

CHNA Implementation Plan Bradford Regional Medical Center

BACKGROUND

Throughout its 130 year history, Bradford Regional Medical Center's (BRMC) mission has been the provision of excellent patient care in response to the health care needs of the communities we serve. Hospital staff provides care that is compassionate, personal and respectful of patients and their families. BRMC offers hope and healing.

BRMC is a member hospital of Upper Allegheny Health System and a Kaleida Health (Buffalo, NY) facility. Upper Allegheny Health System (UAHS) includes Olean General Hospital, a 186-bed acute care hospital in Olean, NY. In 2018, BRMC formally merged with Olean General Hospital (OGH) into a single entity under OGH. The two hospitals provide care to a service area of more than 160,000 in southwestern New York State and Northwestern Pennsylvania. BRMC has been serving McKean County and surrounding communities since 1887.

MISSION

to provide the highest quality medical services in response to the healthcare needs of the region, to promote community wellness, and to restore health and comfort to patients as swiftly and safely as possible.

VALUES

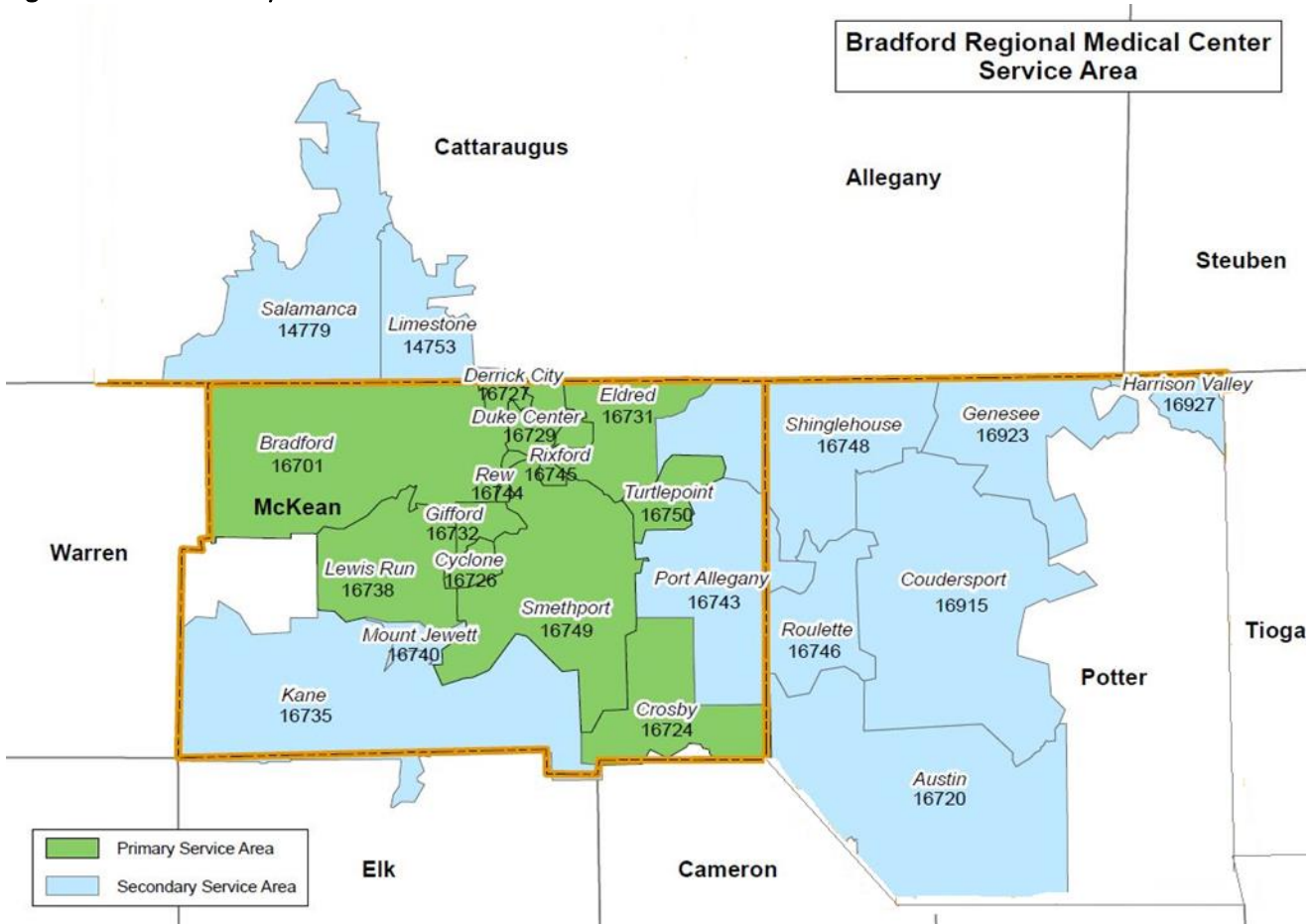
Quality, Respect, Compassion, Service, Responsibility, Innovation, Stewardship

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SERVICE AREA AND COMMUNITY PARTNERS

Consistent with IRS guidelines regarding the hospital’s Community Health Needs Assessment (CHNA), BRMC defined its primary service area as McKean County as shown in Figure 1:

Figure 1: BRMC Primary Service Area



Source: Bradford Regional Medical Center, Strategy Solutions, Inc.

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The following organizations are key partners of BRMC in its community benefit efforts:

- Bradford Hospital Foundation
- Office of Community and Economic Development
- VNA of NWPA
- The Pavilion @ BRMC
- Center for Rural Health / UPB
- McKean Co. Economic Dev.
- Bradford Area Chamber of Commerce
- Futures Rehabilitation Center, Inc.
- CARE for Children
- Kaleida Health
- McKean County Department of Health
- McKean Co. Department of Aging
- Northwest Bank
- Case Cutlery
- Bradford Area School District
- Rep. Martin Causer's Office
- McKean Co. Dept. Human Services
- Beacon Light Behavioral Health, Inc.
- United Way
- UAHS / BRMC

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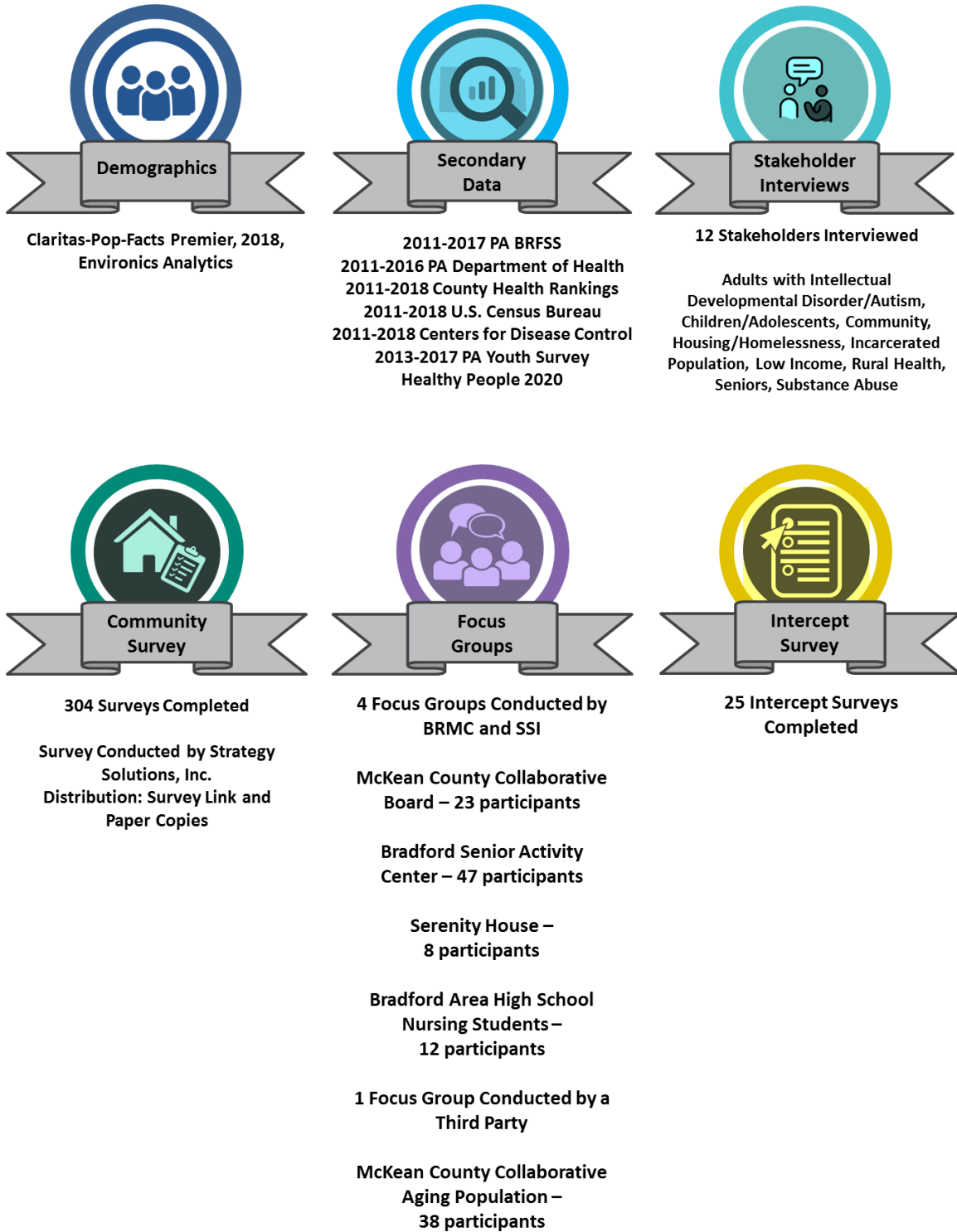
CHNA PROCESS METHODOLOGY

In an effort to examine the health related needs of the residents of the county-wide service area and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. The staff, Steering Committee members and consulting team made significant efforts to ensure that the entire primary service area, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying key stakeholders that represented various subgroups in the community. In addition, the process included public health input, through extensive use of PA Health Department and Centers for Disease Control data.

The secondary quantitative data collection process included demographic and socio-economic data obtained from Claritas-Pop-Facts Premier, 2018, Environics Analytics; disease incidence and prevalence data obtained from the Pennsylvania Departments of Health and Vital Statistics; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; American Community Survey and the Healthy People 2020 goals from HealthyPeople.gov. In addition, various health and health related data from the following sources were also utilized for the assessment: the Pennsylvania Department of Education, and the County Health Rankings (www.countyhealthrankings.org). Selected data was also included from the McKean County 2017 PA Youth Survey and the National Survey Results on Drug Abuse – 1975-2013. Selected Emergency Department and inpatient utilization data from the hospital was also included. Economic data was obtained through the U.S. Census Bureau. Data presented are the most recent published by the source at the time of the data collection. Primary data collection included 304 Community Surveys, 25 Intercept Surveys, four focus groups with 128 participants and 12 Stakeholder Interviews. Strategy Solutions, Inc., a research and consulting firm, performed the work of creating BRMC's 2019 CHNA. Figure 2 is a summary of the methodology used for the 2018 BRMC CHNA.

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Figure 2: BRMC 2019 CHNA Methodology



Source: Strategy Solutions, Inc., 2019

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SELECTION OF THE COMMUNITY HEALTH PRIORITIES

On October 31, 2018, the BRMC Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the hospital’s primary service territory. Debra Thompson, President, and Kathy Roach, Community Health Improvement Project Manager of Strategy Solutions, Inc., presented the data to the BRMC Steering Committee and facilitated discussion about the needs of the local area, what BRMC and other providers are currently offering to the community, and identified other potential needs that were not reflected in the data collected. A total of 52 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2020 goals, negative trends, or growing incidence). Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence-based solutions), were identified that the group would use to evaluate identified needs and issues.

During the two weeks after the meeting, Steering Committee members completed the prioritization exercise using the Survey Monkey Internet survey tool to rate each of the needs and issues on a one to ten scale by each of the selected criteria listed above. Table 1 illustrates the needs of the service area ranked by members of the BRMC Steering Committee.

Table 1: BRMC Prioritization Results

Hospital is 8.0 or greater for Accountability						
	Accountability	Magnitude	Impact	Capacity	Total M+I	Ranking by M+I
Chronic Disease: Diabetes	7.56	9.29	9.40	6.79	18.69	1
Chronic Disease: Obesity	4.47	9.47	9.20	6.50	18.67	2
Mental Health/Substance Use Disorder: Illicit Drug Abuse (adolescents and adults)/Drug-Induced Mortality	4.33	8.67	9.33	5.85	18.00	3
Mental Health/Substance Use Disorder: Prescription Drug Misuse/Abuse	3.73	8.33	9.40	5.67	17.73	4
Access to Quality Health Services: Access to dental services - lack of providers	4.81	9.20	8.50	4.80	17.70	5
Access to Quality Health Services: Access to specialists	8.67	9.07	8.56	5.87	17.63	6
Mental Health/Substance Use Disorder: Mental Health - shortage of providers	5.80	8.20	9.20	4.67	17.40	7
Mental Health/Substance Use Disorder: Mental Health - high prevalence	4.81	8.20	9.20	6.00	17.40	8
Chronic Disease: Cardiovascular Disease (heart disease, cholesterol, etc.)	8.56	8.33	9.00	7.00	17.33	9
Mental Health/Substance Use Disorder: Alcohol Abuse (adolescents and adults)	5.20	8.33	9.00	6.73	17.33	10

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Hospital is 8.0 or greater for Accountability						
	Accountability	Magnitude	Impact	Capacity	Total M+I	Ranking by M+I
Access to Quality Health Services: Access to dental services - need for pediatric dental care	5.79	8.81	8.44	3.87	17.25	11
Infectious Disease: Influenza and Pneumonia	8.00	8.43	8.50	7.29	16.93	12
Tobacco Use: Smoking	3.20	7.80	9.13	5.73	16.93	13
Access to Quality Health Services: Access to affordable medication	5.00	8.07	8.67	4.71	16.74	14
Healthy Mothers, Babies and Children: Students in K-12 who are obese	4.47	7.53	9.13	7.47	16.66	15
Mental Health/Substance Use Disorder: Mental Health - need for education and awareness on what to look for	4.25	8.20	8.27	6.00	16.47	16
Tobacco Use: Vaping/Juuling (8th, 10th, 12th grades)	3.40	7.47	8.87	5.87	16.34	17
Chronic Disease: Senior health issues	6.93	7.87	8.43	6.57	16.30	18
Mental Health/Substance Use Disorder: Education needed around mental health issues/substance use disorder and what each looks like	3.93	8.20	8.00	5.87	16.20	19
Access to Quality Health Services: Access to dental services - limited providers taking public insurance	6.25	7.94	8.25	4.00	16.19	20
Healthy Mothers, Babies and Children: Access to women's services	7.88	7.53	8.60	7.00	16.13	21
Access to Quality Health Services: Access to an urgent care - have to travel to access urgent care	7.63	8.13	7.88	5.87	16.01	22
Mental Health/Substance Use Disorder: Mental Health - stigma	3.25	8.13	7.87	5.80	16.00	23
Healthy Mothers, Babies and Children: Prenatal Care	7.67	6.87	9.00	7.53	15.87	24
Chronic Disease: Colorectal Cancer	8.19	7.50	8.33	7.14	15.83	25
Access to Quality Health Services: Access to primary care services - limited availability of providers	8.88	7.19	8.56	5.93	15.75	27
Access to Quality Health Services: Access to primary care services - limited hours	8.13	7.25	8.50	6.07	15.75	26
Access to Quality Health Services: Affordability of health care - high cost of care	5.25	7.13	8.56	4.20	15.69	28
Chronic Disease: Access to Women's Health Screenings - Mammograms	8.88	7.60	8.07	7.36	15.67	29

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Hospital is 8.0 or greater for Accountability						
	Accountability	Magnitude	Impact	Capacity	Total M+I	Ranking by M+I
Healthy Mothers, Babies and Children: Lack of parental involvement/breakdown of families	2.19	8.00	7.64	5.93	15.64	30
Mental Health/Substance Use Disorder: Transitional services needed for those coming out of rehab	3.53	7.53	8.07	5.00	15.60	31
Healthy Mothers, Babies and Children: Lack of education on healthy relationships/safe practices - sex education needs to start in 7th grade and continue through high school to deter teen pregnancy	2.75	7.67	7.80	7.13	15.47	32
Chronic Disease: Lung Cancer	7.60	7.07	8.36	7.07	15.43	33
Access to Quality Health Services: Affordability of insurance - high copays	4.47	7.06	8.19	3.93	15.25	34
Access to Quality Health Services: Access to primary care services - limited availability of providers who accept public insurance	7.80	6.94	8.19	5.64	15.13	36
Healthy Mothers, Babies and Children: Smoking 3 months before and during pregnancy	5.93	6.53	8.60	7.13	15.13	35
Chronic Disease: Lyme Disease	5.20	7.53	7.53	7.08	15.06	37
Healthy Mothers, Babies and Children: More support for child abuse/foster care and trauma therapy	1.88	7.33	7.73	5.47	15.06	38
Access to Quality Health Services: Access to primary care services - length of time it takes to get an appointment	7.88	6.94	7.94	5.73	14.88	39
Physical Activity/Nutrition: Food insecurity and nutrition	3.21	6.67	8.07	5.93	14.74	40
Healthy Environment: Domestic Violence	2.60	6.87	7.47	5.67	14.34	41
Access to Quality Health Services: Affordability of insurance - people falling just outside income thresholds to qualify	5.13	6.33	8.00	3.67	14.33	42
Access to Quality Health Services: Assistance in navigating the health care system - resource to help connect people to needed services	4.93	7.13	7.06	5.87	14.19	43
Healthy Mothers, Babies and Children: Teen Pregnancy (ages 15-19)	4.00	5.93	8.00	7.00	13.93	44
Access to Quality Health Services: Access to transportation - not available in rural areas	2.31	6.67	7.19	3.87	13.86	45

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Hospital is 8.0 or greater for Accountability						
	Accountability	Magnitude	Impact	Capacity	Total M+I	Ranking by M+I
Access to Quality Health Services: Access to transportation - need transportation to medical appointments	2.19	6.20	7.31	4.87	13.51	46
Healthy Environment: Housing Insecurity	2.00	6.60	6.60	5.33	13.20	47
Infectious Disease: HIV Testing	5.73	5.80	7.21	7.20	13.01	48
Access to Quality Health Services: Access to transportation - limit hours and routes for public transportation	1.69	5.94	7.06	4.73	13.00	49
Access to Quality Health Services: Access to transportation - limited options for those with a disability	2.00	5.80	7.19	4.53	12.99	50
Access to Quality Health Services: Access to qualified home health workers	5.07	6.19	6.31	5.43	12.50	51
Access to Quality Health Services: Caregiver support	3.75	6.20	5.63	4.60	11.83	52

The prioritization ranking chosen for this assessment looked at the total of the magnitude of the problem combined with the impact on other health outcomes. The top needs that were identified include diabetes, obesity (children and adults), illicit/prescription drug abuse, access to dental services, mental health, cardiovascular disease (heart disease, cholesterol, etc.), alcohol abuse, influenza and pneumonia, smoking and access to affordable medication. The four areas that BRMC will be focusing on over the next three years through the Implementation Strategy Action Plan are:

- Chronic Disease
 - Cardiovascular Disease
 - Diabetes
 - Overweight/Obesity
- Access to Healthcare, including Dental
- Mental Health
- Substance Use Disorder

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PLANS TO ADDRESS COMMUNITY HEALTH NEEDS

BRMC's Implementation Plan illustrates the hospital's specific programs and resources that will support ongoing efforts to address the identified community health priorities. This work will be supported by hospital and system-wide efforts and leadership from the executive team. The goal statements, related objectives, and an inventory of existing community assets and resources for each of the four priority areas are listed below.

Access to Quality Health Services

Goal Statement: Increase education and awareness of services provided by BRMC to its primary service area, as well as improved access to BRMC services, including dental care.

Plan:

1. Inventory all screenings conducted by BRMC both on campus and at community events to determine a better way to organize and offer the screenings to residents and patients; continue to offer screenings to the community (breast cancer, lung cancer, health screenings, nutrition screenings, etc.)
2. Research and collaborate with the Area Transportation Authority of North Central Pennsylvania – Bradford and local EMS providers to increase access to BRMC's medical campus through a possible transportation partnership
3. Increase awareness of BRMC services by continuing to participate in community health fairs and outreach events by offering screenings and education
4. Investigate partnering with organizations and providers to bring dental services and/or a clinic to the Bradford community
5. Continue working with community partners to promote health care initiatives

Existing Community Assets and Resources:

- Bradford Regional Medical Center
- Bradford Hospital Foundation
- Area Transportation Authority of North Central Pennsylvania – Bradford
- Local EMS Providers
- Community Organizations
- Dental Providers
- Local Physicians

Chronic Disease

Goal Statement: Improve health status through chronic disease management across the continuum of care, including cardiovascular disease, diabetes, and obesity

Plan:

1. Continue to promote and offer BRMC's Diabetes services to the community
2. In partnership with local community agencies, including the local housing authority, research and offer pre-diabetes screenings and programs to low income populations
3. Outreach to local organizations to bring services and screenings to the populations they service, i.e., senior center for health screenings

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4. Continue to promote and offer BRMC's Upbeat Program for those residents with cardiovascular disease
5. Collaborate with home health agencies for coordinated care through in-home education and chronic disease management to prevent hospital readmission
6. Investigate partnering with the Bradford YMCA, Bradford School District, local day cares and early education providers, and local medical providers to offer healthy eating and physical activity education and programs to target obesity/overweight

Existing Community Assets and Resources:

- Bradford Regional Medical Center
- McKean County Department of Health
- Home Health Agencies
- Local Providers
- Bradford YMCA
- Bradford Area School District
- Local Day Cares and Early Education Providers
- Bradford County Housing Authority

Mental Health and Substance Use Disorder

Goal Statement: Promote an increase in mental health and substance use disorder services to increase the percentage of residents who access services.

Plan:

1. Investigate licensure requirements through Medicaid on possibly offering a drug detox bed thereby expanding BRMC's detox services to include both drugs and alcohol
2. Increase co-occurring programs and services for those residents with both mental health and substance use disorders
3. Investigate partnering with local and regional agencies to offer a warm hand-off program in BRMC's ER
4. Continue offering drug and alcohol education to the community
5. Partner with school district to offer education on tobacco use, including vaping and juuling and continue and expand BRMC's Too Good for Drugs educational program
6. Continue education in BRMC's inpatient psych unit to patients that have an opioid use disorder on risk overdose and treatment options available
7. Investigate and apply for grant funding for BRMC to offer Vivitrol shots in order to help patients prevent relapse to opioid dependence
8. Expand referral system to local providers who offer mental health and substance use order programs
9. Continue BRMC's grant-funded evidence-based program to strengthen families
10. Expand mental health services to the community

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Existing Community Assets and Resources:

- Bradford Regional Medical Centers
- Bradford Hospital Foundation
- State and Local Agencies
- Alcohol & Drug Services, Inc.
- Bradford Area School District
- Local Providers
- Maple Manor

RATIONAL FOR COMMUNITY HEALTH NEEDS NOT ADDRESSED

It is understood that in order to be the most effective and make the greatest impact, that not all community needs can be addressed at once. BRMC will continue to provide excellent quality of care and chronic disease management programs to meet the wide array of health needs present among BRMC's service area. To allocate resources in an effort to impact the most pressing needs, the four key priority areas listed above were identified.

In total, 52 key needs/themes were identified following the interpretation of the CHNA findings. Although BRMC makes every effort to provide services to meet the needs of the community it serves, there are certain identified needs that the hospital is not equipped to address due to the fact that it is not a service line of the hospital, funds are not available to expand services, or needs are addressed by local organizations. BRMC is confident that other partners in McKean County do provide services to address the needs that the hospital is unable to with the hospital referring patients to these services as applicable. The identified needs not being addressed by BRMC include: infectious diseases, affordability of health care, health insurance, and medications, access to women's services, urgent care, colorectal cancer, transitional services coming out of rehab, primary care services, sex education for youth, Lyme disease, teen pregnancy, housing insecurity, and caregiver support.

APPROVAL FROM GOVERNING BODY

The BRMC Board of Directors met on June 19, 2019 to review the recommended Community Health Implementation Plan (CHIP). The board voted to approve the Implementation Plan as outlined and provide the necessary resources and support to carry out the initiatives therein.