved
1	Yes
2	Yes
3	Yes
4	Yes

Fiscal Year 2016:

	Goal	Achieved
1. Become recognized as a national leader in oncology rehabilitation care and education of interdisciplinary health care professionals.	1	Yes
2. Provide advanced training in oncology and oncology rehabilitation for Mary Free Bed staff.	2	Yes
3. Offer educational opportunities for caregivers and the public.	3	Yes
4. Further refine research infrastructure and processes for reporting program outcomes to support clinical research.	4	Yes
5. Continue to identify and submit proposals for applicable grants and other funding options to promote program and staff development.	5	Yes

Appendix D provides raw data numbers, if applicable, collected to support the above outlined strategies.

Conclusion

Mary Free Bed Rehabilitation Hospital completed the Community Health Needs Assessment requirement as outlined above due to new provisions set by the Affordable Care Act section 501(r).

Mary Free Bed Rehabilitation Hospital was successful at implementing and completing many of the goals set forth by the hospital and as outlined in the 2013-2015 CHNA and CHIP Cycle.

Although successful, a few areas of the previous CHNA need to be noted as incomplete or continuing goals to be rolled forward into the 2016-2018 Mary Free Bed Rehabilitation Hospital CHNA cycle:

1. Maintain current practice of Universal Access to care for all patients;
2. Continue to increase the number of Charity and Medicaid patients [in all categories listed above] being treated at MFBRH;
3. Continue to strive for direct reimbursement for recreational therapy services;
4. Perform and track measureable outcomes for recreational therapy patients;

5. Use quality of life measures to track participants in wheelchair and adaptive sports clinics/teams/participants to demonstrate benefits of recreational therapy;
6. Begin practice of utilizing the new YMCA facility offsite to house our Wheelchair and Adaptive Sports teams and clinics;
7. Develop practices [similar to physical function mentioned above] of tracking and focus on cognitive function in cancer rehabilitation patients;
8. Document the underserved and vulnerable populations being addressed by cancer rehabilitation programs;
9. And, maintain research and funding opportunities to expand our cancer rehabilitation efforts and cancer wellness programs.

References

New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act. (2015). Retrieved December 1, 2015, from: https://www.irs.gov/Charities-&-Non Profits/Charitable-Organizations/New-Requirements-for-501(c)(3) Hospitals-Under-the-Affordable-Care-Act

Appendix A: Mary Free Bed Rehabilitation Hospital 2013-2015 CHNA

Kent County

2011 Community Health Needs Assessment

And Health Profile

A partnership of 80 organizations conducted a study of the health needs of Kent County during 2011. The results were made available in January 2012.

The entire document is posted on the Mary Free Bed website. The direct link is: http://www.maryfreebed.com/About-Us/Community-Health-Needs-Assessment

Or, go to the Mary Free Bed website (www.maryfreebed.com) click on the About Us tab and find "Community Health Needs Assessment" in the left navigation.

The Executive Summary and Key Findings are below.

Executive Summary

The vision of Kent County Working Together for a Healthier Tomorrow is a high quality of life, health, and well-being for all people in Kent County. The Kent County Community Health Needs Assessment (CHNA) is a systematic process for involving community partners in examining indicators of health in the population, gathering input from community members, identifying strategic issues, and identifying strategic priorities that, if addressed, would improve the health of Kent County residents. Community partners that sponsored the CHNA were the Kent County Health Department and several non-profit community hospitals. These partners convened a large Coalition that represented the agencies and institutions in the county that impact health. These partners also contracted with the Michigan Public Health Institute to facilitate a community health needs assessment and health improvement plan for Kent County.

The mission of the Kent County CHNA process is to ensure that the people of Kent County are empowered to achieve lifelong physical, mental and social wellbeing through 1) equal access to high quality, affordable healthcare; 2) a coordinated system of care that is local, preventive, holistic, and patient centered; and 3) an environment that supports healthy living for all.

In order to achieve this mission, the Coalition formed two workgroups that collected population and community input data that spoke to community health across groups and in multiple areas of health. The Population Data Workgroup identified indicators of health and reviewed existing local, state, and national secondary data sources (see Appendix C) to compile a comprehensive overview of the health status across populations within Kent County. These data are limited in populations represented and health indicators. Additional data collection methods were used by the Community Input Workgroup to gather data from community members whose voice and health status may not be represented through the local, state, and national secondary data sources. Community Input Walls were placed in large public venues as a method of collecting community feedback from the general public. Intercept interviews were conducted with vulnerable populations who were accessible within Grand Rapids and Kent County. Finally, focus groups

were used to gather feedback from diverse and hard to reach populations within Grand Rapids and Kent County.

The CHNA Coalition reviewed assessment findings and identified 44 crosscutting, strategic issues. Using a structured prioritization process, the CHNA Steering Committee and Coalition narrowed this list to 5 strategic priorities that align with the mission to address through a community health improvement plan in the next phase of this project.

Strategic Priorities

1. Increase the proportion of community members, including the uninsured and the working poor, that have (sic) access to affordable healthcare to promote equal access to high quality, affordable healthcare.
2. Increase the number of providers available that accept Medicaid or offer low-cost/free services to promote a coordinated system of care that is local, preventive, holistic, and patient centered.
3. Reduce disparities in adequacy of prenatal care to promote a coordinated system of care that is local, preventive, holistic, and patient centered.
4. Increase healthy eating by ensuring access to healthy foods to promote an environment that supports healthy living for all.
5. Reduce the disparity in health risk factors and protective factors between students to promote an environment that supports healthy living for all.

Key Findings in Healthcare Resource Availability

- ❑ 13.6% of adults had no healthcare access during the past 12 months. However, the proportion increased for adults with less than a high school education (45.3%) and those lacking health insurance (54.9%).
- ❑ 10.7% of adults in Kent County report that they have no healthcare coverage. These numbers increase to 16.9% for African Americans, 19.7% for adults with only a high school education, and 23.6% for adults with less than a high school education.
- ❑ Only 52.4% of youth who receive Ds/Fs in school had received a check-up in the past 12 months.
- ❑ 25.8% of adults in Kent County had not seen a dentist in the previous 12 months and this proportion increased to 47.9% for adults lacking health insurance.
- ❑ The current supply of dentists to serve low-income patients is about 55% of what is needed in Grand Rapids and only 29% of what is needed countywide.
- ❑ Access to healthcare was one of the most salient concerns of community members during focus groups and intercept interviews. Some of the issues that community members face include:
    6. inability to afford preventive health care,

       using the emergency department to address deteriorating health,
    7. inability to access dental and mental health providers,

       lack of availability of low-cost and free providers, and
    8. lack of providers who serve patients who are ensured through Medicaid.

Key Findings in Maternal and Child Health

Prenatal care in Kent County is more likely to be adequate if you are White and inadequate if you are Arab, Black, or Hispanic/Latino:

- White: 78% with adequate and 9.6% with inadequate prenatal care
- Arab: 69.1% with adequate and 17.5% with inadequate prenatal care
- Black: 67.1% with adequate and 19.8% with inadequate prenatal care
- Hispanic: 67.2% with adequate and 17.9% with inadequate prenatal care

The teen pregnancy rate is higher in Kent County (61.5/1,000 females ages 15-19) than Michigan (53.6/1,000 females ages 15-19). Teens are more likely than adult women to receive late or no prenatal care, deliver pre-term, and deliver a baby at a low birth weight.

The Kent County Fetal Infant Mortality Review found that African American babies are significantly more likely to die before their first birthday than any other race. Further, African American and Hispanic mothers were more likely to receive Medicaid, have had late entry into or no prenatal care, and have experienced distrust, fear, or dissatisfaction with their healthcare.

Key Findings in Healthy Lifestyles and Access to Healthy Food

- 19,172 residents in Kent County live in a food desert, meaning they do not have access to a grocery store, and there are 17,920 residents who have limited access to grocery stores in their neighborhoods.
- The food insecurity rate for Kent County is 15.2% overall; however, children in Kent County experience a much higher food insecurity rate of 23.2%.
- 34% of youth in Kent County report eating five or more servings of fruits and vegetables per day during the past 7 days and 52.4% report being physically active 60 minutes or more on at least 5 of the 7 days.
- 10.5% of Kent County youth are obese, and the youth most at-risk for being obese are males, American Indians, and students with Ds/Fs.
- 27.7% of Kent County adults are obese and 35.4% are overweight. Adult residents lacking health insurance are the least likely to be overweight, adult males are the most likely to be overweight, and African American adults are the most likely to be obese.

Key Findings in Youth Risk Factors

- 22.8% of 9th and 11th grade students reported that they had at least one drink of alcohol during the past 30 days.
- Youth reported driving under the influence (7.5%) and riding with someone who had been drinking alcohol (22.6%) in the past 30 days.
- 6.5-7.3% of Kent County students took prescription medication in the last 30 days that did not belong to them. White students were more likely to take stimulants than their peers while African American and Hispanic/Latino were more likely than their peers to take pain killers.
- 91.6% of youth usually wear a seat belt but of those riding bicycles, 83.8% of 9th and 11th grade youth report rarely or never wearing a helmet.
- 31.3% of students reported ever having sexual intercourse.
- Among Kent County students who had sexual intercourse during the past 3 months, 62.8% wore a condom.
- Students receiving Ds/Fs were on average twice as likely as their peers to engage in health risk behaviors mentioned above and further, they were more likely to have felt hopeless, expressed suicidal ideation, or attempted suicide.

Mary Free Bed Rehabilitation Hospital

2011 Kent County Health Needs Assessment and Health Profile

Addendum One

MARY FREE BED WHEELCHAIR & ADAPTIVE SPORTS PROGRAM

Approximately 700 athletes participate in Mary Free Bed's Wheelchair & Adaptive Sports Program. There are nearly a dozen competitive teams, some with national rankings. These sports support physical, emotional and mental health for participants and their families.

Sports include basketball, hand cycling, sled hockey, quad rugby and tennis. In addition, the Junior Wheelchair Sports Camp is held every summer. Clinics are also offered for camping, golfing, kayaking/rowing, racing, sailing, scuba diving, snow skiing, softball, water skiing and rock climbing.

Living with Paralysis – National Statistics

Between 2006 and 2008, The Christopher and Dana Reeves Foundation and the University of New Mexico's Center for Development and Disability collaborated on one of the largest population-based, disability studies ever conducted. The results were surprising, showing one in 50 people in the United States lives with paralysis. That's 40% more than previously believed – or the equivalent of the combined populations of Los Angeles, Philadelphia and Washington, D.C.

When patients experience paralysis, it is important to remain as active as possible to be holistically healthy. Adaptations have been developed for many sports enabling participants to lead active, healthy and enjoyable lives.

In the study, paralysis was defined as "a central nervous system disorder resulting in difficulty or inability to move the upper or lower extremities."

- Approximately 5,596,000 people were living with some form of paralysis (1.9% of the United States population)

- The three largest causes of paralysis were:
    - 29% -- Stroke
    - 23% -- Spinal cord injury
    - 17% -- Multiple sclerosis
    - 7% -- Cerebral palsy
    - 5% -- Post-polio syndrome

- Spinal cord injuries
    - 1,275,000 people reported spinal cord injuries (more than five times the number estimated in 2007).
    - The five top causes of spinal cord injury were:
        - 28% -- Accidents at work
        - 24% -- Motor vehicle accidents
        - 16% -- Sporting and recreational accidents
        - 9% -- Falls
        - 4% -- Victim of Violence
- Paralysis appears to be disproportionately distributed among some minority communities such as African Americans and Native Americans.

- ❑ People living with paralysis have lower household incomes.
    - Annual household income for most respondents was $30,000.
    - 25% of the respondents reported annual incomes under $10,000 compared with 7% of the general population.

- ❑ The University of Alabama National Spinal Cord Injury Statistical Center and the Centers for Disease Control and Prevention report the cost of living with a spinal cord injury can be very expensive, depending on the severity of the injury
    - 87.9% of spinal cord injury patients return to private homes.
    - Average yearly expenses can range from $229,000 to $776,000.
    - Lifetime costs can range from $682,000 to more than $3 million for a 25 year-old person.

Benefits of Wheelchair Sports Programs

Multiple studies of adaptive sports programs quantify their positive benefits which reach far beyond the obvious physical conditioning. The U.S. Department of Veterans Affairs has vast experience with servicemen and women who return from combat with war injuries. The following information is from the Adaptive Sports page of the VA website:

> "…besides the fun, new friendships and exercise, why should you consider adaptive sports? Studies show that adaptive sports provide the following clear benefits for disabled Veterans:

- ❑ Less stress
- ❑ Reduced dependency on pain and depression medications
- ❑ Fewer secondary medical conditions (i.e. diabetes, hypertension)
- ❑ Higher achievement in education and employment
- ❑ More independence"

A study entitled "Quality of Life and Identity: The Benefits of a Community-Based Therapeutic Recreation and Adaptive Sports Program" appeared in the July 1, 2005 issue of *Therapeutic Recreation Journal.* Investigators concluded "participation positively influenced quality of life, overall health, quality of family life and quality of social life."

In early 2008, more than 1,100 participants were surveyed in a study commissioned by Disabled Sports USA. Harris Interactive queried 704 physically active adults with disabilities, 201 additional adults involved in Disabled Sports adaptive sports, and 203 wounded adult service members who were also part of Disabled Sports USA activities. Major findings include:

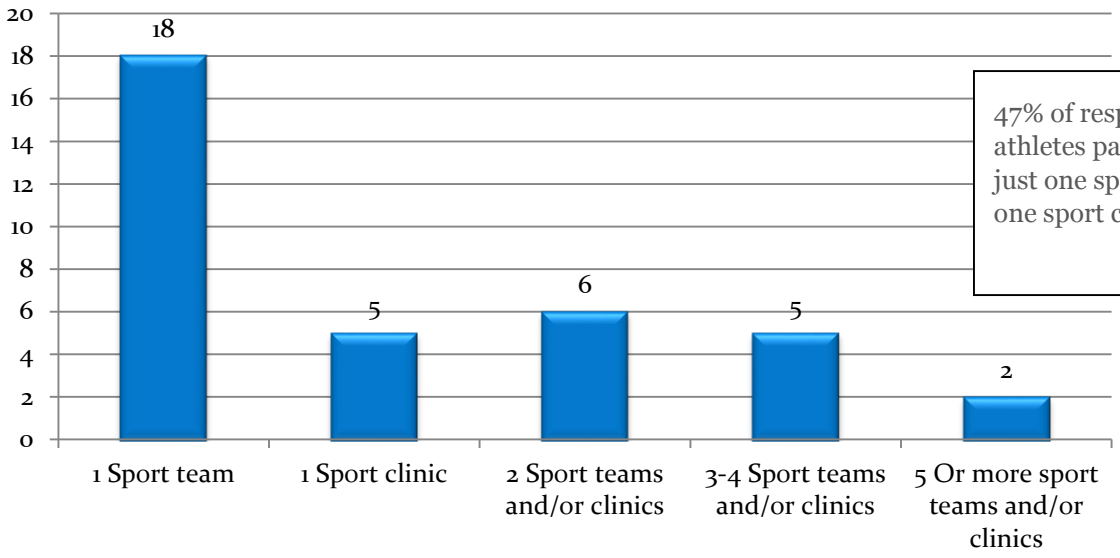
- ❑ In all three surveys, physically active adults with disabilities report exercise has helped them obtain jobs and advance in them.
- ❑ All groups report sports-related exercise is beneficial citing improvements in physical and mental health, quality of life, and leading healthier lifestyles.
- ❑ Those who are physically active also enjoy socializing more, have a strong support network, and are more likely to say they look forward to the rest of their life than those who are physically inactive.

Finally, a summary of the body of research on the efficacy of recreational therapy by Temple University in 1991, found, "A group of wheelchair athletes demonstrated a re-hospitalization rate which was one-third that of a matched group of non-athletes."

Mary Free Bed Wheelchair & Adaptive Sports Program Survey

An electronic survey was sent to 100 participants in the Mary Free Bed Wheelchair & Adaptive Sports Program in late February 2013. Thirty-two athletes completed the questionnaire. While this does not constitute a statistically significant response, the results are worthy of review and are below.

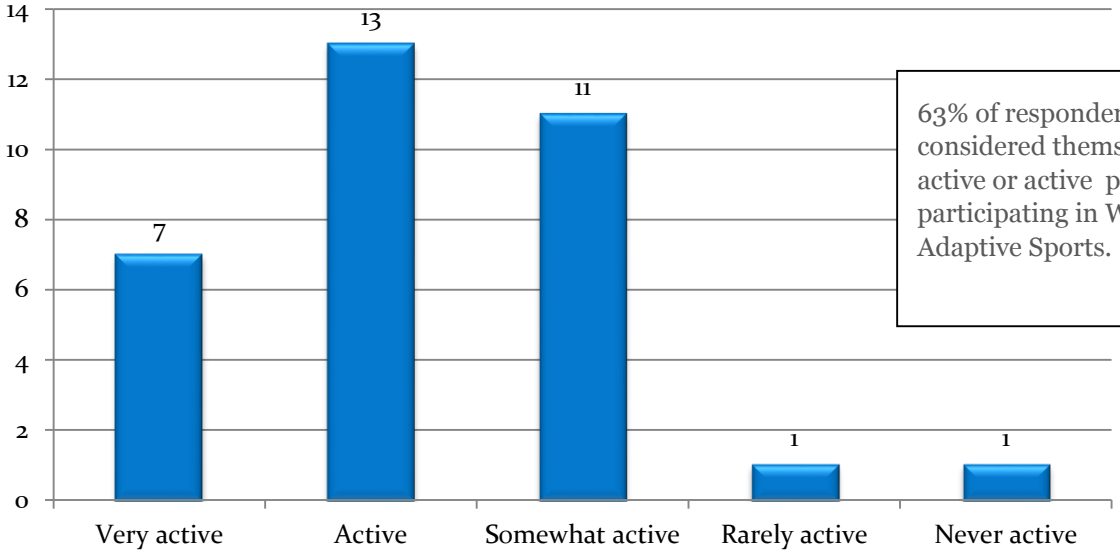
1. How many sport teams and clinics have you participated in during the past year?



47% of responding athletes participated in just one sport team or one sport clinic.

* Four respondents answered question #1 with two answers, selecting *both* 1 Sport team and 1 Sport clinic. This accounts for the 36 responses.

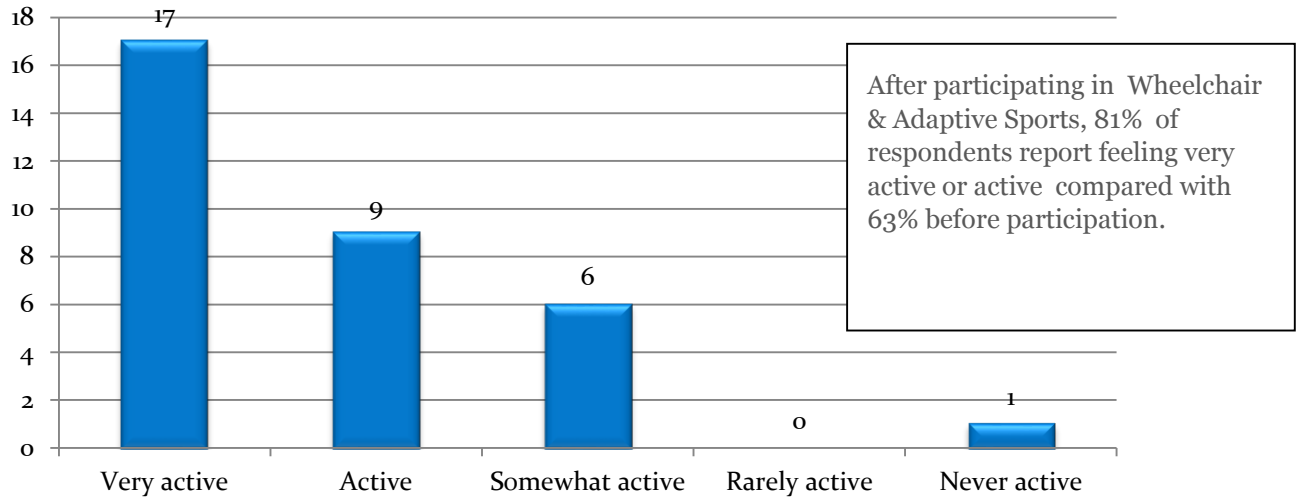
2. What best describes your activity level BEFORE participating in Wheelchair & Adaptive Sports?



63% of respondents considered themselves very active or active prior to participating in Wheelchair & Adaptive Sports.

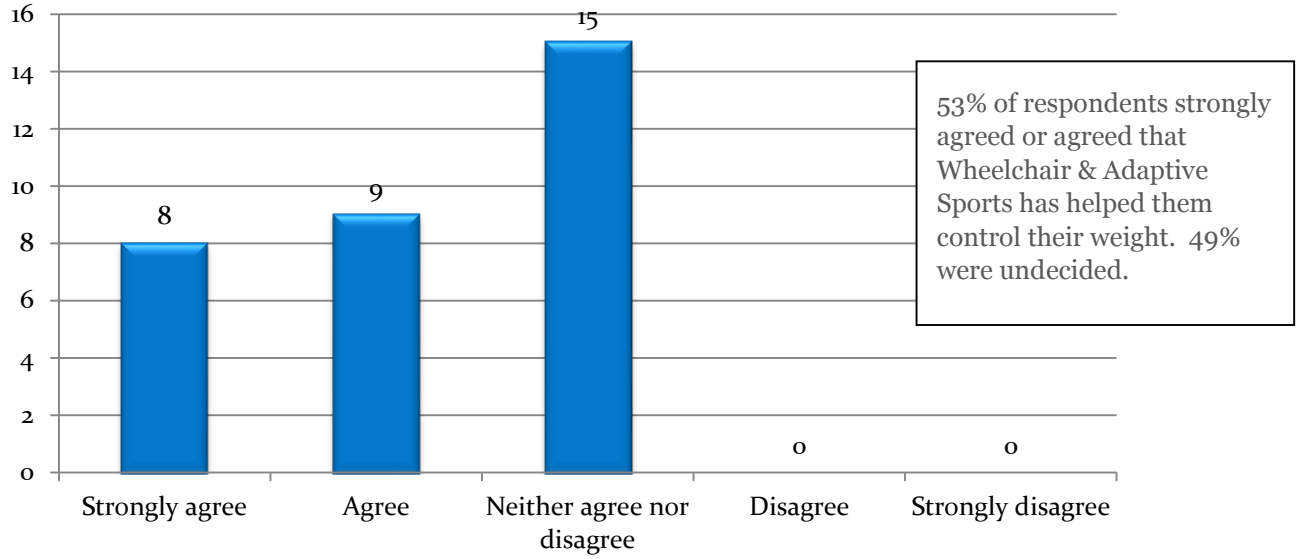
* One respondent answered question #2 with two answers, selecting *both* Never active and Somewhat active. This accounts for the 33 responses.

3. As a Wheelchair & Adaptive Sports participant, what best describes your CURRENT activity level?

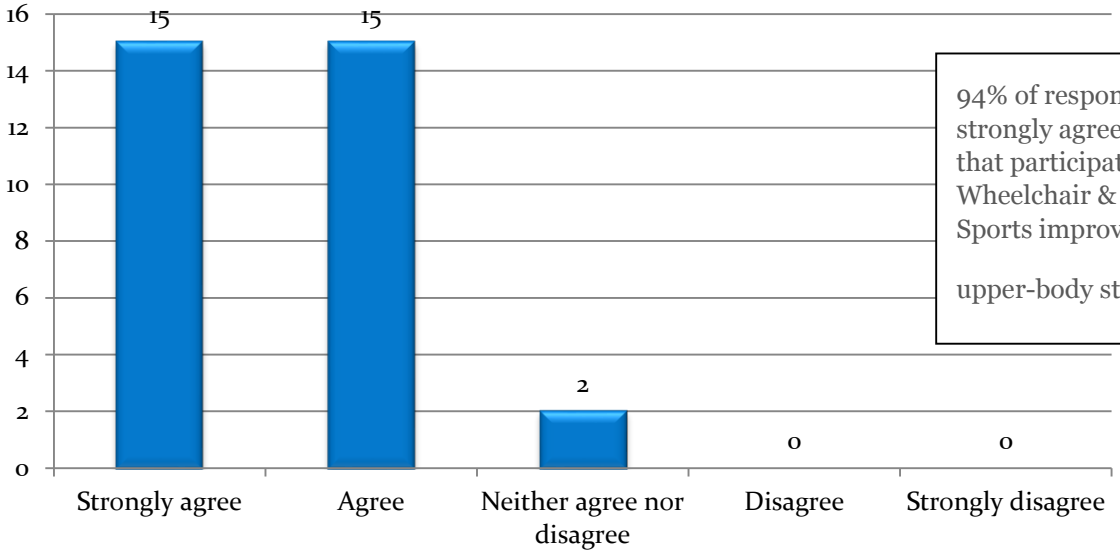


* One respondent answered question #3 with two answers, selecting *both* Never active and Somewhat active. This accounts for the 33 responses.

4. Participating in Wheelchair & Adaptive Sports has helped control my weight.



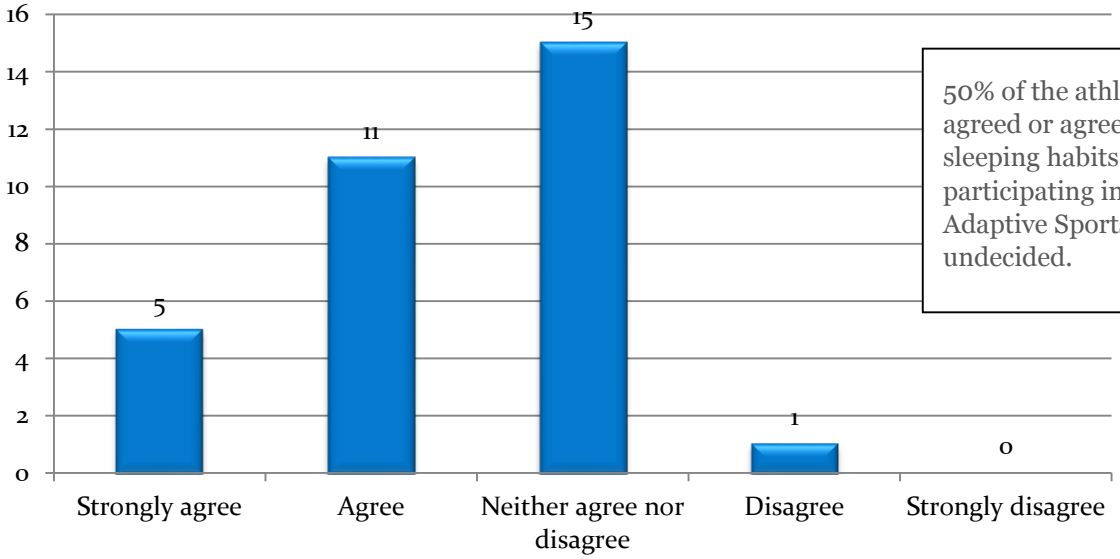
5. Participating in Wheelchair & Adaptive Sports has improved my upper-body strength.



94% of respondents strongly agreed or agreed that participating in Wheelchair & Adaptive Sports improved their

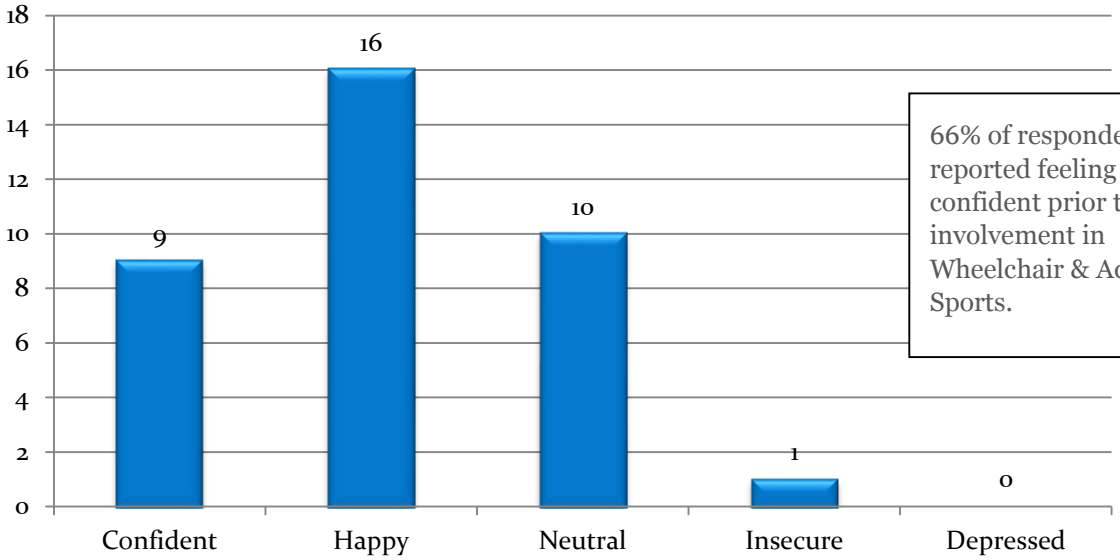
upper-body strength.

6. My sleeping habits have improved since participating in Wheelchair & Adaptive Sports.



50% of the athletes strongly agreed or agreed that their sleeping habits improved since participating in Wheelchair & Adaptive Sports. 48% were undecided.

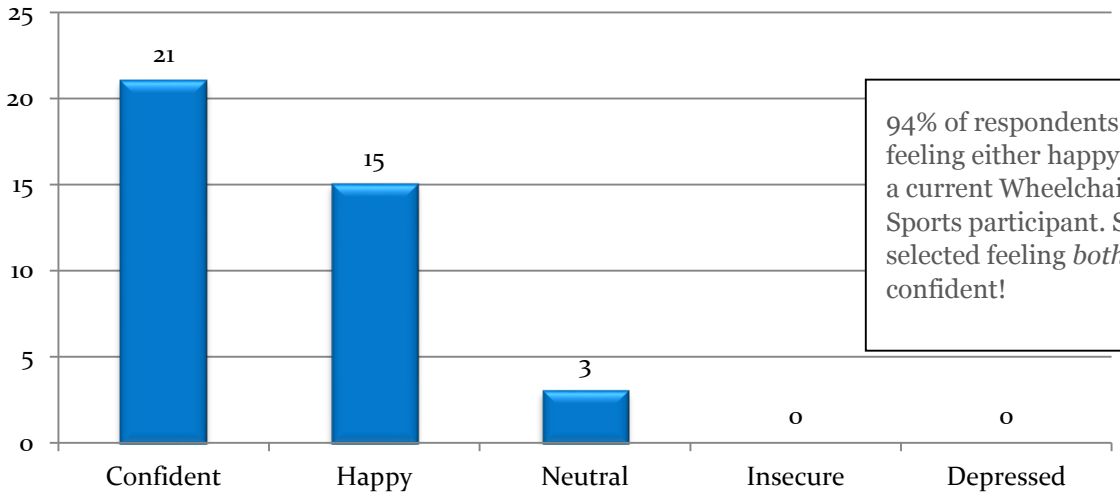
7. What best describes your emotional wellbeing BEFORE participating in Wheelchair & Adaptive Sports?



66% of respondents reported feeling happy or confident prior to involvement in Wheelchair & Adaptive Sports.

* Four respondents answered question #7 with two answers, selecting *both* Happy and Confident. This accounts for the 36 responses.

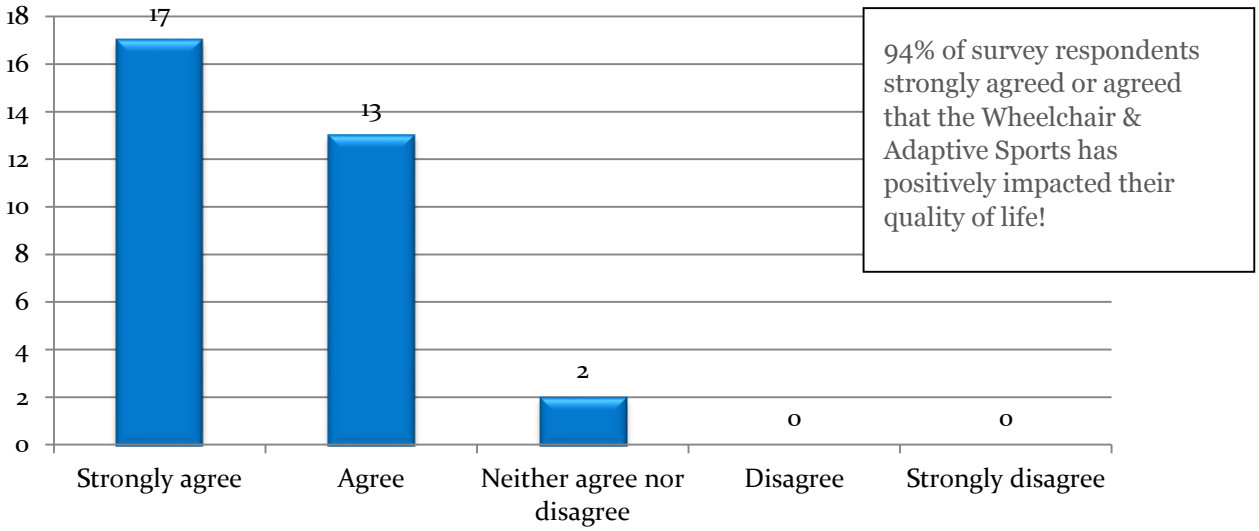
8. As a participant in Wheelchair & Adaptive Sports, how would you describe your CURRENT emotional wellbeing?



94% of respondents reported feeling either happy or confident as a current Wheelchair & Adaptive Sports participant. Some athletes selected feeling *both* happy and confident!

* Seven respondents answered question #8 with two answers. Six respondents selected *both* Happy and Confident and one selected *both* Happy and Neutral. This accounts for the 39 responses.

9. Wheelchair & Adaptive Sports teams and clinics positively impact my quality of life.



10. Additional Comments:

I feel that wheelchair sports are great for kids and adults to help stay physically fit, make new friends, keep you motivated and positive, and is a good resource with other people in the same situation. It is also good community awareness to show what people in wheelchairs can do. We are very lucky to have a place like this in Grand Rapids and don't have to travel far.
3/8/2013 12:03 PM

Rugby Rules!!!

3/7/2013 9:39 am

I really appreciated wheelchair/adaptive sports. I wished that they were around when I was at an earlier age during early 1970's

3/6/2013 7:34 PM

There needs to be a change in sled hockey. This is an intense sport and these kids need to be in top shape, just like all contact sports to prevent injury. Easy practices and lack of knowledge from coaches are going to get our kids hurt.

3/1/2013 3:16 PM

I enjoy playing tennis meeting new people and the tournaments i've participated in.

2/28/2013 1:14 PM

I haven't been as active playing tennis as years past due to my work life. I teach tennis at Orchard Hills, East Hills, and the MAC, so I don't play tennis as often as I did in years past.
2/27/2013 8:39 AM

I would like to see more of the wheelchair martial arts

2/26/2013 5:17 PM

This has helped me go places,like flying by myself, to events and people see you playing. They are impressed and that gives you confidence.

2/26/2013 4:56 PM

Let's Go Grand Rapids Sled Wings!!!!

2/26/2013 4:55 PM

Doesn't always have to be team sports. Maybe a group that likes to do the same thing can get together to have the friendship of doing the activity. Also want more outdoor activities, fishing & archery.

2/26/2013 3:12 PM

It has been excellent means of physical exercise and team building experiences for me.

2/26/2013 2:37 PM

Mary Free Bed Rehabilitation Hospital

2011 Kent County Health Needs Assessment and Health Profile

Addendum Two

CANCER REHABILITAITON PROGRAM

Early detection and better treatment regimes are increasing the number of people who live longer lives following a cancer diagnosis. The goal of this program is to maximize the physical, cognitive and psychosocial aspects of those lives.

Living with Cancer – National Statistics

The American Cancer Society publication, *Cancer Facts & Figures 2012,* includes the following information:

- The National Cancer Institute estimates nearly 12 million Americans with a history of cancer were alive in January 2008. Some of these individuals were cancer free, while others still had evidence of cancer and may have been undergoing treatment.
- Approximately 1,638,910 new cancer cases were expected to be diagnosed in 2012. This estimate does not include carcinoma in situ (noninvasive cancer) of any site except the urinary bladder, and also does not include basal and squamous cell skin cancers, which are not required to be reported to cancer registries.
- In 2012, about 577,190 Americans were expected to die of cancer. That's more than 1,500 people a day. Exceeded only by heart disease, cancer is the second most common cause of death in the United States, accounting for nearly one of every four deaths.
- The 5-year relative survival rate for all cancers diagnosed between 2001 and 2007 is 67%, up from 49% in 1975-1977. The improvement in survival reflects both progress in diagnosing certain cancers at an earlier stage and improvements in treatment.

Survival statistics vary greatly by cancer type and stage at diagnosis. Relative survival compares survival among cancer patients to that of people not diagnosed with cancer who are of the same

age, race, and gender. It represents the percentage of cancer patients who are alive after some designated time period (usually 5 years) relative to persons without cancer. It does not distinguish between patients who have been cured and those who have relapsed or are still in treatment.

Information in the following table is based on data collected by the American Cancer Society and the National Cancer Institute's Surveillance Epidemiology and End Results (SEER) regarding the number of cancer survivors in the United States. Statistically predictive models for 2022 are also included.

Cancer Survivors in the United States

Top 3 Occurring Cancers	As of January 1, 2012		Predicted - January 1, 2022	
Females	Breast	2,971,610	Breast	3,786,610
	Uterine Corpus	606,910	Colorectal	735,720
	Colorectal	603,530	Uterine Corpus	725,870
Males	Prostate	2,778,630	Prostate	3,922,600
	Colorectal	595,210	Colorectal	751,590
	Melanoma (skin)	481,040	Melanoma (skin)	661,980

Living with Cancer – Michigan Statistics

According to the American Cancer Society's report on Cancer Survivorship Facts and Figures 2012-2013, there were 513,400 cancer survivors living in Michigan as of January 1, 2012. The latest available statistics for Kent County indicate nearly 16,000 cancer survivors through December 2009. These residents were diagnosed with invasive cancer between 1985 and 2009.

Cancer Survivors

The term "cancer survivor" is becoming more common in medical parlance, and typically defines people diagnosed with cancer who remain survivors throughout their remaining life. According to the American Cancer Society's report on Cancer Survivorship, there are three distinct phases:

- From the time of initial diagnosis to end of initial treatment.
- Transition from treatment to extended survival.
- Long-term survival.

The lives of cancer survivors can take several paths.

- Cancer-free throughout the remainder of life.
- Cancer-free, but developing serious "delayed late effects" of cancer treatment.
- Cancer-free for many years, but dying after a late recurrence.
- Cancer-free after the first (primary) cancer treatment, then developing a second cancer.
- Cancer-free for a period of time, then developing a recurrence of the initial cancer that requires further treatment.
- Living with cancer continuously without a disease-free period.

Cancer Rehabilitation

As the ranks of cancer survivors grow, the need for specialized cancer rehabilitation increases. There are several goals:

- Help patients regain and maintain maximum cognitive and physical function.
- Improve independence and quality of life.
- Provide assistance and education to patients and caregivers.

Categories of Cancer Rehabilitation

- ❑ Prevention Oncology Rehabilitation
    - Focuses on reducing the severity of the effect of a disability when the disability can be predicted.
    - Example – Physical therapists work pre-operatively with breast cancer patients to teach them lymphedema prevention and management techniques before they undergo mastectomy and axillary dissection.

- ❑ Restorative Rehabilitation
    - Focuses on restoring patients to their former level of function when impairment is not expected to be permanent.
    - Example – Occupational therapists help breast cancer patients become more functional in self-care activities and more independent carrying out their daily activities.

- ❑ Supportive Rehabilitation
    - Focuses on maximizing function when a permanent impairment exists.
    - Example – Orthotics and prosthetics are used for patients who have surgical amputations as part of their cancer treatment. Physical and occupational therapy is also necessary to assist these patients with muscle strengthening, gait training, and self-care.
    - Additional components of supportive rehabilitation include social work as well as neuropsychology evaluations and counseling.

- ❑ Palliative Rehabilitation
    - Focuses on providing care that reduces complications that may develop as cancer progresses. Palliative rehabilitation also provides supportive care interventions for the patient and family during this phase of the advancing cancer.
    - Example – Occupational and physical therapists as well as speech-language pathologists work with lung cancer patients to help with bed mobility and positioning, swallowing, prevention of contractures, and adaptive equipment to assist with eating and self-care.
    - Additional palliative rehabilitation clinicians include dieticians and nutritionists.

Side effects of cancer and cancer treatment

Because many cancer survivors are so grateful to be alive, they consign themselves to suffer with the side effects of treatment and the disease, or they believe there is nothing that can be done to mitigate their discomfort. Rehabilitation not only addresses these issues, but also promotes a healthy lifestyle to reduce the possibility of cancer recurrence.

Cancer treatment side effects that patients most likely experience include:

- ❑ Cognitive dysfunction
  Sometimes called “chemobrain” or “chemofog,” patients have difficulty with memory, word processing, thinking clearly, concentration, multitasking, and performing daily living or work activities.
- ❑ Fatigue
- ❑ Peripheral neuropathies
- ❑ Pain
- ❑ Generalized Weakness/Deconditioning
- ❑ Nutritional/Weight Issues
- ❑ Psychosocial Distress
- ❑ Mood disorders

- ❑ Bowel/Bladder/Sexual Dysfunction
- ❑ Fertility/Endocrine Dysfunction
- ❑ Sleep/Wake Disturbances
- ❑ Vocational Issues

Summary

Cancer patients have been receiving rehabilitation at Mary Free Bed for years. We know first-hand how valuable rehabilitation is for survivors as they work to regain function, independence and hope. As the rate of survival increases, so concurrently does the need for specialized cancer rehabilitation.

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Spinal Cord Injury Information Network at the University of Alabama at Birmingham http://www.va.gov/adaptivesports/va_groups_main.asp

Sports and Employment among Americans with Disabilities http://dsusa.org/DSUSA-Srv09.pdf

Temple University Study http://www.atraonline.com/associations/10488/files/SummaryOutcomesTR.pdf

U.S. Department of Veterans Affairs web site http://www.va.gov/adaptivesports/va_groups_main.asp

Appendix B: MFB Implementation Plan

EXECUTIVE SUMMARY

History

The Patient Protection and Affordable Care Act, which was enacted on March 23, 2010, included the new Section 501(r) that delineated additional requirements for hospitals to qualify for tax exemption under Section 501(c)(3). Section 501(r) mandates tax-exempt hospitals complete a Community Health Needs Assessment (CHNA) every three years. The CHNA requirements are effective for tax years beginning after March 23, 2012.

To comply with these new standards, the Mary Free Bed Board of Trustees must approve the hospital plan to address identified community health needs by March 31, 2013. This plan will then be posted on the Mary Free Bed Hospital website.

The Community Health Needs Assessment

Eighty organizations worked together to develop the 2011 Kent County Health Needs Assessment and Health Profile. The study was conducted during calendar year 2011, and results were released in January 2012.

The CHNA focused on the general health needs of our county. It did not include rehabilitation – the exclusive focus of care at Mary Free Bed. In future assessments, we will work with colleagues to ensure the disabled population is included in the study.

There are two Mary Free Bed addendums to the Kent County CHNA. They identify special needs for two segments of our population – patients who require cancer rehabilitation and members of the Wheelchair & Adaptive Sports Program.

Mary Free Bed CHNA Implementation Strategies

The Mary Free Bed plan addresses priorities and issues identified in the Kent County Health Needs Assessment as well as specific rehabilitation strategies. It spans the period April 1, 2013 through March 31, 2016.

- ❑ Kent County strategic priorities addressed:
    - Increase the proportion of community members, including the uninsured and the working poor, that have (sic) access to affordable healthcare to promote equal access to high quality, affordable healthcare.
    - Increase the number of providers available that accept Medicaid or offer low-cost/free services to promote a coordinated system of care that is local, preventive, holistic, and patient centered.
- ❑ Kent County strategic issues addressed:
    - Improve quality of care for all community members.
        - Recreational Therapy
        - Cancer Rehabilitation Program
    - Increase physical activity by ensuring access to resources to be physically active.
        Wheelchair & Adaptive Sports Program
- ❑ Rehabilitation-specific strategic priorities addressed:

- Cancer Rehabilitation Program
  Specialty caregivers from multiple disciplines – including physicians, nurses, physical and occupational therapists, speech-language pathologists, recreational therapists, dieticians, social workers, and mental health professionals – work with patients individually as they create customized rehabilitation plans to increase strength and energy, alleviate pain, improve daily function and maximize quality of life.
- Wheelchair & Adaptive Sports
  Approximately 700 athletes participate in Mary Free Bed's Wheelchair & Adaptive Sports Program. There are nearly a dozen competitive teams, some with national rankings. The sports, clinics and special events support physical, emotional, and mental health for participants and their families.

Mary Free Bed Rehabilitation Hospital

Community Health Needs Implementation Strategies

General Information

Requirements

Under Section 501(r)(3)(A) of the Patient Protection and Affordable Care Act, a hospital meets CHNA requirements for a tax year only if the organization:

- ❑ Conducted a CHNA that meets the requirements of Section 501(r)(3)(B) in that tax year or in either of the two tax years immediately preceding that tax year.
- ❑ Incorporated input from persons representing the broad interests of the community served by the hospital, including those with special knowledge of or expertise in public health.
- ❑ Adopted an implementation strategy to meet the identified community health needs. An implementation strategy is considered adopted on the date it is approved by an authorized governing body of the hospital.
- ❑ Made the CHNA and implementation plan widely available to the public.

Plan Period

The plan covers Fiscal Years 2014 – 2016 (April 2013 through March 2016).

Facilities

Mary Free Bed Rehabilitation Hospital inpatient and outpatient services are included in the plan.

Plan Locale

For purposes of this plan, the community served is Kent County.

Community Health Needs Assessment

A Kent County CHNA was conducted throughout 2011, completed in December, and made available in January 2012. More than 80 partners participated in the process to identify the most pressing health needs.

Mary Free Bed focuses exclusively on rehabilitation, which was not included in the study. Therefore, two rehabilitation-specific addendums have been developed and are included in this document.

Implementation Strategy

The Mary Free Bed Rehabilitation Hospital Board of Trustees has determined the following implementation strategies should be undertaken to address the needs identified in the CHNA and the rehabilitation-specific addendums.

Mary Free Bed Profile

Mary Free Bed Rehabilitation Hospital has been serving the needs of Michigan children and adults for more than 122 years. Mary Free Bed is a not-for-profit, nationally accredited, acute care rehabilitation hospital with 80 inpatient beds and numerous outpatient specialty programs.

Mary Free Bed provides comprehensive rehabilitation services to inpatients, outpatients and the home bound. Patients receive care from board certified physiatrists and specially trained clinical staff. Our mission is to help patients restore their lives after significant illness or injury by providing hope and freedom through rehabilitation. Mary Free Bed provides universal access to patients, which means those who meet the clinical criteria are treated regardless of their ability to pay.

The Mary Free Bed fiscal years runs from April 1 to March 31. A statistical portrait of the previous three fiscal years is below.

Mary Free Bed Patient Admissions/Visits

	FY 2012	FY 2011	FY 2010
Inpatients	1,075	863	887
Outpatients	8,970	8,223	7,981
Total Patients Served	10,045	9,086	8,868
Total Outpatient Visits	62,822	56,272	52,171

Mary Free Bed Financial Summary

	FY 2012	FY 2011	FY 2010
Net Patient Revenues	$46,808,000	$39,446,000	$36,526,000
Estimated Community Benefit*	$ 4,523,000	$ 4,052,000	$ 4,034,000

*Includes unpaid costs of Medicare and Medicaid as well as charity care.

IMPLEMENTATION STRATEGY #1

Increase the proportion of community members, including the uninsured and the working poor that have (sic) access to affordable healthcare to promote equal access to high quality, affordable healthcare. (CHNA Priority #1)

Mary Free Bed Historical Practice

Mary Free Bed was founded on the tenet of providing health care for the needy. In 1891, a small group of Grand Rapids women embarked on a fundraising effort for that purpose. They asked area residents who knew someone named Mary to donate a dime to support what became known as the Mary Free Bed. The principle of universal access to care remains a guiding principle.

Mary Free Bed Current Practice

During FY 2012, Mary Free Bed served a total of 10,418 inpatients and outpatients. Patients who are clinically appropriate are accepted for treatment regardless of their ability to pay. Over the past several years, an increasing number of Medicaid and charity patients are being treated as evidenced in the table below.

Mary Free Bed Charity Care & Medicaid Patients

	FY 2012	FY 2011	FY 2010
Inpatient	162	128	105
Outpatient	1,796	1,748	1,675
Total	1,958	1,869	1,780

Implementation Strategy FY 2014, FY 2015, and FY 2016

- ❑ Maintain current practice of universal access,
- ❑ Develop new programs and services such as cancer rehabilitation so more patients can be served (see Implementation Strategy #3),
- ❑ Increase the number of health care professionals who will also provide additional access for Medicaid and charity patients (see Implementation Strategy #2),
- ❑ Increase the number of charity and Medicaid patients treated in each of the next three fiscal years,
    - FY 2014 – 2% increase
    - FY 2015 – 2% increase
    - FY 2016 – 2% increase

IMPLEMENTATION STRATEGY #2

Increase the number of providers available that accept Medicaid or offer low-cost/free services to promote a coordinated system of care that is local, preventive, holistic, and patient centered. (CHNA Priority #2)

Mary Free Bed Historical Practice

Mary Free Bed was founded to support health care for the needy.

Mary Free Bed Current Practice

All physicians practicing at Mary Free Bed accept Medicaid and charity patients.

Implementation Strategies

- ❑ Maintain current practice of universal access.

- ❑ Increase the number of providers available that accept Medicaid or charity patients.
    - FY 2014
      Add a physiatrist to the Mary Free Bed Medical Group who treats primarily adult patients

    - FY 2015
      Add a physiatrist to the Mary Free Bed Medical Group who treats primarily pediatric patients

    - FY 2016
      Add a physician extender (nurse practitioner or physician extender)

IMPLEMENTATION STRATEGY #3

Improve quality of care for all community members

Address the root causes of disease and treat the whole person (CHNA strategic issue #25)

Numerous studies document the holistic benefits of recreational therapy. By its very nature, recreational therapy is focused on individual patient needs. It motivates patients to create new and fulfilling lives in the face of adversity.

- ❑ A summary of research is cited in Temple University's 1991 publication Benefits of Therapeutic Recreation: A Consensus View. Recreational Therapy has been found to be effective in:
    - Alleviating primary symptoms of illness or disability.
    - Promoting and enhancing ongoing health maintenance, independent functions, and overall quality of life.
    - Creating positive health outcomes in psychosocial, attitudinal, and lifestyle domains – which are often determining factors in how patients successfully cope with disability, and return to a productive and personally fulfilling lives.
    - Reducing reliance on costly and intensive medical care alternatives.

- ❑ Payers reimburse directly for physical and occupational therapy as well as speech/language therapy. There is no direct reimbursement for recreational therapy.

- ❑ At a time when reductions are being made in recreational therapy programs in some organizations, Mary Free Bed added three therapists to enhance evening and weekend offerings.
- ❑ With potential reimbursement cuts looming, Mary Free Bed proposes to maintain the current high level of recreational therapy for FY 2014, FY 2015, and FY 2016.

- ❑ Staff
    - 8.72 Full Time Equivalents
    - $475,000 in salaries and benefits
    - Salaries of the three recently hired recreational therapists will be offset by the Mary Free Bed Guild

IMPLEMENTATION STRATEGY #4

Increase physical activity by ensuring access to resources to be physically active (CHNA strategic issue #26)

Support physical, emotional and mental health for wheelchair athletes and their families. (*Mary Free Bed CHNA addendum #1*)

The Wheelchair & Adaptive Sports Program at Mary Free Bed has numerous benefits for participants that result in holistic health. The program provides competitive and recreational sports opportunities for disabled members of our community.

- ❑ Mary Free Bed History

  Mary Free Bed has traditionally provided innovative recreational therapy. For 35 years, Mary Free Bed therapists worked closely with the Grand Rapids Wheelchair Sports Association (GRWSA). In June 2012, the GRWSA became the Wheelchair & Adaptive Sports Program at Mary Free Bed. Costs associated with the program are covered by Mary Free Bed Rehabilitation Hospital, the Mary Free Bed Guild, or donations from the community.

- ❑ Mary Free Bed Current Practice

  Because the Wheelchair & Adaptive Sports Program is housed at Mary Free Bed, recreational therapists are able to engage patients sooner in sports-related discussions and activities. As part of the recreational therapy program, interested patients are transported to sports practices, so they can meet participants and watch the sports.

- ❑ Implementation Strategy FY 2014, FY 2015, and FY 2016
  - Increase the number of participants
    - Maintain current practice of universal access.

      (Interested low income athletes are included in sports teams and clinics.)

    - During each of the three fiscal years add:
      - 25 Competitive athletes
      - 25 Clinic participants
      - 5 Campers
  - Increase the number of sports teams
    - FY 2014 – add one new team
    - FY 2015 – add one new team
    - FY 2016 – add one new team
  - Increase the number of adaptive sports clinics
    - FY 2014 – add one new clinic
    - FY 2015 – add one new clinic
    - FY 2016 – add one new clinic
  - At the end of FY 2016, have at least one inclusionary team
    (Teams composed of wheelchair athletes and able bodied athletes who use wheelchairs or adaptive equipment.)
- ❑ Staff and Program Costs
  - 3.5 FTEs
  - $185,000 salaries and benefits
  - $181,000 programming costs

IMPLEMENTATION STRATEGY #5

Provide comprehensive rehabilitation focused on the specialized needs of the increasing number of cancer survivors. (*Mary Free Bed CHNA addendum #2*)

Program Goals

- ❑ Help cancer patients regain and maintain maximum cognitive and physical function.
- ❑ Improve independence and quality of life for cancer survivors.
- ❑ Provide assistance and education to cancer patients and their caregivers.
- ❑ Serve more patients with a primary diagnosis of cancer including underserved and vulnerable populations.

Mary Free Bed Cancer Rehabilitation Census Goals

	FY 2014	FY 2015	FY 2016
Inpatients	150	200	250
Outpatients	100	200	300
Total	250	400	550

- ❑ *Fiscal Year 2014*
  - Develop separate, stand-alone program focusing on rehabilitation for inpatient and outpatient cancer patients.
  - Identify Core Cancer Rehabilitation Team.
    - Interdisciplinary inpatient and outpatient rehabilitation health care professionals.
    - Provide advanced training in oncology and rehabilitation care for oncology patients.
  - Educate medical and lay community about specialized services.
  - Establish databases to capture patient care outcomes and health systems outcomes and integrate databases within the Mary Free Bed electronic medical record.
  - Establish research infrastructure for reporting program outcomes and to support clinical research.

- ❑ *Fiscal Year 2015*
  9. Train additional Mary Free Bed staff members.
  10. Fine tune infrastructure to support current and future program needs including facilities, management, and staffing.
  11. Identify and submit proposals for applicable grants and other funding options to promote program and staff development
  12. Conduct clinical research relevant to:
      - Oncology patient care issues and rehab intervention
      - Health systems outcomes (including payer/reimbursement systems)
- ❑ *Fiscal Year 2016*
  13. Become recognized as a national leader in oncology rehabilitation care and education of interdisciplinary health care professionals.
  14. Provide advanced training in oncology and oncology rehabilitation for Mary Free Bed staff.
  15. Offer educational opportunities for caregivers and the public.

16. Further refine research infrastructure and processes for reporting program outcomes to support clinical research.
17. Continue to identify and submit proposals for applicable grants and other funding options to promote program and staff development.

STRATEGIC ISSUES NOT ADDRESSED IN THIS PLAN

The items listed below were identified during the health needs assessment process, but are not included in the Mary Free Bed Rehabilitation Hospital Community Health Needs Implementation Strategies. The targeted scope of practice at Mary Free Bed, coupled with the need to focus resources in those areas where the greatest impact can be achieved, precludes them from our plan.

The majority of these needs are being addressed by community organizations with the required core competencies. Mary Free Bed staff will stay in contact with others in the community to monitor the success of this ongoing process.

Strategic Priorities

- ❑ Reduce disparities in adequacy of prenatal care to promote a coordinated system of care that is local, preventive, holistic, and patient centered.

- ❑ Increase healthy eating by ensuring access to healthy foods to promote an environment that supports healthy living for all.

- ❑ Reduce the disparity in health risk factors and protective factors between students to promote an environment that supports healthy living for all.

Strategic Issues

- ❑ Ensure community members' basic needs are met.
    18. Reduce the rate of food insecurity in Kent County.
    19. Improve access to affordable, stable, livable housing and utility assistance.
    20. Improve availability of transportation.
    21. Ensure a healthy environment, and address the health effects of poor air quality.
    22. Increase the number of jobs that pay a livable wage.
    23. Reduce racial disparities in economic stability.
    24. Ensure a safe environment, and address the effects of violent crime.
- ❑ Support community members in achieving a healthy weight.
    25. Prevent obesity, including childhood obesity.
    26. Increase healthy eating by ensuring access to healthy foods.
    27. Increase healthy eating through education about healthy food choices.
    28. Ensure that educational materials are adapted to reflect the cultural diversity in the community.
    29. Improve transportation to healthy food sources and recreational facilities.
- ❑ Intervene with youth
    30. Decrease the difference in quality among schools, ensuring all public schools offer students a high quality K-12 education.
    31. Increase level of educational attainment.
    32. Reduce the disparity in health risk factors and protective factors between students who are getting Ds/Fs and students who are getting As /Bs.
    33. Reduce racial disparities in health risk factors and protective factors among youth.

34. Develop strategies for engaging high school students in activities that are healthy and safe.
35. Ensure Hispanic/Latino youth have access to culturally appropriate services.
36. Reduce alcohol use among youth.

- ❑ Ensure community members are aware of available resources.

37. Increase community members' knowledge of the resources that are currently available in the community.
38. Ensure messages regarding available services are culturally appropriate and reflect the diversity in the community.

- ❑ Improve access to care & reduce disparities in chronic disease rates by race.

39. Ensure access to dental care.
40. Ensure access to care for persons with mental illnesses and substance abuse disorders.
41. Ensure access to care for Veterans.
42. Reduce racial disparities in access to care & health outcomes.

- ❑ Improve quality of care for all community members.

43. Identify policy barriers to ensuring a high quality of care.
44. Address inequalities in experiences with the healthcare system and perceptions of care.
45. Ensure culturally & linguistically appropriate care, including translation.

- ❑ Ensure mental health, substance abuse, and social service needs of community members are met.

46. Reduce heavy drinking and binge drinking among adults.
47. Reverse the suicide trend among men age 45-64.
48. Reduce stigma related to mental health.
49. Ensure culturally appropriate mental health, substance abuse, and social services are available.
50. Increase the number of mental health care providers available.
51. Ensure resources are in place to address the mental health consequences of life stressors, including economic insecurity.
52. Increase the availability of mental health and substance abuse data and resources.

- ❑ Ensure healthy beginnings of children born in Kent County.

53. Reduce disparities in the adequacy of prenatal care.
54. Increase access to preconception care for women who are of child bearing age.
55. Reduce the rate of teen pregnancy.
56. Reduce racial disparity in infant mortality.

Appendix C

The Mary Free Bed Rehabilitation Hospital Community Health Needs Assessment and accompanying Implementation Plan, utilized the 2011 Kent County Community Health Needs Assessment and Health Profile [not attached due to large page volume]. This document can be found using the URL listed below:

http://www.kentcountychna.org/workgroups.html

Appendix D

Strategy #1 Implementation Impact Data:

Year	Total # of Physicans	# of new Physicans added in given year	% Increase
2013	7	2	28.57
2014	9	2	22.22
2015	12	3	25

Total Physicans over Cycle	Physicans from Previous Cycle	% increase
12	7	58.33

Strategy #5 Implementation Impact Data:

Year	Inpat.	Out pat.	Goal Total	Act. Inpat	Act. Outpat	Act. Total	Goal Achieved
2013				No Data	No Data	N/A	
2014	150	100	250	86	180	266	No
2015	200	200	400	109	177	286	No
2016	250	300	550	IN PRG.	IN PRG.	IN PRG.	IN PRG.

Year	2013	2014	2015	Total over cycle
# of low income served	1085	1734	2057	4876
# of underinsured served				0
# of no insured served	166	459	305	930

Total # of patients served (include insured/high income)	6591	11975	11325	29891

Percentages:	2013	2014	2015	Over Cycle
Low income	16.46184191	14.480167	18.16336	16.31260246
Underinsured	0	0	0	0
No insure	2.518585951	3.83298539	2.693157	3.111304406

Outcome measured	Pre-Score	Post score	Absolute Change	% Change
5 times sit to stand	10.7	10.1	-0.660	-4.1
functional reach	14.7	17.9	3.07	25.2