2014

SYCAMORE MEDICAL CENTER

Community Benefit Plan & Implementation Strategy

Sycamore
Medical Center
KETTERING HEALTH NETWORK

TABLE OF CONTENTS

INTRODUCTION

Sycamore Medical Center is one of seven hospitals in the Kettering Health Network (KHN). Being part of KHN gives the hospital access to the Network's resources such as a vast network of specialist physicians as well as specialized centers and services.

Sycamore Medical Center Service Area

The primary service area for Sycamore Medical Center is defined as Montgomery County located in West Central Ohio. This service area's health care infrastructure is comprised of 15 hospitals of which 10 are short-term acute care hospitals, 39 State licensed nursing homes, 31 State licensed residential care facilities, four hospice centers, four HMOs, 14 State licensed ambulatory surgery facilities, and 12 State licensed dialysis centers, per the Ohio Department of Health. According to the Health Resources and Services Administration, County residents are also served by 6 community health centers and 5 Federally Qualified Health Centers (FQHC).

Community Health Needs Assessment

In 2013, Sycamore Medical Center partnered with member hospitals of the Greater Dayton Area Hospital Association and Wright State University to prepare the Community Health Needs Assessment (CHNA) for the hospital's service area. A community health needs assessment engages community members and partners to collect and analyze health-related data from many sources.

Data Collection

To prepare the CHNA, secondary data from multiple sources was collected to paint a detailed picture of the Sycamore Medical Center Service Area. Secondary data is reprocessing and reusing information that has already been collected such as institutional records from sources such as hospitals and the Ohio Department of Health. The CHNA reported previously gathered survey data from the Montgomery County Behavioral Risk Factor Surveillance System (BRFSS) as presented in the Community Health Assessment prepared by Public Health-Dayton & Montgomery County. Aggregate hospital ICD-9 emergency department and hospital inpatient discharge diagnoses data were obtained from the Ohio Hospital Association via the Greater Dayton Area Hospital Association. Cancer data and vital statistics were obtained from the Ohio Department of Health. Other data were obtained from national sources such as the Health Resources and Services Administration (HRSA), the Bureau of the Census, and the Robert Wood Johnson Foundation; and other State sources such as the Ohio Development Services Agency.

Using the findings from the CHNA, key stakeholders identified and prioritized strategic areas of concern for Sycamore Medical Center's service area that were used to develop the Implementation Strategy. The following report outlines the process for identifying and prioritizing strategic issues and the implementation strategy that will address these issues.

SELECTION OF COMMUNITY HEALTH PRIORITIES

The following lists contain all of the health priorities identified by the Sycamore Medical Center Community Health Needs Assessments (CHNA) ranked according to seriousness.

Top Inpatient Diagnoses

1. Hypertension
2. Non-ischemic heart disease
3. Diabetes
4. Alcohol and drug
5. Heart attack/ischemic heart disease
6. Complications of pregnancy and childbirth
7. Chronic obstructive pulmonary disease

Top ED Diagnoses

1. Unintentional Injury
2. Alcohol and drug
3. Hypertension
4. Abdominal pain
5. Spinal disorders
6. Chest pain
7. Diabetes

Leading Causes of Death

1. Malignant neoplasms
2. Diseases of heart
3. Chronic lower respiratory diseases
4. Accidents
5. Alzheimer's Disease
6. Cerebrovascular disease

In addition to seriousness, the prevalence, trends, and impact of each health concern were taken into consideration when selecting the top health priorities for the Sycamore Medical Center Service area. The criteria used to select the health priorities are:

✓ Proportion of population impacted
✓ Degree to which the issue is worse than the State and/or Nation
✓ Rapid increase/decrease of the issue
✓ Number of hospitalizations/ ED visits
✓ Number of deaths
✓ Impacts other health outcomes
✓ Seriousness of the consequences of not addressing the issue

Once all of these criteria were applied, the top five priorities were selected according to the criteria above and the prevalence of their contributing factors. For example, diabetes was chosen as one priority area because the incidence of diabetes is higher in the County than in the State and Nation, diabetes is the number three inpatient diagnose and is on the rise. The prevalence of factors contributing to diabetes (hypertension, obesity and lack of diabetic screenings) are also of concern in the Medical Center's service area. The other health priorities identified for the Medical Center's service area are breast cancer, heart disease, chronic lower respiratory disease and cerebrovascular disease.

This hospital facility will only address two of the five needs identified through the CHNA, diabetes and breast cancer. Appendix A presents tables containing the health data used to select the top two health priorities. The other three health needs will not be addressed by this facility, as they are being addressed by other organizations in the service area. The following sections contain information about how the unaddressed health needs will be met by other organizations.

UNADDRESSED HEALTH PRIORITIES

Using the criteria above, five health priorities were identified for the service area: heart disease, breast cancer, diabetes, chronic lower respiratory disease and cerebrovascular disease. However, only two of these, diabetes and breast cancer, will be addressed by Sycamore Medical Center. Kettering Medical Center will address Heart Disease in its Implementation Strategy. Chronic Lower Respiratory Disease and Cerebrovascular Disease will be addressed by Public Health-Dayton & Montgomery County (PHDMC) in their Community Health Improvement Plan (CHIP). Please refer to the table below for more information about these programs.

Montgomery County		
Health Priority	**Organization**	**Action Plan**
Heart Disease	Kettering Medical Center	2014-2016 Implementation Strategy addresses heart disease through heart health outreach and education initiatives such as women-focused health events and community cardiac presentations. Also, the Implementation Strategy will address access to cardiac care through patient assistance programs and use of the Fellows Clinic for follow-up appointments.
Chronic Lower Respiratory Disease	Dayton and Montgomery County Public Health	To be addressed in the 2014 CHIP, according to PHDMC Community Health Assessment
Cerebrovascular Disease	Dayton and Montgomery County Public Health	To be addressed in the 2014 CHIP, according to PHDMC Community Health Assessment

HEALTH NEEDS TO BE ADDRESSED

Sycamore Medical Center representatives reviewed the selected health priorities in conjunction with the Medical Center's services and programs, areas of expertise, resources, and existing community assets to determine which priority areas it could best address. Specialists from Kettering Breast Evaluation Center (KBEC) and the Joslin Diabetes Center, along with representatives from the President's Office, the Hospital Foundation Office, the Marketing Office, and the Community Outreach Group came together to determine the health factors that this facility is best positioned to influence during the upcoming planning cycle based on the Medical Center's programs and accessible resources. The priorities include:

✓ Diabetes
✓ Breast Cancer

IMPLEMENTATION STRATEGY

In support of the 2013 Community Health Needs Assessment and ongoing community benefit initiatives, Sycamore Medical Center plans to implement the following strategies to impact and measure community health improvement. As Sycamore Medical Center moves forward with each initiative, community needs will be continually monitored and programming and services will be adjusted accordingly.

PRIORITY: Diabetes

Rationale

From 2005 to 2010, the self-reported incidence of adults newly diagnosed with diabetes in Montgomery County has been on the rise – from 11.2 per 1,000 in 2005 to 13.0 in 2010. At its peak in 2008, the rate of adults with newly diagnosed cases of diabetes was 13.7 per 1,000 residents. Similarly, diabetes prevalence has also been on the rise from 9.6% of the adult population self-reporting they have received a diabetes diagnosis by a medical professional in 2004 to 12.5% in 2010. These rates are similar to the State of Ohio, but persistently higher. In Montgomery County, mortality due to diabetes over this same period peaked in 2006 at 58.4 deaths per 100,000 residents tapering off to 48.4 deaths per 100,000 in 2009, increasing again to 54.4 per 100,000 in 2011. Mortality rates due to diabetes have been consistently higher than the State's rate since 2003. The maps on the following page present those zip codes in orange where hospitalization (based on primary and secondary diagnoses at time of discharge) or mortality due to diabetes is higher than the State's rate. Refer to the tables below for rates. The mortality rate is higher than the State's rate in over half of the County's zip codes, while Emergency Department discharge rates are highest for residents only in the central zip codes of the County.

Adult Diabetes, 2010

	Montgomery County		Ohio
Self-reported Diagnosis	*Number*	*Rate*	*Percent*
New Adult Cases	4,571	13.0/1,000	11.0/1,000
Total Adult Cases	49,857	12.5%	10.8%

Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System.

Adult Diabetes Hospitalizations, 2011

	Montgomery County		Ohio
Discharge Diagnoses	*Number*	*Percent*	*Percent*
Emergency	16,897	4.1%	3.9%
Inpatient	16,277	3.9%	3.8%

Source: Ohio Hospital Association and Greater Dayton Area Hospital Association
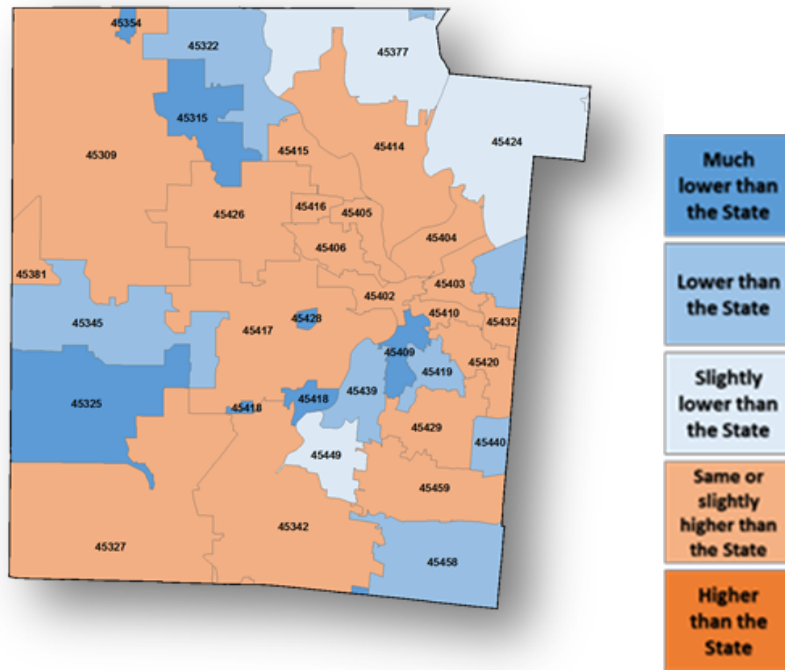
Adult Mortality due to Diabetes, 2011

	Montgomery County		Ohio
Mortality Diabetes		*Rate per 100,000*	*Rate per 100,000*
	Number		
Montgomery County	225	54.4	41.7

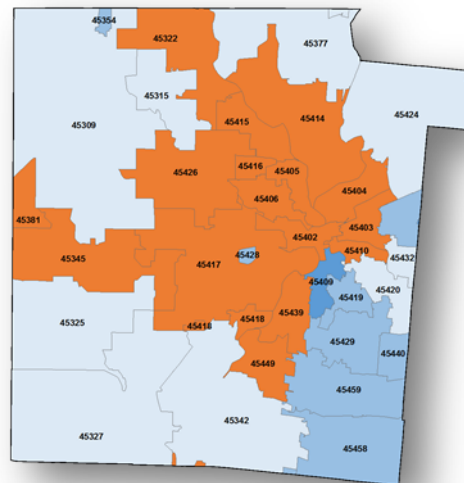Source: Vital Statistics Program, Ohio Department of Health, 2000-2012.

Cause of Death, Diabetes, 2011

Emergency Department Adult Primary & Secondary Diabetes Discharge Diagnosis, 2011
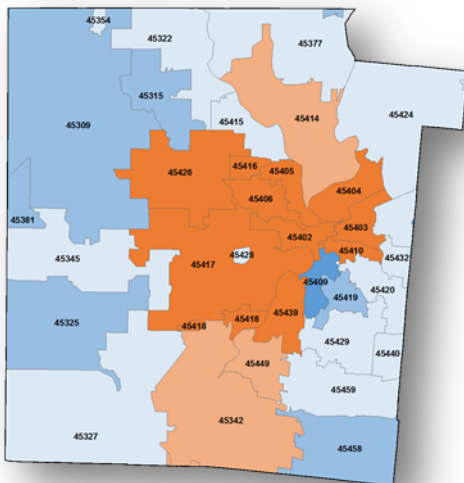
Inpatient Adult Primary & Secondary Diabetes Discharge Diagnosis, 2011

Impact on/by Other Health Issues

According to the CDC, adults with diabetes are 2-4 times more likely to die of a heart attack or stroke. The incidence of diabetes in the County is higher than in the State and Nation, diabetes is the third most common inpatient discharge diagnosis, and inpatient diagnoses are increasing. Also, the high incidence of hypertension, obesity and the lack of diabetic screenings contribute to this health outcome.

> **Objective:** From 2014-2016, increase by 2% annually the number of diabetes screenings provided to adults ages 18+ who attend education and outreach initiatives implemented by a partnership between the Joslin Diabetes Center and Community Outreach.

Strategy One: Increase diabetes outreach and education

Activity: Increase diabetes outreach focusing on diabetes education and self-care training to increase favorable disease outcomes.

1. Partner with Joslin Diabetes Center to offer diabetes education and exercise classes.
2. Develop a weight loss program targeted to diabetes patients referred by their PCP.

Strategy Two: Promote early detection of diabetes

Activity: Increase diabetic screenings.

1. Collaborate with KHN Community Health Outreach Department to market diabetes screenings in the community.

Strategy Three: Standardize diabetic care

Activity: Standardize diabetic care to improve patient care.

1. Provide education to Primary Care Providers (PCPs) about standard diabetic procedures and care. This PCP certification program will involve an endocrinologist training 25-35 PCPs in type 2 diabetes.
2. Promote policies within the hospital that standardize diabetes care.

PRIORITY: Breast Cancer

Rationale

Breast cancer diagnosis in Montgomery County decreased from 245.4 adult female cases in 2005 to 211.3 cases in 2006, but in 2007 the rates began increasing again. In 2011, breast cancer prevalence was 252.9 cases per 100,000 adult females. The mortality rate due to breast cancer and inpatient hospitalizations (based on primary and secondary discharge diagnoses) due to breast cancer have exhibited similar trends over this same period. Breast cancer incidence and mortality due to breast cancer is higher in the County than in the State, while inpatient hospitalization is lower. The maps present those zip codes in orange where adult female breast cancer diagnosis, hospitalization (based on primary and secondary diagnoses at time of discharge), or mortality due to breast cancer is higher than the State's rate. Refer to the tables below for rates. In many of the zip codes where the rate for breast cancer diagnosis for Montgomery County adult female residents is lower than the State's rate, the mortality rate is higher. These trends indicate that the population may not be seeking preventive and treatment services.

Breast Cancer Diagnosis, Adult Females, 2011

	Montgomery County		Ohio
Discharge Diagnosis	*Number*	*Rate/100k*	*Rate/100k*
Breast Cancer	552	252.9	224.5

Source: Ohio Department of Health Ohio Cancer Incidence Surveillance System

Breast Cancer Hospitalization, Primary & Secondary Discharge Diagnosis, Adult Females, 2011

	Montgomery County		Ohio
Discharge Diagnosis	*Number*	*Rate/100k*	*Rate/100k*
Inpatient	304	139.3	147.6

Source: Ohio Hospital Association and Greater Dayton Area Hospital Association

Adult Mortality Due to Breast Cancer, Females, 2011

Mortality Breast Cancer	Montgomery County		Ohio
	Number	*Rate/100k*	*Rate/100k*
Adult Females	101	46.3	40.0

Source: Vital Statistics Program, Ohio Department of Health, 2000-2012.

Cause of Death, Adult Females – Breast Cancer, 2011

Much lower than the State

Lower than the State

Slightly lower than the State

Same or slightly higher than the State

Higher than the State
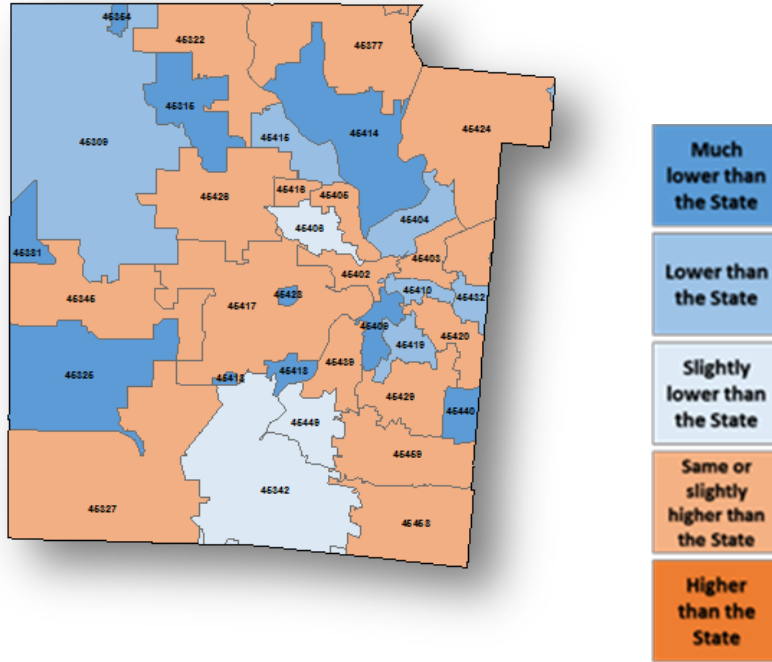
Ohio Cancer Incidence Surveillance System Breast Cancer Diagnosis, Adult Females, 2011

Inpatient Care Primary & Secondary Breast Cancer Diagnosis, Adult Females – 2011
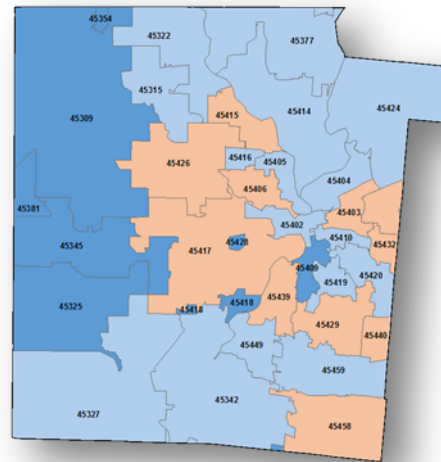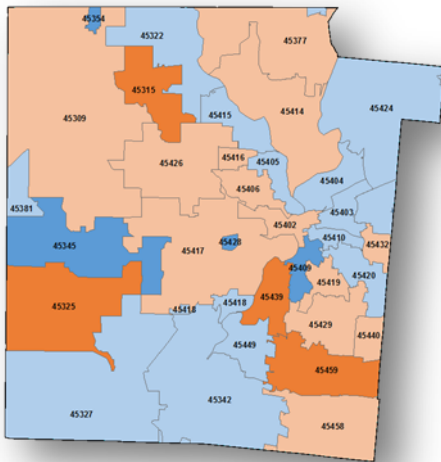
Impact on/by Other Health Issues

The late effects of breast cancer and its treatment include emotional distress and depression, lymphedema, and weight gain among others. Breast cancer is the most prevalent form of cancer in the County, the rate increased from 2006-2011, and cancer is the number one cause of death in the County. Also, the high incidence of obesity and excessive use of alcohol and the lack of mammography screenings contribute to this health outcome.

> Objective: From 2014-2016, increase the number of women ages 40-69 years obtaining a screening mammogram by 2% annually as a result of education and outreach to the community.

Strategy One: Promote breast health education, awareness and preventive screening for all women living within the service area

Activity One: Promote breast health education and awareness to all women.
1. Continually update the KHN website to reflect the most up-to-date breast health information and network services.
2. Continue advertising campaigns to remind women to obtain their annual screenings.
3. Cross-market the Center of Excellence for Breast Health with other women's health services.
4. Promote the Cindy Wilde Vogel Memorial Library located at the Kettering Breast Evaluation Clinics (KBEC) which offers information on women's health.

Activity Two: Increase mammography screenings among the uninsured and underinsured population.
1. Market breast health services via community newsletters.
2. Promote Foundation-funded mammography screenings; the Foundation provides support for diagnostic screenings in hardship cases as is possible.
3. Educate women about their rights under the ACA to receive a free screening mammogram without a physician's referral, if age guidelines are met.

Activity Three: Increase detection of high-risk patients to improve patient outcomes.
1. Develop a High Risk Center to help identify breast cancer earlier.
2. Promote receiving MRIs to those identified as high risk.

Strategy Two: Ensure breast cancer patients are quickly connected with regional treatment and survivorship training

Activity One: Ensure breast cancer patients are quickly connected to proper care

1. Continue Cancer Care, the centralized cancer service call center, to connect cancer patients with the right service/information/expert.
2. Block out appointment times to enable quick service when high-risk patients are identified.
3. Assign patient navigators to connect patients to financial resources that will help them pay for procedures and prescriptions.
4. Assign "breast navigators" and utilize genetic counselors on-site to help identify high-risk patients.
5. Begin nurse navigator care during biopsy phase to connect patients to care immediately.
6. Continue foundation support of continuing education of nurse navigators to assure they sustain certification.

Activity Two: Increase the number of women using Kettering Medical Center's distinguished breast cancer resources

1. Emphasize that there is no need to travel elsewhere to access world-class resources; breast services and specialty treatments, such as HDR Brachytherapy, meeting all national standards, are available via the Kettering Health Network.
2. Market the Dayton Clinical Oncology Program. This program, in cooperation with participatory hospitals, universities and physicians, provides local access to national state-of-the-art cancer clinical trials through the National Cancer Institute; there are currently 100 clinical trials available.

Activity Three: Transition breast cancer patients into breast cancer survivorship

1. Coordinate monthly breast cancer support groups that utilize nurse guided survivorship training through programs such as *Navigating the Breast Cancer Journey,* I Can Cope and Caring & Sharing.
2. Train breast cancer survivor "buddies" as first responders that will help women currently going through treatment to connect with "what worked for them."
3. Promote the *Look Good, Feel Better* event held in KHN and Dayton area facilities; it is sponsored by the ACS and is designed to provide women experiencing cancer treatment with ways to enhance appearance and take care of skin hair and fingernail during treatment.
4. Include registered dieticians and social workers as part of the navigation system that can connect patients to community resources.
5. Promote foundation-provided prosthetic apparel for breast cancer survivors.

Strategy Three: Continue Foundation support of breast health education and community collaboration

Activity One: Continue Foundation support of breast cancer education and treatment such as:

1. Foundation support of The *Walk for Women's Wellness*
2. Foundation funding of staff education, network wide medical equipment, and radiology/oncology initiatives
3. Foundation support of KBEC initiatives toward meeting national standards
4. The annual Tatar Family Foundation's Cancer Symposium which provides physicians, nurses, technicians, therapists, etc., in the Dayton Area with the opportunity to learn about the most cutting-edge advances in cancer treatment
5. Continued collaboration with community organizations such as *ACS Making Strides* and *Pink Ribbon Girls* based out of Dayton (sponsored by KHN; provides transportation services for women diagnosed with breast cancer, delivers meals to patients' homes that are tailored to their dietary needs)

APPENDIX A: SYCAMORE MEDICAL CENTER HEALTH PRIORITIES

Diabetes

Contributing Factors	Proportion of population impacted	Comparison to the State and Nation	Trend	Number of hospitalizations/ ED visits	Number of Deaths	Impacts other health outcomes
Diabetes	12.0%	Higher than State (10.1%) and Nation (8.7%)	Inpatient diagnoses increasing	#3 inpatient discharge diagnoses	54.4 per 100,000 population	Adults are 2-4x more likely to die of heart disease or experience a stroke
Hypertension	35.5%	Higher than the state (31.7%) and the nation (28.7%)	Inpatient diagnoses increased 27.8% 2004-2012 and 9% 2010-2012	Leading inpatient discharge diagnosis; #3 ED diagnosis		Heart attack, stroke, and diabetes among others
Obesity & Overweight	68.0%	Higher than the State (65.7%) and the Nation (64.5%)	Increased from 2004-2009, but decreased in 2010			CHD, HTN, stroke, type 2 diabetes, abnormal cholesterol, metabolic syndrome, cancer, osteoarthritis, & more
Diabetes Screening	82.0%	Below the State (83%) and the national benchmark (90%)				

Breast Cancer

Contributing Factors	Proportion of population impacted	Comparison to the State and Nation	Trend	Number of hospitalizations/ ED visits	Number of Deaths	Impacts other health outcomes
Breast Cancer	252.9 per 100,000 population		Increasing since 2007		Cancer is the #1 cause of death in the County	Late effects of breast cancer and its treatment include emotional distress and depression, lymphedema, and weight gain among others
Obesity & Overw	68.0%	Higher than the State (65.7%) and the Nation (64.5%)	Increased from 2004-2009, but decreased in 2010			CHD, HTN, stroke, type 2 diabetes, abnormal cholesterol, metabolic syndrome, cancer, osteoarthritis, & more
Excessive use of Alcohol	14.0%	Two times higher than the national benchmark (7%)	Drug and alcohol related ED discharge diagnoses almost doubled 2004-2012	Alcohol and drug related diagnoses are #2 ED discharge diagnoses		Cardiovascular disease, cirrhosis, breast cancer, gout, HTN, dementia, depression, seizures, and pancreatitus
Mammography Screenings	62.0%	Below the State (63%) and the national benchmark (73%)				

APPENDIX B: IMPLEMENTATION STRATEGY SYNTHESIS

Diabetes

Objective: From 2014-2016, increase by 2% annually the number of diabetes screenings provided to adults ages 18+ who attend education and outreach initiatives implemented by a partnership between the Joslin Diabetes Center and Community Outreach.

Background	Strategies and Activities

- According to the CDC, adults with diabetes are 2-4 times more likely to die of heart disease or experience a stroke. - Individuals with undiagnosed type 2 diabetes are at significantly higher risk. - The risk of developing type 2 diabetes increases with age, obesity, and lack of physical activity, and is more common in individuals with a family history and in members of certain racial/ethnic groups. - The incidence of diabetes in the County is higher than in the State and Nation. - Diabetes is the third most common inpatient discharge diagnosis, and inpatient diagnoses are increasing. - The high incidence of hypertension, obesity and the lack of diabetic screenings contribute to this health outcome.	1. Increase diabetes outreach and education
	   a. Increase diabetes outreach focusing on diabetes education and self-care training to increase favorable disease outcomes - Partner with Joslin Diabetes Center to offer diabetes education and exercise classes - Develop a weight loss program targeted to diabetes patients referred by their PCP 2. Promote early detection of diabetes
	   a. Increase diabetic screenings - Collaborate with KHN Community Health Outreach Department to market diabetes screenings in the community. 3. Standardize diabetic care
	   a. Standardize diabetic care to improve patient care - Provide education to PCPs about standard diabetic procedures and care. This PCP certification program will involve an endocrinologist training 25-35 PCPs in type 2 diabetes - Promote policies within the hospital that standardize diabetes care.

Breast Cancer

Objective: From 2014-2016, increase the number of women ages 40-69 years obtaining a screening mammogram by 2% annually as a result of education and outreach to the community.

Background	Strategies and Activities

• The late effects of breast cancer and its treatment include emotional distress and depression, lymphedema, and weight gain among others
 	
• Breast cancer is the most prevalent form of cancer in the County, the rate increased from 2006-2011
 	
• Cancer is the number one cause of death in the County
 	
• The contributing factors of breast cancer, obesity, excessive use of alcohol and lack of mammography screenings are worse in the service area than in the State and the national benchmark
	1. Promote breast health education, awareness and preventive screening
	  a. Promote breast health education and awareness to all women
	    • Continually update the KHN website, continue advertising campaigns and cross-market Kettering Breast Evaluation Clinics (KBEC)
	    • Promote the Cindy Wilde Vogel Memorial Library
	  b. Increase mammography screenings
	    • Market breast health services via community newsletters, promote Foundation-funded mammography screenings, educate women about ACA coverage of screening mammograms
	  c. Increase detection of high-risk patients to improve patient outcomes
	    • Develop a High Risk Center to help identify breast cancer earlier
	    • Promote receiving MRIs to those identified as high risk
	2. Ensure breast cancer patients are connected with regional treatment and survivorship training
	  a. Ensure breast cancer patients are quickly connected to proper care by:
	    • Continuing Cancer Care, blocking out appointment times, assigning early patient navigators, utilizing genetic counselors, beginning nurse navigator care during biopsy phase and supporting continuing education of nurse navigators
	  b. Increase the number of women using Kettering Medical Center's resources
	    • Emphasize that there is no need to travel elsewhere and market the Dayton Clinical Oncology Program
	  c. Transition breast cancer patients into breast cancer survivorship
	    • Coordinate monthly breast cancer support groups, market the foundation-provided prosthetic apparel, and promote the Look Good, Feel Better event
	    • Include cancer survivor "buddies," registered dieticians and social workers in the patient navigator program
	3. Continue Foundation support of:
	    • The Walk for Women's Wellness, staff education, medical equipment, and radiology/oncology initiatives, KBEC initiatives, Cancer Care collaborative, Tatar Family Foundation's Cancer Symposium, collaboration with community organizations