

Community Priority	Definitions	MFB Historical Background/Reason for Implementation Strategy	Implementation Strategy/ SMART Goal	Measurable Outcome/Action Steps	2020 Outcomes Data (Baseline Data)	2021 Outcomes Data	2022 Outcomes Data
Access to Health Care	Access to care refers to the timely use of personal health services (such as preventive, diagnostic, treatment, and follow-up care) to achieve the best possible health outcomes. See page 8 of the CHNA.	1. Awareness of the demographics in which we serve is important to best meet the need of our patient population. We can implement initiatives to provide a better patient experience based on these demographics which we seek to capture accurately in both inpatients and outpatients.	1. In 2021, we are at a completion rate of 80% in-patient and 73% out-patient for tracking demographic data capture. The goal is to increase both completion rates (in-patient and out-patient) to 95% with 5% increases each year for the next three years.	1. Increase demographic data capture in Epic by 5% each year with a goal of 95% for inpatient and out-patient services.	1. Demographic data capture for 62% of in-patients and out-patients.	1. Demographic data capture for 96% of in-patients and out-patients.	1. Demographic data capture for 98% of in-patients and out-patients.
		2. In 2018, 2019 and 2020 the education department offered one activity per year on cultural competence and implicit bias. Implicit bias Training is now required for all health care professionals in Michigan as part of their re-licensure.	2. To increase awareness and to better serve incoming patients, each liaisons, and physician teams, including new hires, will complete Implicit Bias Training.	2. In 2020, zero employees had completed Implicit Bias Training. Our goal for 2021 & 2022 will be to provide Implicit Bias Training to all liaisons and physician teams.	2. 0 employees completed Implicit Bias Training	2. 71% of liaison and physician employees completed Implicit Bias Training.	2. 100% of liaison and physician employees completed Implicit Bias Training.
		3. Mary Free Bed's Wheelchair & Adaptive Sports (WAS) Program has provided enriching programs since 2012 for people of all ages and abilities to challenge their body and mind for a lifetime. It's one of the largest programs of its kind in the United States.	3. To further increase the children and adult participation each year.	3. Increase WAS participation by 20% each year.	3. 1147 Children and Adults participated in WAS.	3. 1772 Children and Adults participated in WAS, a 54.5% increase from 2020 participation.	3. 2380 Children and Adults participated in WAS, a 34.3% increase from 2021 participation.

Discrimination & Racial Inequity	Discrimination refers to policies, practices, and behaviors that unfairly advantage some and disadvantage others based on socially defined characteristics such as race (racism), gender, age, ability, or sexual orientation. Racial inequities refer to unfair or unjust differences in health outcomes and factors influencing health (such as education, housing, employment, environment, etc.) along racial or ethnic lines. See page 9 of the CHNA.	1. Through our organizational Diversity, Equity, and Inclusion (DEI) program we provide opportunities and a safe platform for reflection and discussions to increase awareness and understanding regarding discrimination & racial equity. As we continue our DEI journey, Employee Resource Groups (ERGs) will play a significant part in our belonging and equity efforts. These platforms will increase the opportunity for employees to participate in meaningful conversations without fear of retribution.	1. Provide ERG sessions to learn about and manage uncomfortable DEI conversations for employees who have discrimination & racial inequity questions and/or fears.	1. Offer ERG sessions at least 4 times annually with at least 10 attendees in each session.	1. Provided 3 ERG Sessions with 50 attendees in attendance.	1. Provided 13 ERG sessions with 200 attendees in attendance.	1. Provided 5 ERG sessions with 35 employees.
		2. In 2018 and 2019, the Interprofessional Education Department offered 4 education opportunities related to Diversity, Equity, and Inclusion (DEI) each year. In 2020, the Interprofessional Education Department offered 3 education opportunities related to DEI topics. COVID-19 significantly impacted the number of education activities offered in 2020.	2. To increase education and learning opportunities related to DEI for team and community members. The Interprofessional Education Department will provide at least 3 education opportunities related to DEI per calendar year.	2. Offer at least 3 education events related to DEI to educate team and community members on DEI per year as measured by the education event tracking sheet.	2. A total of 3 DEI education opportunities were provided: Implicit Bias Training (Online Course), Mandatory Annual Education Modules (Diversity, Equity, and Inclusion & Culturally Competent Care).	2. A total of 6 DEI education opportunities were provided: Grand Rounds (8/3/21 Power of Pronouns: A Business Case, 11/22/21 Improving LGBTQ+ Patient Care with Inclusive Humility and Understanding), Online Courses (Implicit Bias, Culturally Competence in Healthcare), and Mandatory Annual Education (Diversity Equity and Inclusion, Culturally Competent Care).	2. A total of 11 DEI education opportunities were provided: Live Sessions - Implicit Bias Training (1/20/22 Mind Your Bias, 4/14/22 LGBTQ+ Compass Course, 5/4/22 Mind Your Bias, 6/23/22 Mind Your Bias, 9/15/22 Mind Your Bias, 10/3/22 Unconscious Bias, 12/14/22 Unconscious Bias), Grand Rounds (11/14/22 Culturally Sensitive Conversations), Mandatory Annual Education (Diversity Equity and Inclusion, Culturally Competent Care), Online Course (Leadership Pathways - Implicit Bias).
		3. Our Mary Free Bed Ability Scholarship was created in 2013 for people who meet challenges similar to those faced by patients at Mary Free Bed. The Mary Free Bed Diversity Scholarship was created in 2002 to promote diverse staffing to better meeting rehabilitation needs of patients everywhere.	3. Increase the number of students awarded scholarships. (1) Track the number of applications received year by year. (2)Track responses and applications from expanded advertising and promotion efforts (Add a tracking section/question in application)	3. Increase the number of scholarships awarded each year.	3. There were 23 scholarship applicants combined for the Ability and Diversity Scholarships and 11 winners were awarded scholarships. The Mary Free Bed Guild worked with Scholarship America to administer and advertise the opportunity.	3. There were 13 scholarship applicants combined for the Ability and Diversity Scholarships and 10 winners were awarded scholarships. We assume there were less applicants this year due to moving to a new system and changing the recruiting process. There was also a lot of money for government aid due to the pandemic, and scholarship aid needed to be taken advantage of across the board. The Mary Free Bed Guild worked with Scholarship America to administer and advertise the opportunity.	3. There were 28 scholarship applicants combined for the Ability and Disability Scholarships and 23 winners were awarded scholarships. The Mary Free Bed Guild worked with Scholarship America to administer and advertise the opportunity. In addition, the scholarships was advertised to the community through our Mary Free Bed website and printed flyers provided throughout our Mary Free Bed locations and in the community.

Economic Security	Economic security refers to the ability of individuals or households to cover their essential needs (such as housing, food, clothing and hygiene, and education) sustainably and with dignity. See page 10 of the CHNA.	1. Previous to this, Mary Free Bed did not have a streamlined process to access and analyze assessments within our Electronic Medical Record (EMR). In Fiscal Year (FY) 2021, a form was discovered in Cerner our EMR system at the time to assess all patients for social determinants of health concerns. To improve MSW Care Management and RN Care Management compliance with this assessment, a Leader Evaluation Manager (LEM) goal was created to encourage the team to assess each patient.	1. The MFB Care management (CM) has been taught how to assess and document Social Determinants of Health (SDOH) needs on all patients admitted to in-patients and out-patient. In FY 2021, the goal for CMs was to improve the compliance rate of Social Determinants Assessment by 15% from April 2020 to March 2021 as measured by Social Determinants compliance report. In FY 2022 our goal was to improve overall amount of patients assessment by 6% each year up to at least 65% of all patients assessed by FY 2022.	1. FY 2021 1150 patients out of 2444 or 47 % of our total patients were assessed. New goals were designed for FY 2022 see column to left. Concern with switch to EPIC 9/1/2021 need all tableau reports to be redesigned to pull from EPIC fields.	1. FY 20, our organization utilized Cerner as our EMR system and the CM team was able to assess 63.7% or 100/157 of inpatients and outpatients for SDOH.	1. In FY 21, our organization switched to EPIC as an EMR system and the CM team was able to assess 47% or 1150 assessed/ 2444 total inpatients and outpatients for SDOH. Concern with switch to EPIC 9/1/2021 need all tableau reports to be redesigned to pull from EPIC fields.	1. In FY 22, our organization continued to utilize Epic as and EMR system and the CM team was able to assess 67% or 1202 assessed/1794 total inpatient and outpatient for SDOH.
		2. When CM began to assess the need of the patients they began to discover the need to investigate and share knowledge among the CM team with resources to meet the patient needs. Designed next year goal to have the CM present to the other CM's on social determinants of health resources for patients to all the CM in CM staff meetings.	2. Care Management (CM) team has a Leader Evaluation Manager (LEM) goals that each CM is to explore 2 resources to educate patients related to Social Determinants of Health and then present to the whole team.	2. Our CM team is made up of 13 team members and each CM will be assigned 1 presentation in FY 21 to 2 presentations in FY 2022 to share as a live presentation or through email.	2. None, the CM team plans to begin presentations in FY 21.	2. 8 live presentations were shared by CM team members and 4 email presentations were shared by CM team members.	2. 4 live presentations were shared by CM team members and the CM team continuing to share email presentations frequently.
		3. The Interprofessional Education Department offered 2 education opportunity in 2019 related to Economic Security. There were no education opportunities related to Economic Security offered in 2018 or 2020. COVID-19 significantly impacted the number of education opportunities offered in 2020.	3. The Interprofessional Education Department will increase education and learning opportunities related to Economic Security for team and community members by providing at least 3 education events per calendar year.	3. Three education events per year measured by the education event tracking sheet.	3. A total of 3 Economic Security education opportunities were provided: Grand Rounds (Culturally Competent Care), Online Course (Culturally Competent Care), Mandatory Annual Education (Culturally Competent Care)	3. A total of 7 Economic Security education opportunities were provided: Grand Rounds (10/11/21 Community Health Needs Assessment, 11/29/21 Transitions of Care), Online Course (Community Health Needs Assessment), Leadership Development Institute Conference (5/27/21 Fast Track to Finance), Stroke Conference (Community Health Needs Assessment, Care Transitions Following Stroke), Mandatory Annual Education (Culturally Competent Care)	3. A total of 4 Economic Security education opportunities were provided: Grand Rounds (4/11/22 Mindful Eating to Improve Health Outcomes), Online Course (Mindful Eating to Improve Health Outcomes, Leadership Pathways - Finance 101), Mandatory Annual Education (Culturally Competent Care)

Mental Health	Mental health is a state of emotional, psychological, and social well-being resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental illness refers collectively to all diagnoseable mental disorders. Mental disorders are health conditions that significantly affect mood, emotion, thinking or behavior, and often impact day-to-day living or ability to function. See page 11 of the CHNA.	1. Over the past several years, Mary Free Bed has demonstrated we can effectively screen for anxiety and depression in our patients with traumatic brain injury with the PHQ-9 and GAD-7 (peer-reviewed publications available upon request). These measures are now used throughout our organization as part of standard care. The next step will be to evaluate how we can tap into protective factors that buffer the impact of stress. Specifically, we plan to obtain data on resilience as part of routine clinical care, using the Connor-Davison Resilience Scale 10.	1. We plan to obtain data on at least 50 and preferably 100 patients with traumatic brain injury with regard to their resilience and how it impacts their subjective level of mental health. Depending on the strength of that relationship, we will then also use those data to develop and implement therapeutic strategies to improve or boost resilience in our patients. Patient data will be kept in a secure database that is only accessible to MFB Psychology staff. Data trends will be analyzed quarterly.	1. Each year we plan to collect data and being analyzing the resiliency data for TBI patients. In 2020, we will begin obtaining information on resilience on at least 50 patients with traumatic brain injury. In 2021, we will analyze predictors of resilience and develop intervention plan. In 2022, we will analyze the change in resilience and overall life satisfaction in a new cohort of 50 patients who received the intervention. At least 67% (two thirds) of patients should have a clinically meaningful improvement in resilience, as measured by a score that exceeds the standard error of measurement.	1. We started collecting data on patients with traumatic brain in jury. At the end of 2020, the sample was still too small for statistical analyses.	1. As of 12/31/2021, we collected resiliency data on 54 patients with traumatic brain injury, along with measures of anxiety, depression and overall neuropsychological functioning. The plan is to analyze those data in 2022, while continuing to collect additional data.	1. Data analyses have revealed that resilience is closely related to anxiety. Those with more resilience tend to experience more anxiety after traumatic brain injury. Our data also show that outpatient psychotherapy, aimed at boost resilience, is effective in making meaningful improvement in anxiety about 80% of the time.
		2. The Interprofessional Education Department offered 2 education opportunities related to Mental Health in 2018. In 2019, 5 education opportunities were offered including Mental Health First Aid. In 2020, only 1 education opportunity was offered. COVID-19 significantly impacted the number of education opportunities offered in 2020.	2. To increase education and learning opportunities regarding Mental Health for team and community members. The Interprofessional Education Department with offer at least 6 Mental Health Awareness education opportunities per calendar year.	2. Offer at least 6 educational opportunities to team and community members related to Mental Health per year. The Interprofessional Education Department will track these events.	2. A total of 2 Mental Health Awareness education opportunities were provided: Grand Rounds (11/30/22 Health Over the Holidays: Nutrition, Mind, and Body), Online Course (A Weight Inclusive Approach to Health Care).	2. A total of 8 Mental Health Awareness education opportunities were provided: Grand Rounds (4/12/21 Mindfulness Based Stress Reduction, 5/3/21 Foundational Principles and Values of Rehabilitation Psychology, 11/1/21 Stress Reinvented: How to Thrive Under Pressure, 11/19/21 How to Motivate and Unmotivated Patient), Leadership Development Institute Conference (2/4/21 Stress Reinvented: How to Thrive Under Pressure, 2/4/21 Mental Health & Why You Should Pay Attention, 2/4/21 Emotionally Intelligent, 9/6/21 Stress Management.	2. A total of 19 Mental Health Awareness education opportunities were provided: Grand Rounds (1/3/22 Human Trafficking and Mental Health, 1/31/22 How Stress Affects Our Mental Health and Well-Being at Work, 2/28/22 Managing Worry & Anxiety, 3/28/22 be nice. Four Simple Steps to Recognize Depression and Prevent Suicide, 4/25/22 Healthy Boundaries: Key to Self-Care, 5/23/22 Stress, 6/20/22 Mastering Mental Flexibility: The Six Habits of Wellness, 9/19/22 Breathwork, 10/4/22 be. Nice Four Simple Steps to Recognizing Depression and Prevent Suicide, 10/17/22 The Stages of Change, 10/31/22 Helping a Loved One Struggling with Addiction) Workshops (4/26/22 Mental Health First Aid Training, 9/21/22 Mental Health First Aid Training) Direct Caregivers Conference (10/13/22 Resiliency and Stress Management, 10/13/22 Suicide in Traumatic Brain Injury), Online Courses (Health Over the holidays: Nutrition, Mind, and Body, Leadership Pathways: Mindfulness Based Stress Reduction, Mastering Mental Flexibility: The Six Habits of Wellness), Mandatory Annual Education (Recognizing the Potential Risk of Suicide).