

Presbyterian Healthcare Services
Community Health Implementation Plan (CHIP)
***Presbyterian Española Hospital - Rio Arriba
County***
August 2013

Eat well. Be active.
Avoid unhealthy substances.



 **PRESBYTERIAN**
Community Health

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Executive Summary

Presbyterian Española Hospital (PEH) is an 80-bed general, acute care hospital located in Española, New Mexico. It is located in Rio Arriba County, approximately 90 miles north of Albuquerque. Española Hospital is fully accredited by the Joint Commission on Accreditation of Hospitals.

Since it first opened in 1948, Presbyterian Española Hospital's goal has been to provide quality care in the top 10 percent in the nation. Over the years, PEH has expanded to meet the growing needs of the Española valley, Rio Arriba County, and northern New Mexico. It has added many new services to provide state of the art treatment to its clients.

Presbyterian operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro, and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 9,500 employees and provides services to one in three New Mexicans.

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified significant health needs and subsequently prioritized them. The process first involved review of the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs. These significant health needs were then narrowed to three prioritized health needs. Input was solicited from Board members who are representative of the communities, patients, members, physicians and stakeholders served. A community forum was held in Rio Arriba County to gain insight into the barriers, opportunities and potential strategies for achieving the stated priorities.

This Community Health Implementation Plan (CHIP) was developed to address the prioritized significant health needs identified in the CHNA process. The prioritized significant health needs are **nutrition, physical activity, tobacco use and substance abuse**. PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**. The CHIP describes briefly how PHS is addressing the other significant health needs. However, the plan focuses on the significant health needs that were prioritized by the communities through the CHNA process. The plan identifies multiple interventions to impact the prioritized health needs.

To increase access to and consumption of healthy foods, PEH is supporting the local Health Council, purchasing healthy food for its cafeteria and patients, supporting mothers and babies with the best nutrition options, donating food to the homeless shelter, and volunteering at the local food coop.

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To increase levels of physical activity, PEH is opening the hospital exercise facility to community members, distributing walking maps, and participating in upgrading homes so that people with physical limitations can lead active lives.

To prevent unhealthy substance use, PEH is supporting the local 4-H with tobacco cessation activities, using best practice for prescribing controlled substances, participating in the prescription drug disposal program, providing replacement therapy to prevent opioid abuse, and participating in local and statewide policy development to prevent substance abuse. PEH will also provide substance abuse prevention continuing education for providers.

Presbyterian Española Hospital Community Health Implementation Plan

Overview

Presbyterian Healthcare Services exists to improve the health of the patients, members and communities it serves. Presbyterian was founded in New Mexico in 1908, and is the state's only private, not-for-profit healthcare system as well as its largest provider of care.

The Presbyterian system operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 9,500 employees and provides services to one in three New Mexicans.

Presbyterian Española Hospital offers general acute inpatient care, surgical services, and emergency care. A variety of other services are available including but not limited to: family medicine, internal medicine, pediatrics, a same day care clinic, obstetrics and gynecology, general surgery, orthopedic care, podiatry, pulmonary medicine, sleep disorders medicine, urology, nutritional counseling, a diabetes resource center, physical therapy, first time parent home visiting, home care and radiology. The surrounding community offers limited primary care, behavioral health, substance abuse, and domestic violence programs. Services are often limited and suffer from a lack of trained personnel and funding.

Community Description

For the purposes of the Community Health Needs Assessment and the implementation plan, PHS has generally defined the "community" of each hospital as the county in which the hospital is located. Presbyterian Española Hospital is located in Rio Arriba County and thus defines its community as Rio Arriba County, New Mexico.

Rio Arriba County has a population of approximately 40,318. The racial/ethnic breakdown is: Hispanic (71.0 percent), American Indian and Alaska Native (17.9%), non-Hispanic whites (13.6 percent), and Black (0.9 percent). Due to this large ethnic diversity, 62.7 percent of the households speak a language other than English in the home. For 2007-2011, the median household income was \$40,232 and 19.2 percent of the population lived below the federal poverty line. Española is the major city in Rio Arriba County, with a population of approximately 10,240¹. The most common industries in Española are construction, professional, scientific and

¹ U.S. Census Bureau Quick Facts 2012, Rio Arriba County, New Mexico
<http://quickfacts.census.gov/qfd/states/35/35039.html>

technical services, and retail trade. Rio Arriba County is also home to the Jicarilla Apache Pueblo, the Ohkay Owingeh Pueblo and the Santa Clara Pueblo.

Health Resources

Presbyterian is committed to aligning goals and interventions with state and local organizations that are connected to community and which have already developed plans and priorities to address healthy eating, active living and prevention of unhealthy substance use. Some PEH partners include the New Mexico Department of Health, El Centro Community Health, Rio Arriba Health Council, St. Martins de Porres Homeless Shelter, New Mexico Board of Pharmacy, Governor's Overdose Task Force, Española Task Force to Reduce Drug Abuse, Self Help for Northern New Mexico, Habitat for Humanity and the business community.

Community Health Needs Assessment Background

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified twelve significant health needs and subsequently prioritized three of them. This Community Health Implementation Plan was developed to address the prioritized significant health needs identified in the CHNA process.

Presbyterian began by looking at the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs.

These 12 significant health needs are outlined below. In keeping with the Healthy People 2020 format, they are divided into three categories: overarching health issues, health-related behaviors and health outcomes.

Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

Health Related Behaviors

3. Immunization
4. Injury and Violence Prevention
5. Nutrition, Weight Status, and Physical Activity
6. Tobacco Use and Substance Abuse

Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease
11. Maternal, Infant, and Child Health
12. Mental Health and Mental Disorders

The priority-setting process used a best practice learned from Community Health Improvement Partners in San Diego, which was formed in 1995 to meet the California law that requires private, non-profit hospitals to conduct a triennial community needs assessment.

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As part of the Presbyterian Community Health Needs Assessment process, input was solicited from PHS Board members. Presbyterian Health Plan is governed by a separate Board of Directors. Each regional hospital is governed by a Community Board of Trustees. Board members are representative of the communities, patients, members, physicians and stakeholders served. They are active community members and do not receive compensation for their service on the boards. Each board includes physicians and physician leaders who have special knowledge of the health needs of their respective communities.

Each board member was asked to determine areas of focus using the following criteria:

- Size of the issue
- Seriousness of the issue
- Importance to Presbyterian
- Alignment with the Presbyterian purpose, vision, values, strategy, goals, and services provided
- Presbyterian's ability to have an impact
- Availability of community resources

Additionally, the health priorities of the State of New Mexico and each County Health Council were reviewed for alignment.

Based on input and the potential to impact significant health issues in New Mexico, Presbyterian selected ***nutrition, physical activity and tobacco use*** as its community health priority areas.

Based on feedback from community partners, the "tobacco use" priority subsequently was expanded to ***tobacco use and substance abuse***.

PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**

As part of the Community Health Needs Assessment, community health forums were held to gain insight into the specific barriers, opportunities and potential strategies for achieving the stated priorities in each community. As outlined in the IRS requirements, forum participants included:

- People with special knowledge of or expertise in public health
- Federal, tribal, regional, state or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives or members of medically underserved, low-income and minority populations, and populations with chronic disease needs, in the community served by the hospital

- Business and economic development professionals and non-profit leaders

More information on the CHNA process can be found at www.phs.org.

Plan Development

The following *principles* were identified to guide the development of the interventions incorporated in the Implementation Plan:

- Data will be used to drive identification of interventions
- Interventions will be based on professional theories and will be consistent with professional and/or best known evidence or practices
- The purpose of the interventions will be clearly stated and easy to understand
- Interventions will be simple and will piggyback on existing interventions
- Interventions will be practical and realistic
- Interventions will be sustainable
- Interventions will be engaging to the target population
- Interventions will be age-appropriate and culturally relevant
- Interventions will promote equity and will not reinforce disparities in health outcomes
- The plan will be integrated with existing hospital and PHS plans
- PHS will collaborate with existing agencies to strengthen adopted strategies
- Interventions will be evaluated and monitored

Additionally, PHS used the following guidelines from the 2012 IRS Schedule H Instructions (pp. 15-17), which specify that a community health intervention must:

- Be carried out or supported for the purpose of improving community health or safety
- Be subsidized by the organization
- Not generate an inpatient or outpatient bill
- Not be provided primarily for marketing services
- Not be more beneficial to the organization than to the community (e.g. not designed primarily to increase referrals of patients with third-party coverage)
- Not be required for licensure or accreditation
- Not be restricted to individuals affiliated with the organization (employees and physicians)
- Meet at least one community benefit objective, including improving access to health services, enhancing public health, advancing generalizable knowledge, and relieving government burden
- Respond to demonstrated community need

Plan for Prioritized Significant Health Needs

PEH will be implementing activities specific to Rio Arriba County and related to the identified health needs of healthy eating, active living and prevention of unhealthy substance use.

Goal 1

Increase access to and consumption of healthy foods in Rio Arriba County

Interventions

- Support the Rio Arriba Health Council in developing a mobile grocery store (staff time)
- Support education on cooking and nutrition as well as the relationship between food and health through participation in the Health Council (staff time)
- Support the purchase of local, healthy food for the hospital (staff time and food budget)
- Support the proper nutrition of pregnant mothers and babies through the First Born home visiting program (\$136,000)
- Hold community baby showers where healthy eating and active living is encouraged (staff time and facility resources)
- Donate food to and volunteer at the homeless shelter to decrease food insecurity (staff time and food)
- Offer PHS-developed nutrition webinars to all hospitals and partner providers in the community, free of charge (staff time)
- Implement Baby Friendly practices as resources allow with support from Presbyterian Hospital in Albuquerque (staff time)

Anticipated Impact

- Increased consumption of healthy foods in Rio Arriba County
- Increased opportunities to consume healthy foods in Rio Arriba County
- Increased knowledge about and support for healthy eating for mothers and babies in Rio Arriba County

Indicators of Success

- Produce purchased locally
- Participation in Health Council
- Hours volunteered at Food Coop
- Number of mothers and babies served through First Born
- Number of hours donated at food shelter

Goal 2

Increase physical activity among Rio Arriba County residents

Interventions

- Hold health fair that encourages physical activity (staff, facility, and printing costs)

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- Allow and incentivize community members to utilize the Española Hospital exercise facility (facility costs and staff time)
- Support Habitat for Humanity in upgrading the homes of home health patients, so that they can live more active lives (staff time)

Anticipated Impact

- Increased number of community members using the PEH workout facility from 2013-2016
- Increased number of opportunities for Rio Arriba residents to be physically active

Indicators of Success

- Number of non-Presbyterian employees utilizing the PEH workout facilities
- Number of non-insured patients receiving PT and/or using the PEH exercise facility
- Participation at health fair
- Number of homes upgraded with volunteer support of PEH employees

Goal 3

Prevent unhealthy substance use among Rio Arriba County residents

Interventions

- Partner with the local 4-H to provide tobacco prevention for youth (staff time)
- Utilize medication replacement therapy (suboxone) to prevent opioid abuse (staff time)
- Support the prescription drug disposal program (staff time and facility use)
- Participate in Rio Arriba County Northern New Mexico Implementation Team for reduction of overdose deaths (staff time)
- Utilize “Integrated Chronic Care Management” concepts into Home Health delivery of care to chronic care patients (staff time)
- Utilize best practice for narcotic prescription with review of the Prescription Monitoring Program (PMP) (staff time)
- Encourage all PHS providers to take the New Mexico Department of Health Continuing Education on a brief intervention for tobacco cessation (staff time)
- Provide CE opportunities related to behavioral health to providers (staff time)

Anticipated Impact

- Decreased unhealthy use of prescription medications in Rio Arriba County
- Decreased deaths from overdose on opioids in Rio Arriba County

Indicators of Success

- Number of tobacco prevention activities completed
- Utilization of replacement therapy in Rio Arriba County
- Meetings attended or facilitated which relate to substance abuse prevention
- Use of Integrated Chronic Care Management
- Number of providers utilizing CE opportunities

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- Providers using best practices to support patients with quitting smoking and with other behavioral health goals
- Support of community-based efforts to prevent unhealthy substance use in New Mexico communities

Goal 4

Support the self-management of chronic diseases (diabetes, arthritis, COPD, etc.) in Rio Arriba County

Intervention

- Partner with the Department of Health Chronic Disease Prevention Bureau to offer the My Chronic Disease program to Rio Arriba residents (~\$60,000 and staff time)
 - Develop a 3-year plan for the expansion of the My Chronic Disease (My CD) program

Anticipated Impact

- Provision of tools to Rio Arriba County residents to effectively manage their chronic diseases and prevent further complications

Indicators of Success

- Number of people completing the My CD program
- Number of Presbyterian staff trained to be leaders of the My CD program

Alignment with PHS Strategic Plan

Presbyterian has incorporated community health strategies into its long-term strategic plan. The plan reflects community health in the following ways:

- Excellence in Clinical Quality and Patient Experience. Strengthen the enterprise-wide approach to improving the quality and safety of care as well as the patient experience. Focus on embedding an improved experience into the care design, reducing harm, eliminating unexpected mortalities, deploying the use of evidence through the electronic health record (EHR), and implementing community health priorities.
- Regional Delivery System will continue to improve the patient experience with special emphasis on community health activities.
- As part of the integration of the EHR, the regional hospitals will use data from other sites and clinics to develop future community health initiatives.
- The regional sites will also use the results of the community health assessments to foster the expansion/improvement of services identified in the needs assessment.

In addition, the priorities of healthy eating, active living, and prevention of unhealthy substance use are reflected in the PHS Strategic Plan in the following ways:

- Wellness of employees as a focus throughout the plan
- Implementation of a comprehensive chronic pain and addiction program

Community Health Needs not Addressed in this Plan

Presbyterian Healthcare Services decided to focus its community health priorities and related work on three prioritized significant health needs. Consistent with the PHS purpose to improve the health of the patients, members and communities it serves, Presbyterian remains committed to providing preventive, acute, episodic and chronic care to address the priority health conditions in each community with input from communities, key stakeholders and governance.

What follows is a description of how PHS is addressing the non-prioritized significant health needs identified in the CHNA, even though they were not incorporated into the CHIP.

Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

Presbyterian spends significant resources on **health communications** and **health information technology** as part of innovation and best practice. For example, through a new Discharge Call Center, patients leaving inpatient or emergency services are contacted within 72 hours to assist them and their families with a safe transition to home, provide education as needed, reinforce discharge instructions, and seek opportunities for improvement.

Presbyterian utilizes trained staff, as well as video and phone interpretation services to meet the needs of its patients and communities. These interpretation services can be accessed anywhere in PHS hospitals or clinics.

An electronic health record has been implemented in all Presbyterian ambulatory clinics and will be installed and operational in all eight hospitals by May 2014. In addition, Presbyterian is a founding participant in New Mexico's Health Information Exchange.

As a not-for-profit health system, Presbyterian has an obligation to provide a community benefit and address the overarching health issue of **access to health services**. In 2012 it provided approximately \$27.6 million at cost in free medical care and \$19.7 million at cost in uncompensated care. PHS also donated \$65,000 to Albuquerque Healthcare for the Homeless.

Health Related Behaviors

3. Immunization
4. Injury and Violence Prevention
5. Nutrition, Weight Status, and Physical Activity
6. Tobacco Use and Substance Abuse

PHS partners with communities to address immunization rates and annually contributes approximately \$50,000, as well as staff time, to influenza **immunizations**.

Injury and violence prevention are addressed in several ways:

- Car seats are provided for a \$20 donation to families in need
- The First Born home visiting program is implemented in Socorro and Rio Arriba counties and is focused on safety for pregnant women, infants and children through age 3
- "Precious Beginnings" case management is a program for high-risk mothers that focuses on safety during pregnancy
- Domestic violence screening, suicide assessment and depression screening are incorporated into all ambulatory patient visits, and referral sources are provided when indicated
- All inpatients are screened for risk of fall, and preventive steps are taken

- In ambulatory settings, at-risk adults and geriatric patients are screened for risk of falling, and preventive measures are taken
- In home care settings, risk of home injury and falling is completed with all patients, and preventive measures are taken

Out of these significant health issues, PHS has identified **nutrition, physical activity, tobacco use and substance abuse** as system-wide priorities. These are high-yield priorities that address the root causes of many, if not all, of the health outcomes listed below. Interventions focused on these priorities are reflected in the plan.

Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease
11. Maternal, Infant and Child Health
12. Mental Health and Mental Disorders

The focus on health outcomes such as **cancer, diabetes, heart disease and stroke, and respiratory disease** are addressed comprehensively in our communities utilizing best practice and evidence based prevention tools through the Presbyterian Medical Group, mobile screening, and treatment.

Presbyterian has several community-based home visiting programs that facilitate **maternal, infant and child health** and focus on outreach to at-risk, uninsured populations.

The behavioral health system in New Mexico is under great stress due to high need and lack of funding for services. PHS has been a provider for Medicaid Salud patients since the inception of the Managed Care program. Starting in 2014, Presbyterian will be implementing Centennial Care, which is the redesign of the Medicaid, long-term care and behavioral health system in New Mexico. This will be a unique opportunity to re-integrate **mental health and mental disorder** prevention and treatment into the primary care system. With The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), coverage of and access to mental health and substance abuse treatment will also be increased. Because of these two major legislative changes, PHS is planning for and implementing best practices in support of mental health and mental disorders.

In addition, PHS hospitals, emergency departments and clinics have provided behavioral health services for patients, including:

- Emergency mental health evaluation and stabilization

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- Access to behavioral health consultation via video teleconference (since 2011)
- Outpatient clinic services in Albuquerque locations for adults and children
- Behavioral health therapists as part of the core team in 10 patient-centered medical homes since 2010/2011 as an investment to improve access to community-based behavioral health
- Mental health hospital services for adults, children and adolescents in Albuquerque
- Staffing and support for a pharmacy sample clinic that provides free samples of needed medication for patients who cannot afford medications

Plan Adoption and How to Get Involved

This Community Health Implementation Plan was approved by the PEH Board in July 2013 and by the PHS Board Quality Committee in August 2013.

PEH will continue to implement the CHIP throughout 2013-2016 with regular updates that will be posted on phs.org. If you would like to contact PEH directly or participate in the process, please call (505) 753-7111.