

2017-2019 Community Health Needs Assessment Implementation Plan

**ADOPTED BY THE INSTITUTE FOR ORTHOPAEDIC SURGERY BOARD OF TRUSTEES
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Introduction

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 of 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.

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.

This Community Health Needs Assessment Implementation Plan will address the significant community needs identified through the CHNA. The plan indicates which needs The Institute for Orthopaedic Surgery will address and how, as well as which needs the Institute for Orthopaedic Surgery won’t address and why.

Beyond the programs and strategies outlined in this plan, The Institute for Orthopaedic Surgery will address the health care needs of the community by continuing to operate in accordance with the Mercy Health mission to extend the healing ministry of Jesus by improving the health of its communities with an emphasis on the poor and under-served. This includes providing care for all individuals regardless of their ability to pay.

The strategies and tactics of this implementation plan will provide the foundation for addressing the community’s significant needs between 2017 and 2019. 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 INSTITUTE

For the purposes of the CHNA, The Institute for Orthopaedic Surgery used Allen County, Auglaize County, Putnam, and Mercer Counties in Ohio as the main service area. Patient data indicates that 78% of persons served at IOS reside in the primary service area based on the county of residence of discharged inpatients during 2014.

MISSION

We extend the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and under-served.

Mercy’s Mission and culture are expressed through the organizational core values:

Compassion

Our commitment to serve with mercy and tenderness

Excellence

Our commitment to be the best in the quality of our services and the stewardship of our resources

Human Dignity

Our commitment to value the diversity of all persons and to be respectful and inclusive of everyone

Justice

Our commitment to act with integrity, honesty and truthfulness

Sacredness of Life

Our commitment to reverence all life and creation

Service

Our commitment to respond to those in need

Executive summary

BACKGROUND AND PROCESS

The community served by IOS was defined as the primary service area: Allen, Auglaize, and Putnam Counties in Ohio. St. Rita's Medical Center participated in the Allen, Putnam, and Mercer Counties' most recent collaborative community needs assessment projects, each of which were conducted by the Hospital Council of Northwest Ohio. IOS also participated in a collaborative community needs assessment project in Putnam County, which was conducted by the Center of Social Research, Indiana University-Purdue University Fort Wayne. 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 and track progress from previous assessments, where applicable. The Hospital Council of Northwest Ohio in Allen, Auglaize, Mercer Counties and Center of Social Research in Putnam County 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, health care providers, labor and workforce experts, local government, local schools, and health care 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 focus group was comprised of the members of the Community Health Improvement Plan (CHIP) committee for Allen County. 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 to state data, when available. In the absence of state data, national data was used. Indicators were identified as being potentially significant if the county indicator was less favorable than the state or national indicator. Topics with issues were considered a potentially significant community health need and were included in the prioritization process.

The criteria used to prioritize health needs included scope, severity, burden, urgency of need, the estimated feasibility and effectiveness of possible interventions, and the importance the community placed on addressing the need. Scope and severity were measured by examining the data for rates that should be improved.

A community survey measured the burden and urgency of the health need. Prioritization participants used a survey to rank each health need based on the most troubling health topics to the community, the health topics requiring immediate action, and the health topics most troubling to youth. Participants ranked the most common financial barriers to access and the most common barriers to access for health care services. Focus group sessions and meetings addressed the estimated feasibility and effectiveness of possible interventions. The community survey measured the importance the community placed on addressing the need.

The ranking of health needs based on weighted criteria was developed by the Community Health Needs Assessment Collaborative of Mercy Health. Members of the Community Health Needs Assessment Collaborative Committee included Mercy Health employees with the following areas of expertise: mission, finance, corporate responsibility, legal, and strategic planning.

The process of performing the Community Health Needs Assessment, consulted data sources, development of the top priorities and the list of participants is explained in detail in The Institute for Orthopaedic Surgery’s CHNA Report is available at ioshospital.com and mercy.com

Implementation Plan

The Institute for Orthopaedic Surgery 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 Plan.

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 will address.

Prioritized significant community health need	Addressed by hospital
Exercise, nutrition and weight	No
Mental health and substance abuse	Yes
Cancer.....	No
Maternal, fetal and infant health	No
Access to care.....	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 by encouraging activities that address the concerns of the community and compliment the activities of other community organizations.

PRIORITIZED NEEDS NOT ADDRESSED

The Institute for Orthopaedic Surgery 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:

- Exercise, Nutrition and Weight
- Cancer
- Maternal, Fetal and Infant Health
- Access to Care

MENTAL HEALTH AND SUBSTANCE ABUSE

Description

Within our primary service area, community leaders, subject matter experts and community members show heightened concern regarding mental health needs and substance abuse. Age-adjusted death rate due to suicide, depression and the opiate and heroin epidemic have been identified as high priority focus areas to address.

Goal

Improve mental health through prevention, early detection and by ensuring access to appropriate, quality mental health services.
Reduce substance abuse in the primary service area to protect the health, safety and quality of life for everyone.

Expected impact

Increase the number of youth and adults who receive early detection and referral for depression.

Increase the number of individuals who receive education and preventative resources for pain management and addiction.

Targeted populations

Within our primary service area, there will be a special emphasis on individuals with opiate and heroin addiction.

Strategies

1. Maintain the practice of performing depression screenings on all patients and explore opportunities to expand screenings to affiliate partners.
2. Maintain a list of current community resources for treatment options.
3. Participate in the St. Rita's Health Partners Opiate Addiction Task Force.

Strategic measures

1. Measure the number of individuals who are screened for depression and the number of individuals who are referred for treatment.
2. Perform an annual review of resource materials and update as necessary.
3. Measure the number of initiatives implemented as a result of participation in the Opiate Addiction Task Force.

Community collaborations

- Patient Treatment Intervention Team
- St. Rita's Health Partners
- Opiate Addiction Task Force