# CHENANGO MEMORIAL HOSPITAL

## COMMUNITY SERVICE PLAN 2015 UPDATE

## I. Three Year Plan of Action

#### **<u>1. Prevent Chronic Disease – Reduce Tobacco Use</u>**

Strategy Objective: Decrease the smoking rate among antepartum patients in Chenango County by year end 2015.

Chenango Memorial will focus on the antepartum patients for these reasons:

- Approximately 75% of Chenango Memorial's antepartum patient base is self-pay or covered by Medicaid. This represents about 225 babies and mothers per year.
- <u>This group of patients has numerous socio-economic challenges and represents a</u> <u>disparity common in this extremely rural county</u>.
- Anti-tobacco use is critical for the health of the unborn child and the mother.

Goals and Objectives, Improvement Strategies and Performance Measures (with measurable and time-framed targets over the three year period):

Tactics

- Counsel and disseminate information to antepartum patients. Distribute information provided by Chenango County Department of Health to patients during their initial visit. This will include information about the LHD's "Baby and Me Tobacco Free" program starting January 2014.
- Refer patients to the NYS Quit Line and the LHD. These referrals will be provided at the patient's initial, 20-week, 36-week, and post-partum visits. The LHD will then follow-up with the patients post-partum.
- Continue to host the "Baby Basics" program in our Women's Health Center started in 2013 provided by the Mothers & Babies South Central New York Perinatal Network. Nurses will review the "Baby Basics" book, especially with first-time moms, during each visit. Additionally, Mothers & Babies will be on-site once a month discussing a different topic each time.

Goals and Performance Measures

- Track referrals to the NYS Quit Line and LHD with a goal of referring 100% of smoking moms in 2015. We will establish a baseline in 2014 to measure future progress.
- Follow-up with mothers at the time of birth to see if they are still smoking. A baseline will be established in 2013 to measure progress starting in 2014. The goal will be to

reduce the percent of mothers who are still smoking at birth by 5% in 2014 and by 10% in 2015.

• Track the number of "Baby Basics" books distributed, especially to first-time moms, during the patient's first pre-natal visit to the Women's Health Center. These books cover anti-tobacco use and are reviewed by the nurse at every visit. In 2014 and 2015, 100% of first-time mothers will receive the book. We will track attendance during the monthly "Baby Basics" programs and interview new moms to evaluate the usefulness of the information provided.

# 2015 Progress Report

- 100% of smoking moms (73) were referred to the NYS Quit Line at their first appointment in the Women's Health Center.
- Thirteen (17) patients were referred from CMH to the "Baby & Me Tobacco Free" program administered by the LHD. Those 17 patients represented 23.2% of the 73 moms that were smoking at their first appointment. We successfully exceeded the benchmark of referring 12% set in 2014.
- In 2013, 33% of mothers were smoking at delivery at CMH. In 2014, that number was down to 27.6% which slightly exceeded our goal of 28%. In 2015, we reduced the number further to 23.2% against a goal of 23%.
- All expectant mothers (249) received a copy of "Baby Basics". The books are purchased from the Mothers & Babies Perinatal Network (MBPN). Nurses reviewed the books with first-time moms at each appointment. The books include chapters on smoking cessation and breastfeeding.
- Representatives from the MBPN have been in the waiting room every week between February 4, 2015 and November 4, 2015 to help patients with questions and services – including smoking cessation. Originally scheduled for 4 hours once a month in 2014, the representative's time has increased significantly since then. In fact, the Women's Health Center tries to schedule pre-natal appointments when MBPN will be in the waiting room. In total for 2015, the representative was on-site 32 days for a total of 102 hours. She visited 179 moms (some more than once) which resulted in 113 referrals to MBPN's resources.
- In addition, the Women's Health Center made 52 referrals directly to MBPN during the year for a variety of issues including smoking cessation and breastfeeding. MBPN reports they made 32 connections.
- The hospital hosted a live webinar sponsored by the LHD and "Baby and Me Tobacco Free" program. The Executive Director of the program spoke about tactics and strategies to approach expectant moms who smoke to quit and stay quit. The webinar was attended by two OB/GYN providers, their nurses, and staff from the LHD, WIC, Headstart, and other community agencies. Approximately 20 people attended.

# 2. Healthy Women, Infants and Children

Strategy Objective: Provide education and support to pregnant women, particularly those women considered high risk and covered by Medicaid.

Chenango Memorial will focus on the antepartum patients for some of the same reasons as mentioned previously:

- Approximately 75% of Chenango Memorial's antepartum patient base is self-pay or covered by Medicaid. This represents about 225 babies and mothers per year.
- This group of patients has numerous socio-economic challenges and represents a disparity common in this rural county.
- Attendance at pre-natal education classes has been poor.
- The percentage of pregnant women participating in WIC and who obtain early prenatal care in Chenango County is lower than other WIC participants in NYS and NYS excluding NYC.

Tactics

- The LHD will develop and produce an easy-to-read booklet of resources that Chenango Memorial can distribute to pregnant and post-partum women and their significant others.
- Pregnant women receiving services at Chenango Memorial will be encouraged to attend the pre-natal classes.
- Working collaboratively with the LHD and other community partners, Chenango Memorial will redesign the pre-natal educational program. The redesigned program will be free, include speakers from the community agencies, and potentially include a giveaway. The hospital will host the classes.
- Develop a survey for participants to complete at the end of each class and at the end of the program to measure the value of the information provided.
- Continue to host the "Baby Basics" program in our Women's Health Center started in 2013 provided by the Mothers & Babies South Central New York Perinatal Network. Nurses will review the "Baby Basics" book, especially with first-time moms, at each visit. Additionally, Mothers & Babies will be on-site once a month discussing a different topic each time.

Goals and Performance Measures

- Improve attendance of the pre-natal educational program by redesigning the program. Use attendance sheets signed by the participants to measure attendance. A baseline will be established in 2013 to measure progress starting in 2014. The goal will be to have 100% of <u>first-time mothers</u> attend the class in 2015. A baseline for <u>first-time mothers</u> will be established in 2014.
- Ensure the education is worthwhile by developing a survey for the participants to complete at the end of each class and at the end of the program. A baseline will be established in 2014 to measure progress in 2015 and beyond. The goal will be to have a rating of "excellent" from 75% of the participants in 2015.
- Track the number of "Baby Basics" books distributed, especially to first-time moms, during the patient's first pre-natal visit to the Women's Health Center. In 2014 and 2015, 100% of first-time mothers will receive the book. Track attendance during the monthly "Baby Basics" programs and interview new moms to evaluate if the information provided was helpful.

#### **2015 Progress Report**

- The LHD has developed and published a booklet entitled "Chenango County Guide for Families" that lists numerous resources for everything from food pantries to lead poisoning to breastfeeding. In 2015, the Women's Health Center distributed 300 of these booklets.
- In 2013, there were 107 first time births and 28 first time moms (26%) who attended classes. In 2014, in partnership with the LHD, we completely revamped the program making the classes three 2-hour sessions every 6 weeks to cover more information in greater depth. After launching the new classes in 2014, we had 80 first time births from Chenango County and 32 of the moms (40%) attended the birthing classes. We nearly matched that in 2015 with 37 out of 95 first-time moms attending (38.9%).
- At the end of each class, participants are asked to complete a class survey. On a scale of 1 to 5 with 5 being the highest and 1 being the lowest, all classes and all segments of the classes scored over 4 in both 2014 and 2015.
- The hospital also sends an e-mail to all new moms 2 weeks post-discharge with helpful links to the LHD, WIC, Breast Feeding Partners, Chenango United Way, Baby and Me Tobacco Free, and Mothers and Babies Perinatal Network.
- We update the curriculum from time to time to improve the flow of information, respond to patient requests, and improve attendance. One of the improvements this year was to provide more education and assistance with breastfeeding.
- To improve breastfeeding rates, 4 nurses completed lactation counselor training. Breastfeeding assistance is now available in the Women's Health Center, on the Maternity Unit, and in Pediatrics. The hospital's (and county's) only lactation consultant passed her recertification. She works on Maternity assisting moms with breastfeeding before discharge and then follows-up 3 days post-discharge. Breastfeeding rates have improved. In 2013, 71% of new moms breastfed at discharge; in 2014 74%, and in 2015 it increased to 75.5%.
- The hospital has several representatives on the breastfeeding coalition initiated by the LHD in 2015. The coalition's main mission is to improve breastfeeding rates in the county, particularly among those that are socio-economically challenged. The coalition consists of numerous representatives from various community agencies, i.e. WIC, Headstart, Mothers & Babies Perinatal Network, that have a vested interest in improving breastfeeding rates. The past year was spent organizing the committee and establishing goals and objectives. One of those objectives was to establish a weigh station called the "Baby Nook" within the government building for use by employees and any nursing moms in the community. The "Baby Nook" is set for a grand opening January 28, 2016.
- All expectant mothers (249) received a copy of "Baby Basics". The books are purchased from the Mothers & Babies Perinatal Network (MBPN). Nurses reviewed the books with first-time moms at each appointment. The books include chapters on smoking cessation and breastfeeding.
- Representatives from the MBPN have been in the waiting room every week between February 4, 2015 and November 4, 2015 to help patients with questions and services – including breastfeeding. Originally scheduled for 4 hours once a month in 2014, the representative's time has increased significantly since then. In fact, the Women's Health Center tries to schedule pre-natal appointments when MBPN will be in the waiting room.

- In total for 2015, the representative was on-site 32 days for a total of 102 hours. She visited 179 moms (some more than once) which resulted in 113 referrals to MBPN's resources.
- In addition, the Women's Health Center made 52 referrals directly to MBPN during the year for a variety of issues including smoking cessation and breastfeeding. MBPN reports they made 32 connections.

In addition to the targeted priorities, Chenango Memorial will continue to work on other healthrelated initiatives which include but are not limited to:

- Control of Hepatitis C
  - Continue community Sharps program
  - Disseminate educational materials provided by the LHD and other agencies.

#### 2015 Progress Report

In addition to continuing our Sharps program and disseminating information, CMH has taken other steps in caring for patients:

- All moms are being tested for Hep C in the Women's Health Center. If positive, they are checked again during postpartum visits. In 2015, 7 cases were documented. Babies are checked at 18 mos. We currently have 2 referrals who are receiving treatment. These patients are receiving treatment with an affiliated gastroenterology service in Binghamton where they have the infrastructure and support to help these patients. Treatment is provided after delivery.
- Our director of emergency services was participating in the LHD's forums focusing on Hep C and drug use in Chenango County. He left the hospital mid-year and his place on the forum was filled by a family nurse practitioner with psychiatric certification who practices in our Sherburne, NY primary care office. She has been added to the governance committee of this group. These forums include representatives from all parts of the community, i.e. law enforcement, court system, healthcare, and have been meeting since 2Q14 to address the growing problem with drug addiction in Chenango County.
- On November 24, 2015, Dr. David Wolf, MD, of Westchester Medical Center, provided a training session entitled "Treatment for Hepatitis C: New Tests, New Drugs, New Recommendations". Several providers attended as well as some nurses from the LHD.
- Patient-Centered Care
  - A closer affiliation with the LHD and other agencies will enhance our clinicians' ability to make referrals to community resources.

#### 2015 Progress Report

- The Chenango County United Way launched "211", a national program which works a bit like "911". Calls to 211 are routed by the local telephone company to the United Way. The caller is asked questions by the center's representative so that the caller is referred to resources that match their needs.
- This initiative has become a focus of Delivery System Reform Incentive Program (DSRIP).

- Palliative Care & Hospice
  - UHS Chenango Memorial will continue its 5-year relationship with Hospice and Palliative Care of Chenango County particularly when it involves a resident in our long-term care facility. Hospice will also speak periodically at meetings of the hospital's employed provider group.

# 2015 Progress Report

- Hospice and palliative care services have continued in our long-term care facility which resulted in 10 referrals in 2015.
- Hospice and palliative care services received 20 referrals from our acute care unit.
- Representatives of the hospital attended Hospice's annual dinner and auction fundraiser. CMH was recognized as a 2014 Hospice Hero by Hospice and Palliative Care of Chenango County.
- The hospital's VP of Quality Management provided 12 members of the Hospice staff training on entering documentation in the hospital's electronic medical record system.
- Hospice and Palliative Care of Chenango County had a speaker present at our employed medical staff meeting on April 28, 2015. They informed providers about the services Hospice offers patients and their families.
- The hospital has representation on the Hospice board which meets bi-monthly in the hospital's Board Room.
- Palliative care is also a project in our Delivery System Reform Incentive Program (DSRIP).

# • Breast Cancer Screenings

• Chenango Memorial and the LHD are active partners in the Chenango Health Network's "Every Woman Counts in Chenango County Campaign" that encourages women to seek screenings regularly and timely. Chenango County has a high incidence of women whose breast cancer is detected at a later stage.

#### 2015 Progress Report

• The above-mentioned program continued in 2014 and will continue for the foreseeable future. In 2015, there were 294 patient referrals to CMH.

# II. Dissemination of the Plan to the Public

- 1. The Community Service Plan is made available to the public through a link on the website <u>http://www.uhs.net</u> in the "About Us" section. The report is downloadable in Adobe Acrobat format (PDF) and information is provided regarding how to obtain a free hard copy. The UHS.net website includes extensive information regarding public health programs on the Stay Healthy page and throughout the site. The patient and visitor information site includes a link to the financial assistance page which includes information regarding:
  - Online Services
  - Online Forms

- Patient Billing
- Financial Assistance
- Glossary of Terms
- FAQ
- Online Bill Pay
- 2. A brief description of the process that will be used to maintain engagement with local partners over the three years of the Community Service Plan, and the process that will be used to track progress and make mid-course corrections.

Chenango Memorial will play the lead role in a work team that will, at a minimum, meet quarterly to track progress and make mid-course corrections. The existing team consists of the following members:

Chenango Memorial Hospital Women's Health Center Site Manager Nurse Manager – Obstetrics Chenango County Department of Health Supervising Public Health Nurse Director of Nursing

## **2015 Progress Report**

- UHS Chenango Memorial Hospital and the LHD began meeting weekly in December 2013 to launch the following:
  - o "Baby and Me Tobacco Free" program administered by the LHD
  - o Revamped childbirth education classes held at the hospital
- The group met monthly in 2014 and 2015 to review the programs including attendance, feedback, additional training needed or other adjustments. These meetings will continue on a quarterly basis in 2016 to allow time to develop initiatives for the next Community Service Plan.
- The Chenango County Board of Supervisors approved funding to continue the "Baby and Me Tobacco Free" program through 2015. The hospital made 17 referrals and hosted a live webinar as refresher training for anyone in the community that wanted to attend.
- A re-vamped, 3-session curriculum for the childbirth education classes was launched March 2014. The hospital and the LHD adjusted the curriculum in 2015 based on feedback from students and observations from instructors.
- Although we saw an uptick in the percent of first-time moms attending these sessions, there is still ample room for growth. Getting moms to participate is an on-going challenge.

The group will expand, as needed, to include key individuals from within the hospital or from community agencies to enhance the activities.

Minutes are recorded of each meeting to keep track of action items and their completion or obstacles encountered.