

# 2020-2022 Community Health Needs Assessment — Implementation Plan

Adopted by the Institute for Orthopaedic Surgery Governing Board on January 6th, 2020

The Institute for Orthopaedic Surgery 801 Medical Dr. Lima, OH 45804 (419) 227-3361 www.ioshospital.com

# Table of contents

### INTRODUCTION

Community served by hospital Mission statement

## **EXECUTIVE SUMMARY**

Background and process

# **IDENTIFYING SIGNIFICANT NEEDS**

# IMPLEMENTATION PLAN

Prioritized significant needs Implementation strategies

- 1. Chronic Disease
- 2. Mental health and addiction
- 3. Maternal and Infant Health
- 4. Cross-cutting factor: Access to health care

- 5. Cross-cutting factor: Social Determinants of Health
- 6. Cross-cutting factor: Public Health System, Prevention and Health Behaviors

# Introduction

The Institute for Orthopaedic Surgery, along with community partners, participated in a Community Health Needs Assessment (CHNA) conducted for Allen County, Auglaize County, Putnam County, Mercer County and surrounding areas. The detailed process, participants and results are available in the Institute for Orthopaedic Surgery Community Health Needs Assessment Report which is available at ioshospital.com and mercy.com.

The Institute for Orthopaedic Surgery ("IOS" or "Institute") is a 12-bed specialty hospital designed specifically to meet the orthopaedic and musculoskeletal needs of patients and their families. As a specialty hospital, IOS does not provide all the services of a full-service hospital, specifically an emergency room. The Institute for Orthopaedic Surgery is majority owned by St. Rita's Medical Center, a member of Mercy Health. Practitioners maintain minority interest in West Central Ohio Group, Ltd, doing business as The Institute for Orthopaedic Surgery.

This Community Health Needs Assessment Implementation Plan will address the significant community needs identified through the CHNA. The Plan indicates which needs IOS will address and how, as well as which IOS won't address and why.

The strategies and tactics of this Implementation Plan will provide the foundation for addressing the community's significant needs between 2020 and 2022. However, The Institute for Orthopaedic Surgery anticipates that some of the strategies, tactics and even the needs identified will evolve over that period. The Institute for Orthopaedic Surgery plans a flexible approach to addressing the significant community needs that will allow for adaption to changes and collaboration with other community agencies.

### **COMMUNITY SERVED BY HOSPITAL**

# <u>Definition of Community Served by Hospital</u>

The community served by the hospital is defined as the counties within the primary service area containing the residential address for equal to or greater than 75% of the patients discharged during the most recently completed calendar year for which data is available at the beginning of the community health needs assessment process.

# <u>Description of How the Community was Determined</u>

In addition to serving Allen, Auglaize and Putnam counties, IOS also serves a small percentage of Mercer County.

Geographic Identifiers: Allen County, Auglaize County and Putnam County in Ohio

Community served by the hospital was defined as the primary service area: Allen County, Auglaize County, and Putnam County. Patient data indicates that 80% of persons served at Mercy Health - St. Rita's Medical Center and The Institute for Orthopaedic Surgery reside in the primary service area, based upon the county of residence of discharged inpatients during 2018. The Institute for Orthopaedic Surgery community served also includes Mercer County which has similar needs.

# Zip Codes Serving Allen, Auglaize and Putnam Counties

Allen	Auglaize	Putnam
County	County	County
45801	45819	45830
45802	45865	45831
45804	45869	45837
45805	45870	45844
45806	45871	45848
45807	45884	45853
45808	45885	45856
45809	45888	45864
45817	45895	45875
45820	45896	45876
45833		45877
45850		45893
45854		
45887		

## MISSION

To extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in needs, especially people who are poor, dying and underserved.

Mercy Health's Mission and culture are expressed through the organization's core values:

**Human Dignity** 

We commit to uphold the sacredness of life and to be respectful and inclusive of everyone. Integrity

We commit to act ethically and to model right relationships in all of our individual and organizational encounters.

Compassion

We commit to accompany those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for".

Stewardship

We commit to promote the responsible use of all human and financial resources, including Earth itself.

Service

We commit to provide the highest quality in every dimension of our ministry.

# **Executive Summary**

# **BACKGROUND AND PROCESS**

The community served by IOS was defined as the primary service area: Allen, Auglaize and Putnam Counties in Ohio. Mercy Health-St. Rita's Medical Center, LLC participated in the Allen, Auglaize, and Putnam counties' most recent collaborative community needs assessment projects, all of which were conducted by the Hospital Council of Northwest Ohio. The assessments were designed to identify the community issues, behavioral health issues and physical health issues that residents of Allen, Auglaize and Putnam Counties face. The assessments were also designed to track progress from previous assessments, where applicable. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data.

Organizations that provided input included public health departments, organizations serving at-risk populations, community health centers, academic experts, healthcare providers, labor and workforce experts, local government, local schools and healthcare consumers. Input from members of the community was obtained using a general survey, focus group sessions and meetings with organizations and individuals in community leadership positions. Special attention was given to obtaining input from members of medically underserved, low-income and minority populations.

A steering committee was comprised of the members of the Community Health Improvement Plan (CHIP) committee for Allen, Auglaize, and Putnam counties. The CHIP committee includes community stakeholders and representatives of organizations knowledgeable and interested in community health issues. Participation on the CHIP committee allowed community leaders and public health experts to discuss their concerns in a small-group setting. The CHIP committee provided input about community capacity including organizations and resources available to address community needs.

# Identifying significant needs

For each of the identified health topics, the Community Health Needs Assessment Committee analyzed the specific health indicators by county in comparison with state and national data, when available. Indicators were identified as being potentially significant if the county indicator was less favorable than the state or national indicator. Key stakeholders from Mercy Health, including but not limited to clinical leaders, physicians, administration, and community agency representatives, participated in the prioritization for Mercy Health—Lima on April 8, 2019. Health topics with issues were considered a potentially significant community health need and included in the prioritization process. Based on the 2019 CHNA, key stakeholders identified 14 significant health needs (mental health, access to health care, obesity, drug use, smoking, binge drinking, diabetes/prediabetes, bullying, quality of life, cancer, infant mortality, housing, cardiovascular disease and youth sexual behaviors). Each table ranked all 14 significant health needs by magnitude, the seriousness of the consequence, and the feasibility of correcting the problem. This method of ranking allows for health needs to be ranked as objectively as possible based on the data. After the ranking, the committee voted and determined the top five health issues that may be addressed through hospital-wide efforts (below). The remaining health concerns identified through the community assessment process may be addressed individually by the focused efforts of community organizations and partnerships.

# Implementation Plan

The Institute for Orthopaedic Surgery (IOS) is continuing to work with other county agencies and hospitals. IOS is committed to addressing the health needs of the community through the strategies and tactics described in this Implementation Plan, which will be in alignment with the overall Community Health Improvement Plans.

# PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

The table below lists the significant community needs that were identified through the CHNA and specifies which needs The Institute for Orthopaedic Surgery (IOS) will address.

Prioritized significant community health need	Addressed by hospital
1. Chronic disease	No
2. Mental health and addiction	Yes
3. Maternal and infant health	No
4. Cross-cutting factor: Access to health care (to align with the Ohio State Health Improvement Plan (SHIP), this will be termed "Healthcare system and access."	No
6. Cross-cutting factor: Social determinants of health	No
7. Cross-cutting factor: Public health system, prevention and health behaviors	No

# IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

The strategies outlined in this implementation plan will supplement the existing charity care provided by The Institute for Orthopaedic Surgery (IOS) by encouraging activities that address the concerns of the community and compliment the activities of other community organizations.

In addition to aligning with the Community Health Improvement Plans, the implementation strategy also aligns with the Ohio State Health Improvement Plan (SHIP). Beginning in 2020, implementation strategies will be required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the SHIP. This symbol , will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.

The following 2020-2022 implementation strategy's priority topics, priority outcomes, cross cutting factors, cross-cutting strategies and cross-cutting outcomes very closely align with the Ohio SHIP priorities:

Priority Topic	Priority Outcome
Mental health and addiction	<ul> <li>Reduce and prevent unintentional drug overdose deaths</li> <li>Preventing drug abuse/misuse</li> <li>Depression Screening</li> </ul>

### PRIORITIZED NEEDS NOT ADDRESSED

The Institute for Orthopaedic Surgery (IOS) is an orthopaedic surgical specialty hospital that provides specialized services focused on acute recovery. Because of this, the prioritization team determined there is a limited ability to impact several of the prioritized health needs, including:

- Chronic Disease
- Maternal and Infant Health
- Cross-cutting factor: Access to Care
- Cross-cutting factor: Social determinants of health
- Cross-cutting factor: Public health system, prevention and health behaviors

## PRIORITIZED HEALTH NEED 1: MENTAL HEALTH AND ADDICTION

# **Description**

As detailed in the hospital's Community Health Needs Assessment Report: The Institute for Orthopaedic Surgery (IOS) primary service area shows a concern in mental health needs and substance abuse in both adult and youth populations. Depression, suicide, drug use, and overdose deaths have been identified as a high priority focus area to address. For instance, 3% of Putnam County and Allen County adults seriously considered attempting suicide in the past year, compared to 2% for Auglaize County adults. Twenty-seven percent (27%) of Allen County youth felt so sad or hopeless every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months, compared to 24% of Auglaize County youth. The 2013-2017 age-adjusted drug overdose death rates for Allen, Auglaize, and Putnam counties were 24.0, 11.3, and 10.5 respectively.

# Priority #1: Mental Health and Addiction

Local Mental Health Specialists

# Strategy 1: Pre-Admission Depression Screenings

**Goal:** Improve mental well-being through prevention, early detection and by ensuring access to appropriate, quality mental health services.

**Objective and Expected Impact:** Continue to maintain the practice of performing depression screening on all patients and explore opportunities to expand screenings to affiliate partners.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
Year 1: Maintain practice of screening all patients for depression. Record number of individuals who are screened for depression and the number of individuals who are referred for treatment.	December 31, 2020	Special emphasis on depressed individuals	Measure the number of individuals who are screened for depression and the number of individuals who are referred for treatment.	
Year 2: Continue efforts from year 1.	December 31, 2021			
<b>Year 3:</b> Continue efforts from years 1 and 2.	December 31, 2022			
Type of Strategy: O Social determinants of health OPublic health system, prevention and behaviors	ystem and access dentified			
Strategy identified as likely to decrease disparities?  OYes ONot SHIP Identified				

# Strategy 2: Maintain List of Community Resources Goal: Reduce substance abuse in the primary service area to protect the health, safety and quality of life for everyone. Objective and Expected Impact: Continue to maintain a list of current community resources for treatment options. Action Step Timeline Priority Population Priority Population Indicator(s) to measure impact of strategy:

Resources to Address Strategy: Mercy Health-Lima, IOS Pre-Admission Nurses, Orthopaedic Surgeon,

Year 1: Maintain list of substance abuse resources located within the Case Management Department.	December 31, 2020	Special Emphasis on Individuals with	Maintain a list of current community resources for treatment options (Baseline:	
<b>Year 2:</b> Continue efforts from year 1, perform annual review of resource materials and update as necessary.	December 31, 2021	opiate and heroin addiction	List was reviewed in 2019, no new additions or deletions. Source: IOS)	
<b>Year 3:</b> Continue efforts from year 1 and 2, perform annual review of resource materials and update as	December 31, 2022			
necessary.				
Type of Strategy:  ○ Social determinants of health ○ Public health system, prevention and health behaviors  ○ Healthcare system and access ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities?  ○Yes ⊗No O Not SHIP Identified				
Resources to Address Strategy: Local community agencies and partners				

# Priority #1: Mental Health and Addiction ♥

**Strategy 3:** Participate in the St. Rita's Health Partners Opiate Addiction Task Force

**Goal:** Reduce substance abuse in the primary service area to protect the health, safety and quality of life for everyone.

**Objective and Expected Impact:** Continue to participate in the St. Rita's Health Partners Opiate Addiction Task Force.

Addiction Task Force.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	
<b>Year 1:</b> Measure the number of initiatives implemented as a result of participation in the Opiate Addiction Task Force.	December 31, 2020	Special Emphasis on Individuals with opiate and heroin addiction	Measure the number of initiatives implemented as a result of Opiate Addiction Task Force.  (Baseline: No established baseline yet. Source: IOS)	
<b>Year 2:</b> Continue efforts from year 1.	December 31, 2021			
<b>Year 3:</b> Continue efforts from years 1 and 2.	December 31, 2022			
Type of Strategy:	Ovv. 1-1			

O Social determinants of health ⊗ Healthcare system and access ⊗ Not SHIP Identified

OPublic heal behaviors	lth system, preve	ntion and health	
Strategy ide	ntified as like	y to decrease disparities?	
○Yes	⊗No	ONot SHIP Identified	
Resources to Address Strategy: IOS Pharmacist, Mercy Health-Lima, local community agencies and/or			
partners			

# Priority #1: Mental Health and Addiction

**Strategy 4:** Athlete Depression Screenings

**Goal:** Improve mental well-being through prevention, early detection and by ensuring access to appropriate, quality mental health services.

**Objective and Expected Impact:** Continue the practice of performing depression screenings on all high school student-athletes during sport physicals.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Maintain practice of performing depression screening on high school athletes during sport physicals. Measure number of screenings performed and number that required additional screening or follow-up.	December 31, 2020	Youth	<ol> <li>Measure number of screenings performed and number that required additional screening or follow-up.</li> <li>(Baseline: &gt;1,200 students screened, approximately 16-20 students required additional follow-up. Source: IOS)</li> </ol>
<b>Year 2:</b> Continue efforts from year 1.	December 31, 2021		
<b>Year 3:</b> Continue efforts from years 1 and 2.	December 31, 2022		

Typ	oe of Strategy:		
0	Social determinants of health	⊗ Healthcare system and a	cess

O Public health system, prevention and health O Not SHIP Identified

Strategy identified as likely to decrease disparities?

○Yes ⊗No O Not SHIP Identified

Resources to Address Strategy: Mercy Health-Lima