Community Health Needs Assessment

Implementation Strategy

FY2013

Rush-Copley

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Executive Summary

Executive Summary

In FY2013, Copley Memorial Hospital, otherwise known as Rush-Copley Medical Center (RCMC), completed a comprehensive Community Health Needs Assessment (CHNA) process to identify, prioritize, and address the top health issues in the community served.

The hospital is located in the city of Aurora, IL, which is the second largest city in Illinois.

The community served by the hospital is defined as the geographic area identified by the contiguous zip codes, from which approximately 80% of the hospital's patients reside. This area includes Aurora, Oswego, Montgomery, North Plainfield and most of Kendall County.

Process and Methodology

The hospital used four methods for collecting community input and health data, including the following:

- Partnering with the Kane County and Kendall County Health Departments on the development of their respective IPLANs
- Community survey
- Conducting focus groups
- Extensive secondary health data analysis

The hospital established an internal team with health and community expertise to guide the development of the CHNA and establish the implementation strategy.

- The committee reviewed and discussed the findings from the community health survey, Kane County and Kendall County IPLANs, focus groups, and secondary data analysis.
- Through a defined criteria process the committee identified and prioritized the top health issues in the community, which are included in this strategy implementation plan.

Executive Summary

Identified and Prioritized Health Needs

Rush-Copley identified the following as the top three health priorities in the community to be addressed through the implementation strategy:

1. Obesity
2. Chronic disease prevention and management – focusing on diabetes
3. Access to care – focusing on medication access and assistance for the uninsured and underinsured

Implementation Strategy

The strategies and initiatives in this implementation plan will focus on residents in the community served by Rush-Copley.

The implementation strategy was approved by the Board of Directors on February 26, 2013.

Execution of the implementation strategies began in FY2013 and will continue over the next three fiscal years.

The information used to determine the health needs of the community for this implementation plan, including the Community Health Needs Assessment report and Data and Information book, are helpful community resources and will be made widely available on www.rushcopley.com.

Health Priorities

Identified and Prioritized Health Needs

The Rush-Copley Community Health Needs Committee identified and prioritized the following community health needs.

Identified Community Health Needs (listed in order of importance from highest to lowest)	**Need Identified by:**		
	Rush-Copley	**Kane County IPLAN***	**Kendall County IPLAN***
Obesity	X	X	X
Chronic disease prevention and management	X	X	
Access to care • Medication access and assistance for the uninsured and underinsured • Health care access for the uninsured and underinsured • Bi-lingual health interpretation and translation services	X		
Infant mortality		X	
Communicable diseases		X	
Mental and behavioral health • Poor social & emotional wellness[1] • Prevention of youth high risk behaviors[2] • Increase of socioeconomic well-being[2]		X	X
Housing conditions • Childhood lead poisoning[1] • Reduce indoor radon exposure[2]		X	X

*As part of a collaborative community process, the Community Health Needs Committee agreed to include all of the needs/threats identified by Kane and Kendall Counties in their respective IPLANs.

1: Identified as a community health threat in the Kane County 2012-2016 IPLAN
2: Identified as a health priority in the Kendall County 2011-2016 IPLAN

Identified and Prioritized Health Needs

The following needs will be addressed in the Implementation Strategy:

1. Obesity
2. Chronic disease prevention and management – focusing on diabetes
3. Access to care – focusing on medication access and assistance for the uninsured and underinsured

The following needs will not be addressed in the Implementation Strategy:

Identified and Prioritized Need	Reason why the need will not be addressed through the Implementation Strategy
Access to care • Health care access for the uninsured and underinsured	• The rate of residents that are uninsured or underinsured is a societal factor that the hospital is not in a position to directly impact as it does not have any control of the insurance system or government regulations. • This need is currently being addressed by a number of facilities and resources in the community, including but not limited to, the five Federally Qualified Health Centers (FQHCs) in Kane County and Aurora Primary Care Consortium. • Rush-Copley offers a generous and comprehensive program of financial assistance in order to serve those who may not have health insurance or other means to pay for their care.
Access to care • Bi-lingual health interpretation & translation services	• Rush-Copley is already addressing this need. In FY2012, the hospital implemented a robust and resource intensive bi-lingual health interpretation and translation services strategy in order to improve and enhance the hospital's current program, which included: – Increase the number of medical interpreters on-staff for Spanish speaking patients – Increase the number of sign language interpreters – Pacific Language Line Service that offers 150 languages with access in all patient care areas and physician offices – Illinois Video Interpreting Network (IVIN) that offers 8 languages including sign language – Additional medical forms and discharge instructions are translated into over 150 languages • Growth and enhancement of this program will be an on-going effort and strategy for the hospital in order to continue to improve access and care for all patients.

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Identified and Prioritized Health Needs

The following needs will not be addressed in the Implementation Strategy (CONTINUED):

Identified and Prioritized Need	Reason why the need will not be addressed through the Implementation Strategy
Infant mortality	• Rush-Copley Medical Center is already addressing this health need through a number of on-going initiatives, including: – Participation in the Perinatal Network with Rush University and providing Neonatal Intensive Care Services – Active participation in the Kane County Breastfeeding Coalition – Hired Breastfeeding Peer Counselors to support Lactation services – Monthly communication with The Circle of Wise Women - a group of African American community women committed to acting together to reduce infant mortality – Partner with Federally Qualified Health Care Centers to promote prenatal education classes – Preventing elective deliveries before 39 weeks gestation, without medical justification – In collaboration with IDOT, hosts car seat safety checks – "Text 4 Baby" initiative – Working closely with the Kane County Health Department's Perinatal Committee toward preventing infant mortality as well as reducing health disparities • Rush-Copley Medical Center will continue to focus on this need and be an active community partner in the development and implementation of new strategies and initiatives.
Communicable diseases	• The reduction of communicable diseases in the community is a public health issue for which the local health departments acknowledge primary responsibility and leadership oversight. • Rush-Copley Medical Center continues to be a collaborative partner that provides on-going supportive services to the local health departments regarding this health issue.
Mental and behavioral health	• As identified during the prioritization exercise, Rush-Copley does not provide mental or behavioral health services and it would not be feasible for the hospital to develop this type of program. Therefore, the hospital would not be able to have a measurable impact on this need. • There are a great number of organizations in the community already addressing this need (as listed in the CHNA). • The hospital currently works closely with area mental and behavioral health programs in the community in order to assist patients in accessing care.
Housing conditions	• Housing conditions are societal factors that are outside the health care system, therefore the hospital is not in a position to directly impact these needs. • However, the hospital will continue to collaborate with other agencies and support initiatives for these health issues, including working with the Kendall County Health Department to develop a distribution program for home radon detection kits through the medical group practice as well as through the hospital's car seat safety check program.

Implementation Strategy

Obesity

Strategies and Initiatives

Strategy	Initiatives
Develop and enhance community-based wellness programs for the purpose of reducing the prevalence of obesity	• Increase involvement in the *Fit for Kids* Program through Kane County • Assess the feasibility of developing a community-based wellness program. Provide the tools and resources needed to local organizations for implementation. – Develop a "starter" kit for the program – Promote to schools, employers, community groups, etc.
Develop and implement prevention and weight-loss programs	• Develop comprehensive education programs addressing the prevention of obesity – Babies & children – Adults (Young, Midlife, Geriatric) • Assess the feasibility of developing a comprehensive multi-option weight loss program through Rush-Copley Medical Group/Healthplex – Adults/Kids – At-hospital/At-home – On-line resources
Develop and implement weight loss/nutrition initiatives for RCMC employees	• Partner with the Healthplex to offer classes/services convenient for RCMC employees (i.e., during the lunch hour, walking club, etc.) • Assess and offer healthier food options in the cafeteria • Enhance the employee wellness committee – Implement three new employee wellness initiatives annually

Anticipated Impact

- Reduction in the prevalence of obesity in adults and children
- Long-term, reduction in chronic disease risk through reducing the prevalence of obesity
- Improved health and wellness of Rush-Copley employees and community residents

Chronic Disease – Focusing on Diabetes

Strategies and Initiatives

Strategies	Initiatives
Improve community education, awareness, and diabetes screening services to increase early detection	• Collaborate with community providers to develop a standard evidence-based approach to screenings – Ensure appropriateness and consistency based upon the demographic and program location – Include a process for physician follow-up • Collaborate with community providers to improve awareness and education regarding diabetes – Explore the opportunity to provide standard education and information regarding diabetes and prevention – Develop a web-based resource that lists and promotes scheduled screenings in the community (comprehensive of all providers) – Increase physician awareness and education through enhanced CME offerings provided by the RCMC Diabetes Center
Develop a standardized evidenced-based approach to care for diabetes patients across the continuum of care in order to improve quality and outcomes	• RCMC and RCMG jointly develop a standardized approach for care, treatment, and outcomes reporting for diabetes patients, regardless of system entry point • Develop and implement a plan for a comprehensive diabetes program, spanning the continuum of care, that is aligned with American Diabetes Association and Joint Commission standards
Improve access to care for diagnosed diabetes patients	• Explore the feasibility of developing a community-wide diabetes registry to improve access to follow-up care • Develop and implement initiatives to improve access to diabetes care and management – Develop and implement a process to connect patients with a health care provider for diabetes follow-up care, specifically for those without a Primary Care Physician – Increase grant funding for education and testing supplies through the RCMC Diabetes Center

Anticipated Impact

- Long-term, reduction in the incidence of type II diabetes and reduction/delay the morbidity related to type II diabetes
- Increase in the early detection of diabetes through an increase in diabetes screenings
- Improved diabetes care and self-management for the uninsured and underinsured
- Reduction in hospital admissions and emergency department visits related to diabetes
- Reduction in the number of patients seen at the hospital for diabetes that do not have a primary care physician
- Increase in the number of referrals to the diabetes education program

Access to Care – Focusing on Medication Access

Strategies and Initiatives

Strategies	Initiatives
Develop and implement initiatives focused on providing patients with essential medications before discharge	• Enhance the integration of the current partnership with Walgreens to provide medication assistance and delivery assistance to emergency services and outpatient surgery services • Develop and implement a Charity Care fund through the Rush-Copley Foundation that provides financial support in order for uninsured and underinsured patients to receive access to specific episodic/essential mediations • Enhance the partnership between the Emergency Department and Care Management to assist with and improve medication access for the uninsured and underinsured prior to discharge
Improve patient and physician awareness of medication assistance resources and alternative prescription options	• Create and implement a current and comprehensive web-based inventory of current medication assistance programs • Develop and implement a physician education program regarding medication assistance resources and alternative prescription options
Develop and implement initiatives focused on improving medication adherence	• Improve documented education and resource materials provided to patients regarding their medication(s), including the importance of adhering to the prescribed dose and duration • Assess the feasibility of developing a “Medication Therapy Management” Team to reduce barriers and ensure continuous follow-up for high-risk patients • Enhance and increase the utilization of informatics to improve patient safety, patient education, and medication adherence • Implement the Walgreens “Well Transitions” program for high-risk patients

Anticipated Impact

- Improved access to comprehensive, quality health care services for the uninsured and underinsured
- Improved consistent access to critical medications for the uninsured and underinsured
- Improved adherence to essential medications for all patients
- Increased number of patients referred to assistance programs
- Reduction in hospital admissions and emergency department visits related to medication non-adherence