

From Your Friends at Indiana Regional Medical Center

HouseCall

ANNUAL REPORT 2011



HEALTH



COMMUNITY HEALTH

A #1 PRIORITY FOR US ALL

For nearly 100 years, Indiana County residents have looked to Indiana Regional Medical Center (IRMC) to meet their personal and family health care needs. During this time, IRMC has expanded its portfolio of clinical services and added new members to the medical staff, as well as increased the number of sites to access care. Despite this growth in the range and extent of services, IRMC has long realized that the full measure of accountability to the communities we serve is to improve and maintain their health.

For the past year, IRMC has been reviewing information and data about the health of our county. Information was collected from the Behavioral Risk Factor Surveillance System Survey, County Health Profile, County Health Rankings, community members, medical staff and hospital leadership. Overall, the health of Indiana County residents is better or equal to those in the surrounding counties. The top seven priorities that IRMC will be focusing on in the next three years are outlined in this edition of HouseCall. Our intention is to give IRMC, our medical staff and our communities a baseline of vital county health indicators that will serve to evaluate current activities and programs, while also charting future community health initiatives.

Health is—and must be—an issue of concern and action for all of us. We hope the information in this report stimulates conversation and action for all to work to improve the health of our county.

Best Wishes and God Bless,

A handwritten signature in black ink that reads "Stephen A. Wolfe".

Stephen A. Wolfe,
President & CEO

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Institute for 4 Healthy Living



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CREATING Opportunity

Linda Cribbs is a recently retired teacher, but has been an active runner and supporter of the Komen Foundation for many years. In 2007, she realized that she was now running for herself.

"If life's gonna kick you, let it kick you forward," grinned Linda, who recently passed the four-year mark as cancer free.

Linda was informed on Thanksgiving day in 2007 that she had breast cancer by Dr. Mark Henck after a routine mammogram. She then had surgery, and opted for the mammosite treatment at the Herbert L. Hanna, MD, Center for Oncology Care. Mammosite is an innovative procedure which reduces the number of visits from 35 days of treatment to five.

The mammosite procedure involves inserting a balloon into the breast with leads that protrude from the breast. The radiation is then fed through the leads to provide precise treatment for the patient. With only two treatments a day for five days, mammosite RTS offers you more time to spend with your loved ones, and less time receiving treatment.

"After Dr. Tunio presented it, this new procedure seemed like the right thing for me," said Linda. "I had faith in my doctors and Sue Majoris deserves a lot of credit for coordinating everything."

Through the support of family, friends, and coworkers,



Left to Right: Linda Cribbs poses for a picture with her husband, Logan, during a recent trip to Disney World in Florida.

Linda has been able to remain active. Her positive outlook on life has also been instrumental.

"The statistics are frightening, which is another reason that women should get checked regularly," advises Linda. Like the Nike advertisements, Linda says, "You just have to do it."

*If you'd like to learn more about the mammosite procedure, please call the Herbert L. Hanna, MD, Center for Oncology Care:
724-465-8900*

NOTHING IS IMPOSSIBLE



During the year 2011, the Valley Ambulatory Center in Seward performed 1,427 mammograms. Every woman that underwent a mammogram was eligible to win the "Nothing is Impossible Necklace" purchased by Dr. Eckels himself. The necklace is the result of a collaborative effort between Brighton and Nemacolin Woodlands Resort. It was originally designed to resemble the spirit of Nemacolin Woodlands Resort, but is now being used to represent the hope for a Breast Cancer cure and to support the millions fighting the disease. Dr. Eckels used the necklace as an incentive to promote breast cancer awareness and prevention. Stephen Wolfe, president and CEO of Indiana Regional Medical Center, drew the winning name in a random drawing. Mary Jane James, Bolivar, is the 2011 recipient of the necklace.

Left to Right: Misty Huber, X-ray Technician; Mary Jane James, Nothing is Impossible Necklace Recipient; Dr. Dennis L. Eckels, D.O.; and Dr. Jessica L. Masser, D.O.

UNDERSTANDING THE HCAHPS Survey

If you have had an inpatient experience at Indiana Regional Medical Center you may receive an HCAHPS survey. The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey is the first national, standardized, publicly reported survey of patient's perspectives of hospital care. For many years IRMC has utilized a survey tool to better understand our patients' experiences and to develop improvements to patient care. The HCAHPS survey takes that work to a different level establishing a national standard for collecting and publicly reporting information about patients' experience of care while hospitalized.

The HCAHPS survey was developed by CMS (the Centers for Medicare and Medicaid Services). CMS's goal was to create a survey that would produce data that would be meaningful to consumers of hospital care. The results are publicly reported on the Hospital Compare website. The results help hospitals see where they stand, with the opportunity to compare their survey results with similar institutions. This comparison helps guide improvement efforts.

In 2011, results from the HCAHPS surveys began to affect Medicare payments to hospitals. This pay-for-performance system is part of the inpatient hospital Value-Based Purchasing program developed by the Federal government with the intention being to drive continuous improvement in hospitals across the country.

The HCAHPS survey asks discharged patients 27 questions about their recent hospital stay. The questions fall into six categories, including: how well doctors and nurses communicate with patients, how responsive hospital staff are to patients' needs, how well hospital staff help patients to manage their pain, how well the staff communicates with patients about medications and if key information is provided at discharge. In addition, the survey asks patients about the cleanliness and quietness of their rooms. Two global questions are also asked and reported: the patient's overall rating of the hospital on a scale of 1-10 and whether you would definitely recommend IRMC to family and friends.

IRMC caregivers and leaders strive to meet our patients' needs and exceed expectations by providing an exceptional experience when you are at IRMC. Our goal is to



have our patients consistently score us a 10 and to be able to highly recommend IRMC to their loved ones.

IRMC has initiated two key practices to help improve your hospital experience, Hourly Service Rounding and Bedside Reporting. Your caregivers are committed to "Rounding" every hour during the day and evening to assure all of your needs are met. During the Hourly Service Round the staff checks to see that you are comfortable and have everything you need in your reach, check on your pain levels and plan your pain control, and before exiting they ask if there is anything else that you need. When it is time for your nursing staff to change shifts they enter your room together for a bedside report. This introduces you to the new caregivers and ensures that communication regarding your condition and plan of care is thoroughly passed on to the next team of nurses. The bedside reporting practice helps us to make certain patients/families are informed and involved in the plan of care for the patient. Both Service Rounding and Bedside Reporting are nationally recognized as best practices for patient safety and creating a positive hospitalization.

We want to understand your experiences and welcome the feedback the HCAHPS survey results provide us with. We are planning to conduct focus groups in the community in 2012 to help us better understand your responses to the surveys. IRMC is working hard to be the best community hospital and YOUR CHOICE for your healthcare provider.

2011 Community Health Needs Assessment & Report

Introduction

In the mid-nineties, hospitals and healthcare facilities began to shift their attention from just sick or hospital-based care to include addressing community health and disease prevention. As a first step in that direction, IRMC formed a community service department whose purpose was to deliver education and preventative screenings to the community-at-large. In 2005, realizing that almost every department in the hospital had opportunities to promote health and wellness, IRMC created the Institute for Healthy Living, a virtual organization coordinating all aspects of community outreach and health improvement.

Improving and sustaining community health, however, is a collaborative endeavor that integrates as many key stakeholders as possible. In that regard, IRMC spearheaded the formation of the Indiana County Community Health Advisory Council (CHAC), an enterprise representing members from various community agencies, organizations and schools whose purpose it is to identify health needs in our county and to find ways to meet them. The CHAC has been active since 1996 and IRMC serves as its base and chairmanship.

The IRMC / Institute for Healthy Living 2011 Community Health Needs Assessment and Report is the product of an 18-month process that sought community input, medical staff input, involved key interest groups such as the CHAC, and selected primary and secondary sources of survey input to identify target areas for improvement with specific action plans.

Using the three survey inputs of the PA Behavioral Risk Factor Surveillance Survey (BRFSS), the Robert Wood Johnson County Health Rankings, and the PA Department of Health annual county health profiles, IRMC was able to identify and set priorities among 19 areas for community health improvement that differed significantly from state or national benchmarks. We then targeted seven of those need areas for specific intervention and action.

Community

Following review of the three data sources, a total of 19 community needs or health issues were identified. After research into each of the priorities, they were reviewed and ranked by the medical center's senior management team.

The criteria used for this ranking was:

- Priority varies significantly from State, National and Healthy People 2020 goals
- Resources are available within the medical center or community to address the priority
- Actions or interventions would likely succeed in improvement
- Actions or interventions would be aligned with the mission of the medical center

Each member of the team independently ranked the 19 priorities. Following tallying of these results, the priorities were designated as high, medium or low priority. As a group this classification was reviewed to assure agreement. The previous chart at the right shows the ranking results.

Each of the identified high priority health concerns was researched to identify any additional pertinent information, existing programs and services to address this item and best practice intervention strategies.

The remainder of this report will focus on the top priority health issues for Indiana County.



Health Concerns	Priority		
	High	Moderate	Low
ACCESS TO CARE			
Primary Care Physician (number per 100,000 population)	●		
Lack of health insurance			●
CHRONIC DISEASE			
Preventable Hospitalizations	●		
Bladder cancer incidence		●	
Cancer incidence in Men		●	
Cancer incidence in Women		●	
Death rate from Diabetes		●	
Number of people reporting having > 7 nights bad sleep		●	
Number of people reporting not having cholesterol screening	●		
MATERNAL HEALTH			
Percent of women not receiving care during 1 st trimester	●		
INFECTIOUS DISEASE			
Food & water borne illness			●
Influenza & Pneumonia Deaths	●		
PHYSICAL ACTIVITY & NUTRITION			
Overweight/obesity rates	●		
Access to healthy foods			●
Access to recreational facilities			●
MENTAL HEALTH & SUBSTANCE ABUSE			
Tobacco use		●	
Mental health			●
Excessive alcohol use		●	
Deaths due to motor vehicle crashes			●
Substance abuse cases	●		

Health Data Sources

INDIANA COUNTY HEALTH PROFILE

The 2010 County Health Profiles are a series of 68 individual data listings – one for each county and one for the Commonwealth. Numerous statistics are shown for various health related subject areas including:

- Demographics and Population
- Morbidity (Cancer Incidence and Selected Diseases)
- Health Care Insurance by Selected Program/Insurer
- Adult Behavioral Health Risk Factors
- Drug & Alcohol Abuse Treatment Facilities
- Reported Pregnancy
- Hospitals
- Mortality
- Home Health Agencies
- Health Care Workforce
- Natality

STRENGTHS

- Low number of low-birth weight infants
- Low number of births to teen mothers
- Low number of deaths due to heart disease, cancer & stroke

CHALLENGES

- High percent of women not receiving early prenatal care
- High number of food & water borne illness
- High number of deaths from diabetes
- High number of deaths from influenza/pneumonia
- Increased rate of cancer in men & women
- Increase in bladder cancer incidence

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

In 2009, IRMC cooperated with the Indiana CHAC and participated in the PA Department of Health Behavioral Risk Factor Surveillance System (BRFSS) Local Sampling program. The BRFSS is the world's largest, ongoing telephone survey system, tracking health conditions and risk behaviors in the United States since 1984. The BRFSS originated at the Center for Disease Control's Office of Surveillance, Epidemiology and Laboratory Services. The BRFSS is a sample-based survey, making it necessary to weigh the data for calculating percentages. This adjusts for under-representation of subgroups. Confidence intervals are shown for percentages and are calculated at the 95% level. These provide a basis for quality analysis and comparability. IRMC participated in the PA BRFSS Local Sampling program which enabled us to submit additional, custom-designed questions about behavioral tendencies of particular interest to our community.

STRENGTHS

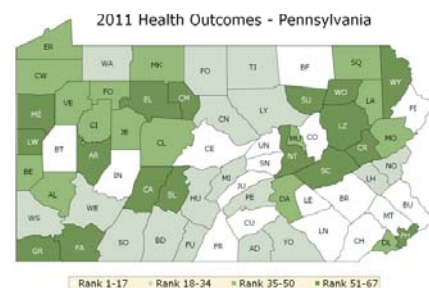
- Percent of adults who participate in weekly physical activity
- Percent of adults who consume 5+ fruit/vegetables every day
- Percent of adults who get an annual flu shot
- Percent of adults who see their physician annually

CHALLENGES

- Percent of adults who have not had cholesterol testing
- Percent of overweight/obese adults
- Percent of adults who experience difficulty sleeping
- Percent of adults who report poor mental health days each month
- Percent of adults who use tobacco

COUNTY HEALTH RANKINGS

The County Health Rankings, published by the University of Wisconsin and the Robert Wood Johnson Foundation, are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. This is the second year for the publishing of county health rankings for every county in the United States. Health Outcomes is used as the primary indicator to rank the overall health of counties. The county ranked number 1 is considered the healthiest county in the state.



STRENGTHS

- Overall ranking of 17 in the state
- Improved Health Behaviors ranking from 40 to 17
- Improved Smoking from a ranking of 45 to 20
- Improved Access to Care from 62 to 54
- Improved Social & Economic Factors ranking from 21 to 19

CHALLENGES

- Number of Primary Care Physicians/population ratio
- Percent of residents who are uninsured
- High number of readmissions or preventable admissions
- Access to healthy foods & recreation facilities
- Number of deaths due to motor vehicle crashes
- Percent of binge or heavy drinkers of alcohol

PRIORITY 1: Increase percent of Indiana County women that receive prenatal care

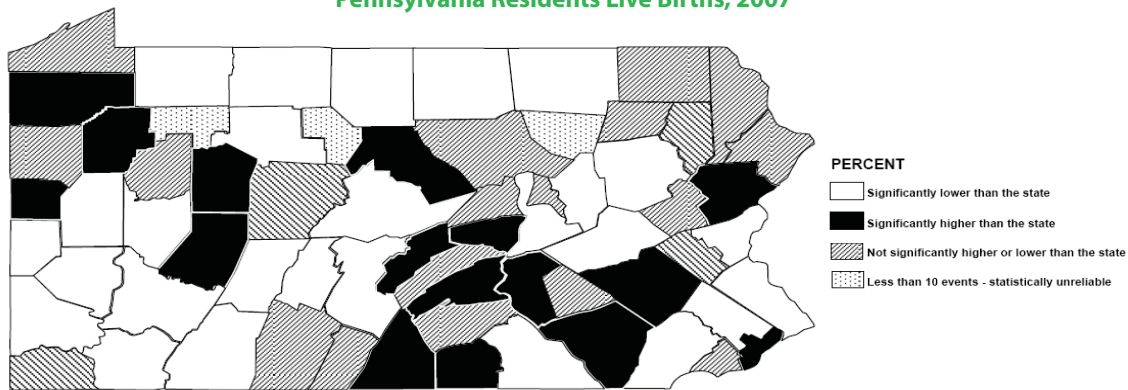


Improving the well-being of mothers, infants and children is an important public health issue not only in our county, but across the nation.

The importance of early prenatal care has been well documented for first, as well as subsequent, pregnancies. Early prenatal care is defined as receiving care during the first trimester or 12 weeks of pregnancy. Not only does early prenatal care help keep the mother and baby healthy, but research has shown that babies of mothers who do not get early prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Indiana County has lagged behind the state average for several years, not only in the lack of early prenatal care indicator, but in incidence of low birth rate and infant mortality.

- 73.3% of pregnant women in Indiana County receive early prenatal care.
- 79.4% of pregnant women in Pennsylvania receive early prenatal care.

**Percent with No Prenatal Care in the First Trimester
Pennsylvania Residents Live Births, 2007**



What is Indiana Regional Medical Center Doing?

CLINICAL STRATEGIES

- Established the OB/GYN Center to address the OB and gynecological needs of the women of the community, especially the low income.
- Provided education programs to young women on good health habits.

Getting to the Next Level

CLINICAL STRATEGIES

- Investigate the possibility of becoming a provider under DPW Healthy Beginnings Plus.
- Evaluate process for obtaining prenatal information for birth certificate.
- Evaluate and work toward recruiting and supporting a 5th obstetrician/gynecologist.

COMMUNITY STRATEGIES

- Develop and implement an education campaign about the importance of early prenatal care.
- Partner with agencies providing services and education to young teens and women to include the importance of prenatal care.
- Evaluate a partnership with Early Head Start.
- Develop and seek opportunities to promote preconception programs.
- Evaluate implementing Nurse Family partnership program.
- Improve visibility and information available about the OB/GYN Clinic.

2014 COMMUNITY HEALTH IMPROVEMENT GOAL

78 percent of Indiana County women to receive early prenatal care. (Healthy People 2020 Target).

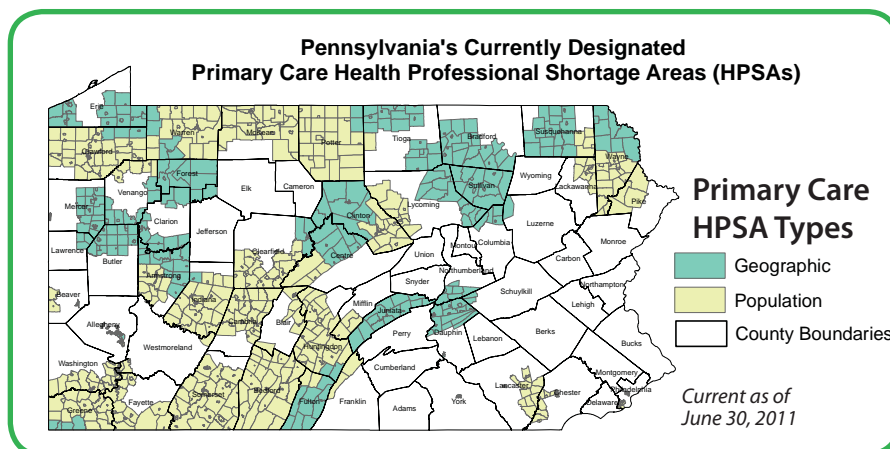
PRIORITY 2: Improving Primary Care Physician to population ratio



Physicians who work in family practice, internal medicine, pediatric, obstetric, gynecological, and geriatric practices provide primary care services. Primary care physicians are the first line of care for most people. Less than 11% of primary care physicians choose to practice in rural areas. The role of the primary care physician will become even more important in the future with the aging population and their chronic health care needs. Indiana County has areas that have been designated as Primary Care Health Professional shortage areas.

- Indiana County has one Primary Care Physician to 1,459 population
- Pennsylvania averages has one Primary Care Physician to 838 population
- National Benchmark – one Primary Care Physician to 631 population

Despite the Indiana County ratio, in the Behavioral Risk Factor Surveillance System, only 12% of the surveyed population indicated that they did not have a primary care physician. Over 86% of the adults surveyed reported that they had visited a doctor for a routine check up in the past 2 years.



What is Indiana Regional Medical Center Doing?

CLINICAL STRATEGIES

- Established Indiana Healthcare Physician Services to assist existing physicians and new practices.
- Continually update medical staff development plan.
- Accepts 3rd and 4th year medical students on rotation for possible future recruitment.
- Survey all physicians every 2 years to identify and address problems that cause physicians to leave the area.
- Conducts a survey with all physicians twice a year to identify any changes, such as closed practices, long waits.
- Implemented Best Place to Practice standards to recruit and retain high quality physicians.
- Work with existing practices to help with recruitment efforts, have recruited six primary care physicians in the past two years.

COMMUNITY STRATEGIES

- Has worked to establish practices in more rural areas of the county, including Cherry Tree, Jacksonville, and Plumville.
- Established Indiana Regional Medical Center at Chestnut Ridge facility with primary care and Urgi-Care.

POLICY STRATEGIES

- Support expansion of the medical home concept.
- Support House Bill 342 and Senate Bill 5 that provides funding for hospital health clinics and community health workers.

Getting to the Next Level

CLINICAL STRATEGIES

- Continue to conduct semi-annual physician surveys.
- Evaluate feasibility of hospitalist program. (Strategic Initiative)
- Explore development of a Family Practice Residency program to facilitate recruitment and retention. (Strategic Initiative)

COMMUNITY STRATEGIES

- Implement a patient portal to improve patient access to medical records.
- Evaluate the need to establish a new primary care practice.
- Evaluate feasibility of establishing an urgi-care site in Indiana (Strategic Initiative)

POLICY STRATEGIES

- Supports legislation that recognizes and expands physician extenders and community health workers.
- Assist with the transition from sick care to preventive model.

2014 COMMUNITY HEALTH IMPROVEMENT GOAL: Decrease the physician to population ratio by 10% to 1:1200 population.

PRIORITY 3: Decrease Incidence of Overweight & Obese Residents



The increasing rate of overweight and obesity threatens the health of children, youth, adults and seniors, placing them at greater risk for development and early onset of a wide variety of chronic diseases and health conditions. The term overweight is defined as having a Body Mass Index (BMI) of 25 or above, obese is a BMI of 30 or greater.

Being overweight or obese increases the risk of developing:

- Hypertension (High Blood Pressure)
- High total cholesterol or high levels of triglycerides
- Sleep apnea and respiratory problems
- Coronary heart disease
- Some cancers (endometrial, breast and colon)
- Gallbladder disease
- Depression
- Type 2 diabetes
- Stroke
- Osteoarthritis

- 66% of surveyed Indiana County adults reported being overweight or obese
- 28% of surveyed Indiana County adults reported being obese
- 64% of surveyed Pennsylvania adults reported being overweight or obese
- 28% of surveyed Pennsylvania adults reported being obese

Indiana County men, age 45-64, who had been diagnosed with diabetes reported the highest rates of being overweight and/or obese.



What is Indiana Regional Medical Center Doing?

CLINICAL STRATEGIES

- Provided all physician practices with contact information for nutritional counseling.
- Provides medically-based fitness program on site.
- Developed Prescription for Health program for physician offices.

COMMUNITY STRATEGIES

- Partnered with Highmark Blue Cross/Blue Shield to offer several programs at no charge to their subscribers that address healthy eating and weight management
- Became provider of the We Can! (Ways to Enhance Children's Activity and Nutrition Program).
- Provides community Body Mass Index measurements.
- Partnered with seven elementary schools to install Project Fit America, a research-based fitness curriculum and equipment.
- Implemented grocery store tours to assist people with seeking healthy choices.

Getting to the Next Level

CLINICAL STRATEGIES

- Enlarge the medical fitness center
- Evaluate Exercise is Medicine® program.
- Develop and provide physician offices with weight management toolkits.
- Establish a Weight Loss Task Force
- Develop a medical weight management center.
- Increase healthy options in IRMC vending and food service programs.

COMMUNITY STRATEGIES

- Continue to partner with elementary schools to implement the Project Fit America program, consider inclusion of private schools.
- Provide community education programs concerning BMI, waist circumference, nutrition, physical activity and the reduction of screen time.
- Engage elementary school wellness committees in student health improvement activities.
- Support the CHAC's efforts to increase education about healthy eating and physical activity.
- Partner with four grocery stores to have a dietician available to help shoppers make healthier choices.

POLICY STRATEGIES

- Supports policies that improve access to enhance infrastructure that promotes walking or bicycling.
- Support policies that improve the accessibility to healthy food choices for residents.

2014 COMMUNITY HEALTH IMPROVEMENT GOAL

Decrease the percent of overweight and obese in Indiana County by 60%.

PRIORITY 4: Reduce Deaths from Influenza & Pneumonia



Influenza and pneumonia are the 9th overall leading cause of death for Indiana County residents. Influenza or flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can result in death. The best way to prevent the flu is by getting vaccinated each year.

In 1996, only about 20% of the population received an annual flu shot. Since that time, the percent has improved to over 60% according to the Behavioral Factor Risk Surveillance System (BRFSS) report.

Pneumonia is a lung infection that is usually caused by bacteria or viruses. It can occur in all ages. Globally, pneumonia causes more deaths than any other infectious disease. The most common bacteria cause is pneumococcus and the most common virus is influenza.

In Indiana County, 67% of the respondents in the BRFSS indicated that they had received a pneumonia vaccination. The PA state average is 70 percent.

Those at highest risk for death are adults age 65 and older and the very young:

- Death rate for Indiana County is 24.7/100,000 population
- Death rate for Pennsylvania is 17.1/100,000 population

What is Indiana Regional Medical Center Doing?

CLINICAL STRATEGIES

- Provide flu shots to all inpatients during flu vaccine administration season.
- Develop Pneumonia Core Measure Team to monitor compliance with CMS.
- Provide pneumonia vaccine to all non-vaccinated inpatients.
- Conducted Hand Hygiene Blitz throughout the entire hospital.
- Performed ongoing hand hygiene and personal protective equipment compliance monitoring.
- Established standard orders for most appropriate antibiotic for community-acquired pneumonia.
- Implemented an Aspiration Risk Assessment as part of the nursing assessment.

COMMUNITY STRATEGIES

- Promote annual flu clinics offered through our affiliate, the Visiting Nurse Association of Indiana County.
- Conduct an annual flu vaccine promotion in cooperation with the Indiana County Community Health Advisory Council.
- Created an educational program on adult immunizations including influenza and pneumonia.
- Provide free flu and pneumonia vaccines to high risk, low income, or pregnant residents.
- Conduct the annual "Vaccine for Veterans" program on Veteran's Day.

POLICY STRATEGIES

- Research instituting mandatory influenza vaccine for all employees.

Getting to the Next Level

CLINICAL STRATEGIES

- Review death certificates to assure cause of deaths are marked appropriately.

COMMUNITY STRATEGIES

- Evaluate the use of standing orders for pneumonia vaccine by home health agencies.
- Continue annual flu/pneumonia awareness campaign.
- Evaluate the potential for public pneumonia vaccine clinics.
- Continue to provide free flu & pneumonia vaccine to high-risk, low income residents.

POLICY STRATEGIES

- Consider instituting mandatory influenza vaccine for all employees.

2014 COMMUNITY HEALTH IMPROVEMENT GOAL

Reduce the death rate of Influenza and Pneumonia to 17/100,000 population.

PRIORITY 5: Increase the percent of Indiana County residents who have cholesterol testing



Cholesterol is actually one of the many substances created and used by our bodies to keep us healthy. The liver and other cells in your body make about 75 percent of blood cholesterol. The remainder of the cholesterol comes from the food we eat. Cholesterol is only found in animal products.

A cholesterol test is a blood test that measures the amount of cholesterol in your blood. A cholesterol test can help determine risk of atherosclerosis, the buildup of plaques in your arteries. High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels are a significant risk factor for heart disease.

The U.S. Preventive Services Task Force (USPSTF) strongly recommends that men who are age 35 and older be screened and women age 45 and older be screened for high cholesterol. If a person has a strong risk for development of coronary artery disease, the screening should occur earlier.

- 74% of Indiana County adults surveyed who have been screened for cholesterol.
- 71% of Indiana County adults surveyed reported having cholesterol checked in the past 5 years.
- 82% of Pennsylvania adults surveyed who have been screened for cholesterol.
- 79% of Pennsylvania adults surveyed reported having cholesterol checked in the past 5 years.

What is Indiana Regional Medical Center Doing?

COMMUNITY STRATEGIES

- Decade cards with screening guidelines have been distributed through the Spirit of Women program.
- Multiphasic community blood screening program has been initiated by the laboratory department.
- Screening guideline cards have been distributed to men.
- Promote healthy heart practices including cholesterol screenings at health fairs.

Getting to the Next Level

COMMUNITY STRATEGIES

- Increase number of community multiphasic blood screening to twice per year.
- Develop community education program to increase awareness of recommendations for cholesterol screening.
- Develop campaigns to increase community understanding of cholesterol.
- Provide physician offices with charts that have recommended screening guidelines.
- Evaluate feasibility of fingerstick cholesterol on-site testing program.

Cholesterol tests are an important tool because high cholesterol levels usually don't present any signs or symptoms.

2014 COMMUNITY HEALTH IMPROVEMENT GOAL

Increase the percent of Indiana County adults screened for cholesterol to 82%.

PRIORITY 6: Decrease Preventable Hospitalizations and Readmission Rates



Preventable hospitalizations and readmissions within 30 days to a hospital are both situations that have received much attention in the past several years. Because this mostly occurs in the older population, it represents a large expense to the Medicare system.

The Patient Protection & Affordable Care Act has targeted three conditions: heart attack, pneumonia and heart failure for improvement in readmission rates. Indiana Regional Medical Center's strategic plan includes a strategy to identify and avert unnecessary admissions and prevent re-admissions.

Preventable hospitalizations are those conditions that timely outpatient care could potentially prevent. These conditions include, among others, pneumonia, congestive heart failure, dehydration and urinary tract infections. Readmission refers to patients who are readmitted for the same condition within 30 days of their discharge. **Not all readmissions are preventable.**

- Indiana County has an average rate of 119 preventable admissions/1000 Medicare enrollees.
- Pennsylvania has an average rate of 76 preventable admissions/1000 Medicare enrollees.

What is Indiana Regional Medical Center Doing?

CLINICAL STRATEGIES

- Implemented a medicine reconciliation process to ensure that patient's medications are reviewed and adjusted throughout their hospital stay and at discharge.
- Provides follow-up phone calls to all congestive heart failure patients by care managers.
- Established family-patient discharge planning meetings.

COMMUNITY STRATEGIES

- Through Community Health Advisory Council, developed the Indiana County Prescription Assistance Program to help residents obtain low cost or no cost prescriptions for chronic conditions.
- Expanded urgi-care hours to include Sundays.
- Created and continue to distribute medication wallet cards.
- Provides accurate blood pressure clinics at 19 sites monthly throughout the county.
- Conducted community meeting on personal health records.

Getting to the Next Level

CLINICAL STRATEGIES

- Develop continuity of care to identify best practices.
- Implement a chronic disease management model (Strategic Initiative).
- Implement evidence-based appropriate practices to Indiana County.
- Evaluate Coleman Model for transition of care from hospital.
- Evaluate the use of health coaches, personal health records, and post hospitalization physician visit.
- Continue to support Indiana County Prescription Assistance Program.

2014 COMMUNITY HEALTH IMPROVEMENT GOAL

Reduce the rate of readmission by 20%.

PRIORITY 7: Decrease Substance Abuse-related Visits to the Emergency Department



Over the past several years, there has been an increased use of opiates, specifically heroin, in our county. It has now become the second leading drug of choice by substance abusers, following alcohol. Heroin has surpassed cocaine as the leading drug of choice. Heroin users usually begin by abusing opiate-based prescription drugs, such as Oxycodon, Vicodin and Percodan, then turn to heroin, which is a highly addictive drug.

Substance abuse, alcohol and illegal drugs are not a new problem in our county. Each week on the news, incidents involving drugs and alcohol, as well as drug-related arrests by local law enforcement are reported. The impact of alcohol and drug abuse is also being seen in the Bork Emergency Center at Indiana Regional Medical Center. In the first 8 months of 2011, over 1000 patients were seen with substance abuse-related conditions. Sixty-six people were admitted with overdose.

Almost every system in the body can be negatively affected by excessive or chronic alcohol consumption and use of illegal drugs, including conditions like cancer, heart attacks, respiratory failure, liver disease and brain damage.

Excessive or chronic alcohol consumption and use of illegal drugs can negatively affect every system.

- Cancer
- Heart Attacks
- Liver Disease
- Brain Damage
- Respiratory Failure

What is Indiana Regional Medical Center Doing?

CLINICAL STRATEGIES

- Developed an affiliation agreement with the Open Door.
- Additional education trainings for the Emergency Department Staff conducted by the Open Door.
- Implemented a psychiatric liaison position in the Emergency Department.
- Implemented an after-hour referral system in the Emergency Department with the Open Door to improve access to follow up care.
- Conducted numerous educational and brown bag seminars with IRMC staff on drug-related issues.

Getting to the Next Level

CLINICAL STRATEGIES

- Evaluate implementation of SBIRT (Screening, Brief Intervention, Referral and Treatment) model in the Emergency Department.
- Conduct additional addiction training for staff on intervention and referral.
- Evaluate implementation of SBIRT in physician offices.
- Working with the Open Door to implement a drug & alcohol professional in physician offices.

COMMUNITY STRATEGIES

- Develop a system to improve communications between IRMC and drug & alcohol rehab providers.
- Seek representation on committees, coalitions and task forces that address substance abuse.
- Develop a consortium of shareholders to address ongoing drug and alcohol issues including IUP, school districts, and law enforcement.
- Seek representation on community based prevention committees.

EMERGENCY DEPARTMENT

- Evaluate the use of Certified Recovery Specialists as an emerging best practice.
- Investigate the feasibility of a hospital-based detox unit.
- Investigate the feasibility of adopting the Recovery Oriented System of Care to ensure follow-up treatment for substance abuse.

2014 COMMUNITY HEALTH IMPROVEMENT GOAL

Decrease the number of patients by 25% that present to the Emergency Department with substance abuse-related conditions.

GOING FORWARD

Over the next three years, Indiana Regional Medical Center will work to set in motion strategies that will impact the health issues identified in this report. The goals are targeted at making healthier communities, expanding clinical and community-based preventive services, empowering people to make healthy choices and reduce health disparities.

This report was compiled by the Indiana Regional Medical Center Community Services Department and Institute for Healthy Living.

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FROM THE Foundation

7th Annual Love of Life Campaign

The 7th annual Love of Life campaign kicked off on July 22, 2011, with a gala, "A cause that rocks," at the Silas M. Clark House in Indiana. For this campaign, Gary and Stacey Wyant donated a ring, named "Eradication," valued at \$13,500. The one carat princess cut diamond, placed at a *North, *South, *East, *West orientation symbolizes the on course direction of cancer treatment. The navigational compass overpowers and dissolves the cluster of pave' diamonds to promise the future eradication of cancer. Gary and Stacey began this annual donation in memory of both of their grandmothers who passed away from cancer. The gala was a wonderful evening and those who attended will remember it as one of the hottest evenings on record!

In addition to the ongoing ticket sales for the ring raffle throughout July, August and September, the campaign included some new activities this year. A bike ride/walk, which began at Saylor Park in Black Lick, was held on September 25. A 5K run/walk was held in Indiana on October 14. The route started at 8th & Philadelphia Streets and headed south to the Indiana Regional Medical Center past the Women's Imaging Center – which was very symbolic.

The campaign concluded on November 18th, 2011 with the raffle drawing that was held during the tree lighting ceremony at the Old Courthouse, which is now First Commonwealth, as part of the Indiana Light Up festivities. It was a very special evening, particularly for Linda Malin from Indiana, PA, who won the ring. Congratulations, Linda!



Left to Right: Gary Wyant, G. C. Wyant Fine Jewelry; Linda Malin, Eradication ring winner; and Millie Glinsky, Love of Life Campaign Coordinator (Missing from photo: Stacey Wyant)

The Love of Life campaign generated \$43,000 for the M. Dorcas Clark, MD, Women's Imaging Center, which will be used to transition IRMC's current mobile mammography services that are available in Marion Center, Seward and Northern Cambria to new state-of-the-art digital technology. The success of the 2011 Love of Life Campaign is credited to the committee of community members led by Millie Glinsky and the many individuals who assisted with selling tickets, participating in the bike ride and 5K walk. The Foundation Office thanks everyone who has supported this campaign and especially thanks Gary and Stacey Wyant for their continued generosity and support of the M. Dorcas Clark, MD, Women's Imaging Center at IRMC.

Nurse Alumni



Beverly Lydick, Indiana Healthcare Foundation Administrative Assistant, accepts donation from Indiana Hospital Nurses Alumni (IHNA). **Left to Right:** Donna Flinko, 2011 IHNA Treasurer, Lydick, and Diane Petras, 2011 President of the alumni association.

DONATIONS FROM THE NURSE ALUMNI

2007	\$4000
2008	\$4000
2009	\$3000
IRMC Acute Rehab Care Center	\$500
2010	\$3000
IRMC Palliative Care	\$500
2011 – IRMC for purchase of a full body trainer	\$3000
IRMC Palliative Care Unit	\$500

Another long-standing supporter of IRMC has been the Indiana Hospital Nurses Alumni Association. Over the years, the generosity of the Nurses Alumni has supported a variety of programs and services. In 2011, the Alumni association donated \$3000 for the purchase of a full body trainer that will be used for staff education and training. They also donated \$500 to the Palliative Care Unit, which benefits patients who are diagnosed with a serious disease. We are very grateful for the ongoing support and generosity from the Nurse Alumni - Thank you!

Questions on how to donate to the Indiana Regional Medical Center can be directed to **Beverly Lydick, Administrative Assistant for the Indiana Healthcare Foundation, by calling 724-357-8053.**

INDIANA REGIONAL MEDICAL CENTER ANNUAL REPORT - Fiscal Year 2010-2011

Income & Expenses

FY 2010 - 2011 (in thousands)

Our Income

We generated revenue from 35,148 patient days of service provided to 7,729 inpatients (includes Rehab Care Center & Behavioral Health Services)	\$126,414
We generated revenue from care provided to emergency patients, other outpatients & from other services	\$259,832
Total revenue from these activities was	\$386,246
From total revenue, we did not receive full payment from the following:	
Medicare, Medicaid, & Security Blue	\$145,234
Blue Cross	\$69,410
Auto Insurance & Workers' Compensation	\$5,339
Charity Care	\$4,986
Other	\$21,456
Uncollectible accounts of patients unable to pay their bills	\$6,041
Therefore, we received from patients, or those paying on their behalf, and other operation activities	\$133,780

Our Expenses

We paid for salaries, employee benefits & the services of physician specialists	\$83,190
For medical & surgical supplies, drugs & instruments, we paid	\$17,376
Food & dietary supplies required outlays of	\$736
To maintain the hospital & to provide telephone service & utilities, we incurred costs of	\$5,078
Operating supplies, equipment rental, purchased services & other operating costs amounted to	\$17,683
Insurance & interest on borrowed money necessitated expenditures of	\$2,950
We estimate that the cost of this year's use of buildings & equipment, purchased in previous years amounts to	\$8,904
Therefore we had expenditures for patient care of	\$135,917
Operating Loss	(\$2,137)
Restructuring Costs	(\$2,206)
We received from contributions & earnings on investments	\$15,750
Amount available for reinvestment in construction, renovation, new equipment & technology, & to improve & maintain patient care & other programs	\$11,407

Service Statistics - OUR INPATIENTS

Bed Capacity	
Adult & pediatric licensed	132
Bassinet licensed	18
Ambulatory Care licenses	24
Behavioral Health Services licensed	16
Rehabilitation Care Center licensed	16
Admissions	7,729
Number of births	633
Average length of stay (adult & pediatric, BHS & RCC)	4.5
Average daily census (adult & pediatric, BHS & RCC)	96
Inpatient surgical procedures	1,503

OUR OUTPATIENTS

Ambulatory Care procedures	12,515
Cardiac Rehabilitation visits	3,138
Emergency visits	39,626
Laboratory visits	590,087
Screening mammograms	6,907
Diagnostic mammograms	2,029
Occupational Health Services	10,524
Primary care visits by practice	
Blairsville	7,779
Bolivar	1,066
Plumville	2,344
Homer City	5,690
Marion Center	4,439
Seward	311

OUR PHYSICIANS

Number of primary care physicians	66
Number of Specialists	112

OUR COMMUNITY

Number of free educational & screening programs offered to community	273
Number of visits to free educational and screening programs	8,426

INDIANA REGIONAL MEDICAL CENTER ANNUAL REPORT - Fiscal Year 2010-2011

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NEW VOLUNTEER Services

Linda Bettinazzi, VNA President/CEO, is pleased to announce that two highly respected local volunteer agencies are now services of the Visiting Nurse Association. Both organizations are a natural fit to the mission and vision of the VNA.



Hopeful Hearts, a volunteer-based grief program for children, adolescents and their families has united with VNA Family Hospice. Hopeful Hearts improves the lives of grieving children by providing support in a safe and caring environment, where families can grow through the healing process. Volunteers who love working with children are screened and then trained to assist as support group leaders, family greeters, food servers, or office assistants. The service remains under the direction of Diane Giever, and programs will continue at their current location at 728 Church Street in Indiana.

Giever says "It is so important for children and their families to receive support and an outlet to share their feelings and emotions while grieving the death of someone close to them. Our unique type of peer support can make all the difference in a child's journey toward healing. Children realize that they are not alone, and understand that what they are going through is okay. We are so grateful for our dedicated group of volunteers who give selflessly of their time and talents to make a difference in the lives of children and their families who have lost a loved one."



CareNet is a volunteer service offering friendly visiting, non-medical assistance and practical services to the elderly and the homebound population of Indiana County. The purpose is to provide caring relationships for the lonely and isolated, so they can remain connected to their communities. Volunteers serve their clients by providing companionship, enjoying conversation, playing cards, running errands, shopping, etc. Volunteers who love to work with the elderly are screened, educated and receive ongoing support.

Lisa Davis, an experienced VNA social worker will oversee CareNet services. "As a VNA social worker, I have met countless people who would greatly benefit from a volunteer. I also know that there are many people in our community

who want to make a difference in the lives of others, but don't know where to start. I'm very excited to continue the CareNet program, which has already made such an impact in our community," said Davis.

Linda Bettinazzi sees the mergers as a tremendous outreach opportunity to offer comprehensive services in a fiscally responsible way. She said, "As inevitable service cuts occur in health care, volunteerism will be increasingly important. All involved are tremendously optimistic about these mergers."

We welcome Hopeful Hearts and CareNet volunteers as valued members of the VNA family. We are always looking for people with a compelling interest in helping others and in giving back to their community.

If you would like to know more about VNA volunteer opportunities, call us at **724-463-6340** or visit www.vnaindianacounty.com/vol.htm or www.hopefulheartspa.org



Left to Right: Lisa Davis and Diane Giever will direct the new programs.

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Welcome

Our New Physician!



Jason M. Sharbaugh, DO **INTERNAL MEDICINE**

Medical School: Lake Erie College of Osteopathic Medicine, Erie, PA

Internship: Garden City Hospital, Garden City, MI

Residencies: Garden City Hospital, Garden City, MI - General Surgery
Garden City Hospital, Garden City, MI - Internal Medicine

Location: Dr. Sharbaugh has joined the practice of Shenggao Han, MD
625 Rustic Lodge Road, Indiana, PA
He is accepting new patients.....**724.463.3720**

Dr. Sharbaugh grew up in Indiana, PA, and has returned to practice medicine in his hometown. He specializes in preventative medicine and diabetes. Dr. Sharbaugh is accepting new patients and will offer extended hours on Tuesdays until 7p.m.

New Service to Indiana

Matthew M. Wetzel, MD, FACS **NEUROLOGICAL SURGERY**

Medical School: Johns Hopkins University of Medicine, Baltimore, MD

Internship: University of Pittsburgh Medical Center, Pittsburgh, PA

Residency: University of Pittsburgh Medical Center, Pittsburgh, PA

Board Certification: American Board of Neurological Surgery - 2009

Location: 119 Professional Center, Suite 307
1265 Wayne Avenue, Indiana PA or
425 Frye Farm Road, Greensburg, PA

He is accepting new patients.....**724.532.0866**

Dr. Wetzel is expanding his practice and seeing patients in Indiana, PA. He specializes in Neurological Surgery.



Left to Right: James A. Garrettson, MD; Stella M. Boron, MD, and Ruth B. Woolcock, MD

PHYSICIAN EXCELLENCE AWARD

Stella M. Boron, MD, is this year's recipient of the James A. Garrettson, MD, Physician Excellence Award. This award is presented to a medical staff member who models exemplary performance and/or leadership in clinical excellence, patient care, and service excellence. Dr. Boron specializes in Internal Medicine and Hospice & Palliative Medicine. She has been a member of the medical staff since September 1979. Dr. Boron was recently elected Chair, Department of Medicine. Her term as department chair is effective January 1, 2012 – December 31, 2013.

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