2019-2021

Mary Rutan Hospital Implementation Plan (HIP)

Logan County
Community Health Risk & Needs Assessment

Mary Rutan
HOSPITAL

CONTENTS PAGE

INTRODUCTION

MARY RUTAN HOSPITAL

Mary Rutan Hospital is the sole community, not-for-profit hospital in Logan County, with the mission of providing progressive, quality health care with a personal touch to the communities in which it serves.

To assist Mary Rutan Hospital in providing the community with quality health care programs and services, it held a lead role in partnering with numerous community agencies and organizations to develop a county-wide Health Improvement Plan (CHIP) based on the 2018 Community Health Assessment (CHA). Members of the hospital team actively participated in the six community coalitions and a member of the hospital's senior leadership team serves on the counties Coalition Advisory Board (CAB) to work with community partners, in a unified, collaborative effort to address and impact Logan County's identified areas of risk and need.

In addition, Mary Rutan Hospital developed an internal implementation plan that identifies the specific action steps that Mary Rutan Hospital will take to maintain and improve the health of Logan County.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHA) AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Mary Rutan Hospital was a lead organization in facilitating and funding the communities' third formal Community Health Needs Assessment, partnering with the Logan County Health District, Mental Health Drug and Alcohol Services Board of Logan & Champaign Counties, Community Health & Wellness Partners of Logan County, and United Way of Logan County. This collaboration allowed community partners to come together in a unified front to create a comprehensive assessment and plan to assist all agencies and organizations in fulfilling their mission and to impact the health, safety and well-being of the community and residents of Logan County.

In June of 2018, community members were publicly invited to review the findings of the needs assessment and provide comment to Mary Rutan Hospital or the Logan County Health District, as well as participate in a Community Call-To-Action at the conclusion of the 30-day comment period. No comments were submitted, however, extensive input was obtained from over 80 community leaders and residents while reviewing the findings of the CHA during the Community Call-To-Action held on July 18, 2018. During this meeting community partners identified the areas of concern within Logan County and established priority areas of Obesity & Chronic Disease, Mental Health, Drug Abuse, Access & Resources, Safe & Healthy Children, and Housing & Homelessness and Workforce Development and further defined action items for the community coalitions addressing each of these areas.

Mary Rutan Hospital wishes to thank the many organizations and individuals that participated in the community process and who continue to dedicate themselves to creating one of the healthiest counties in Ohio.

IMPLEMENTATION PLAN

Mary Rutan Hospital's Implementation Plan addresses each of the community health needs identified in the 2018 CHA and CHIP. A workgroup including the Medical Director, Vice President of Community Relations/Foundation COO, Director of Cardiovascular Services, Director of Education, Patient Center Medical Homes; Internal Medicine and Pediatric Clinic Managers, Chief Registered Dietician, Community Health Nurse, and the Community Relations Health and Wellness Coordinator developed the Implementation Plan. The plan was reviewed and approved by Mary Rutan Hospital Senior Leadership to assure alignment with strategic planning and goals of the organization.

RESOURCES

The Implementation Plan was developed by a workgroup consisting of organizational leaders with the ability to make recommendations for staff and resources to be budgeted for their work toward improving the targeted health needs.

FEEDBACK MECHANISM

The Community Health Needs Assessment (CHA) and Community Health Improvement Plan (CHIP) for Logan County and Mary Rutan Hospital Implementation Plan (HIP) are available to the public on the hospital's website at www.maryrutan.org. A printed copy and feedback of the community needs assessment and implementation plan may be requested or submitted at publicrelations@maryrutan.org or by calling Mary Rutan Hospital Community Relations Department at (937) 599-7003.

EVALUATION PLAN

The implementation plan will be used as a baseline for performance and used to guide the evaluation process and future strategic development. The actions and anticipated impacts included in this document will be evaluated against the data collected for the identified measures. The leaders will ensure that the applicable information is reported and assessed annually as a part of the Community Benefit reporting process through Mary Rutan Hospital's Community Relations Department. An annual written report will be presented to the Board of Directors and available on the hospital's website.

PRIORITIZED HEALTH NEEDS

The workgroup reviewed the findings of the 2018 Logan County CHA and CHIP and were asked to select what they considered to be the highest priority issues using the criteria and questions listed below:

1. Consequential – Will it make a difference if we address this as a priority? What will be the consequence of not addressing it?
2. Community Support – Are there sufficient resources that could be dedicated to this priority by community partners and Mary Rutan Hospital?
3. Pragmatic – Can we do something to address this priority?

After much review and discussion, a two-step voting process was utilized to gain consensus of priorities. The priorities mostly mirrored those identified by community partners and were identified as:

1. **Obesity & Chronic Disease**
2. **Mental Health**
3. **Substance Abuse**
4. **Access & Resources**
5. **Safe & Healthy Kids**

The workgroup then reviewed existing programs and services, rating what programs and services were working, needed modified, improved or discontinued. New programs, services, suggested process and policy changes and outreach items were presented to the group for discussion. Work plans were designed to assist in preparing the implementation plan and for tracking, during the 3-year plan period.

KEY FINDING #1 – OBESITY & CHRONIC DISEASE

Key Findings: Data from the 2018 Logan County Community Needs Assessment survey shows there is room for improvement in Logan County in terms of getting people to make healthier lifestyle choices.

- The number of people who exercise 3 times a week declined from 2012 to 2018. However, the number of people who exercise 5 times a week has increased a total of 4.7% since 2012.
- Those overweight or obese is increasing; 68.9% in 2012, 69.2% in 2015, 72.6% in 2018 which is nearly 7% above the State and National average.
- Secondary data obtained from hospital primary care clinics reflect a 3% improvement in BMI's overall. However, 81.1% of those patients are overweight or obese.
- Lakeview, De Graff, Quincy, and Lewistown show the highest percentage in being overweight or obese.
- While those with diabetes are down by nearly 9%, it's still 7% higher than the State and National average of 10%.
- High blood pressure is down by 2.5%, however 50% of the respondents indicate having a diagnosis.
- High cholesterol is down by 4.7%, however, over 50% of respondents from Indian Lake-Lakeview report theirs is high
- Secondary data shows a slight increase in diabetes, high blood pressure, and high cholesterol from 2016 to 2017.

Overall Goal – Reduce obesity and chronic disease risk through the consumption of healthful diets and increased physical activity.

County Outcome Objective: By 12/31/2021 increase the proportion of adults who are of healthy weight from 28.4% to 30% (2018 CHA, Residents were asked to estimate their height and weight in pounds without shoes. Responses were used to calculate BMI and get percentages for 'overweight' and 'obese.') or from 81.1% to 79% (Secondary PCP BMI data). By 12/31/2021, Increase the proportion of adults who are exercising 5 times a week from 17.5% to 19%.

ACTION STEPS FOR IDENTIFIED GOALS

Action / Strategy *(What needs to be done)*	Measurable Outcome Indicator	Data Source Method	By When	Responsible Entity	Baseline Data	Target
1.1 Increase social media presence to promote Healthy Habits, Healthy You.	Social media Likes	Facebook reports	4Q2021	**Christie Barns** Healthy Living Coalition	1 Likes	500 Likes
08/27/2019						**479**
GOAL MET - 12/31/2019						**503** **Coalition has added additional editors to page.**
1.2 Maintain the same number of people participating in the Weight Management program. a. Promote MRH Weight Clinic; Facebook, media, etc. b. Plan and implement pricing and financial assistance strategies for weight management program.	Number of participants in the program	Registration	Annually 4Q2019 2Q2019	• **Mike Hoehn** Laura Miller • **Chad Ross** **Tammy A.** **Steve Brown** Mike Hoehn Nikki Reichert	Medical / Lifestyle / Total '16 106 158 264 '17 164 128 292 '18 97 137 234	
NOT MET - 12/31/2019					**'19 52 74 126**	**Regular posts were made on social media promoting the monthly informational sessions. Financial assistance forms are provided during informational sessions and estimates give upon request. There has been a 54% decline in participation during 2019.**
1.3 Remodel one Creating	Number of	Class	4Q2019	**Amy Keller**	Zero	10 family

a Healthy Me class to include one Family class module.	family members who attend.	registration		Deb Orr	members /class
GOAL MET 12/31/2019	**A family module will be added to the 8th class in the session. At class 5, participants will be invited to bring family members with them to the last class. Sign-up will be required by class 7 to ensure adequate refreshments. A. Keller is developing added curriculum for the class. Family module will be implemented February 2020. 11 participants.**				
Action / Strategy *(What needs to be done)*	**Measurable Outcome Indicator**	**Data Source Method**	**By When**	**Responsible Entity**	**Baseline Data** **Target**
1.4 Increase the number of people walking • Increase the number of winter walk locations. • Increase the number of docs/nurse practitioners participating by having them cover additional locations.	Number of locations and participants	Attendance Sheet	2Q2021	• **Christie Barns** Kris Myers • **Christie Barns** Kris Myers • **Grant Varian Tom Denbow**	272 walkers 400 walkers 2 locations 4 locations 10 providers 15 providers
03/30/2019					**272 Walkers** **3 locations** **10 providers**
03/30/2020 **GOAL MET** **GOAL MET**					**_____ walkers** **4 locations; Bellef., IL, BL, Riverside** **14 providers walking 22 times**
1.5 Take Creating a Healthy Me on the road to target at-risk locations.	Number of locations	Class registration	2Q2020 4Q2021	**Deb Orr** Amy Keller	Zero 2 series /year
02/01/2020					**1 session @ Shawnee Springs** **Once a month for 8 months** **1 session @ Luther Manor** **Once a month for 8 months**
GOAL MET - 03/30/2020					**1 session @ DeGraff UMC**
04/15/2020					**2 sessions @ MEI/Honda Logistics/One World Logistics**
10/00/2020					**1 Session @ Board of DD**
1.6 Offer cooking classes in at-risk communities.	Number of classes held	Class attendance sheet	3Q2020 4Q2021	**Deb Orr** Amy Keller Chef Randy	Zero 2 /annually
GOAL MET - 12/31/2019					**Riverside Schools** **<u>25 adults, 15 youth</u>** **Benjamin Logan Schools** **<u>5 adults, 4 youth</u>** **WIC @ Health District** **<u>6 adults, 4 youth</u>**
03/31/2020					
1.7 Create more opportunities for people to be active. • <u>Research the feasibility</u> of Girls on the Run-type	Number of people exercising	Registration	4Q2019	**Amy Keller** **Tammy Burkhammer** **Christie Barns** Deb Orr	Currently no coordinated effort.

program. Implement if feasible.				Dr. Dunn Bellef Parks & Rec ESC HH Coalition		
GOAL MET - 01/20/2020	**Girls on the Run, a national 501(c)(3), is a physical activity-based positive youth development (PA-PYD) program designed to enhance girls' social, emotional and physical skills and behaviors to successfully navigate life experiences. Intentional curriculum emphasizes developing competence, confidence, connection, character, caring and contribution in young girls through 10-12 lessons. The life skills curriculum is delivered by trained coaches. Start-up is $7,500 plus $1-2,000 annual expenses for lesson plans, activity sheets, t-shirt, lap counter, registration for year-end 5k and finisher medal. Closest GOTR is Columbus who partners with multiple communities.**					
1.8 Partner with Bellefontaine Parks & Recreation to research community connectivity, possibly with bicycles	Completion	Summary report	4Q2021	**Christie Barns** Bellefontaine Parks & Rec. Healthy Living Coalition Mary Rutan Foundation Simon Kenton Pathfinders	Currently no coordinated effort.	
01/2020	**Community partners met to discuss feasibility of a Bike Share program for use throughout the community (or on path). Project was turned over to the Health Living Coalition. Coalition met in January to discuss. A sub-committee will be formed. Talked of an App for check-in, clearing house for discarded bikes, BPD to register bikes, promote/rebrand bike rodeo, Wayne (BC) to repair bikes, Pete/speedy sneakers helpful with timing for a 10k family ride event to raise money.**					
1.9 Continue to fund Community Health & Wellness Grants with a focus on proper nutrition and physical activity.	Awarded	Grant follow up report	4Q2019 4Q2020 4Q2021	**Tammy Allison** Christie Barns Mary Rutan Foundation		Amount Awarded Touch points
GOAL MET - 11/30/2019	**$49,852 awarded to 11 organizations. $194,656 requested from 26. Potential touch points ____**					
1.10 Continue to expand grocery store labeling to additional locations.	Addition of a new store	Number of stores participating	4Q2019 4Q2020 4Q2021	**Christie Barns** Deb Orr MRH Nutritionists	1 store	3 stores
GOAL MET - 12/31/2019					**DeGraff IGA, West Mansfield IGA, Urbana IGA Conversation is being had with W. Liberty IGA**	
1.11 Encourage people to look for the HHHY label at restaurants through promotion. • Take inventory of restaurants utilizing the label • Research what other communities are doing	Number of mentions	Media presence	4Q2019 4Q2020 4Q2021	**Christie Barns** Amy Keller Deb Orr Tammy Allison Healthy Living Coalition	0	18/annual Facebook posts
GOAL MET - 12/31/2019	**2 posts monthly regarding healthy nutrition and fitness tips along with event posts. 24+ posts.**					
01/20/2020	**It was determined at the Healthy Living Coalition meeting to offer a 10 Tips for dining out piece to provide restaurants. This piece can be given out with regular restaurant menus. Amy Keller to develop the 10 tips. C. Barns to create the piece.**					
Action / Strategy *(What needs to be done)*	**Measurable Outcome Indicator**	**Data Source Method**	**By When**	**Responsible Entity**	**Baseline Data**	**Target**

1.12 Continue to offer diabetes health fair to increase participation each year.	Event attendance	Registration	4Q2019 4Q2020 4Q2021	**Liz Cheetham** Kim Kirby	56 60 people 2019 No event planned for 2020 80 people 2121
NOT MET 05/2020					
1.13 Promote the nutritional value of breastfeeding. Increase the number of mothers participating.	Number of participants	Registration	4Q2019	**Tammy Burkhammer** **Sandy Niese** OBGYN PEDS	Baseline – 350 deliveries 304 saw lactation nurse (87%) 259 initiated breast feeding (74%) 2019 – 336 deliveries 305 saw lactation nurse (91%) 245 initiated breast feeding (73%)
06/10/2020					
1.14 Focus community and medical outreach on hypertension. Develop a program to increase education through a full continuum of care.	Program developed	Registration	4Q2021 Start 2Q2019	**Kim Kirby** **Christy Myers** **Jessi Davis** Deb Orr Mike Hoehn Disease Mgmt	Partially developed Developed
Updated 06/10/2020	**Program not started as of this date.**				
1.15 Research the ability to partner, receive grant funding, or in-kind gifting of a mobile unit.	Completion	Summary Report	~~3Q2019~~ 3Q2020	**Tammy Allison** **Christy Myers** Christie Barns Ohio Northern University	None Completed
NOT MET - 12/31/2019					**Not met – pursue in 3Q2020**
1.16 Initiate STAR Weight Management Exercise Program.	The number of people who participate	Registration	4Q2019 4Q2020 4Q2021	**Mike Hoehn** Therapy / Sports Med	60 potential 30 participants/ annually
NOT MET - 12/21/2019					**11 participates (due to renewals - 17 units)**
1.17 Participate in and support Full Circle Food Collaborative	Number of meetings attended	Sign in sheet	4Q2019 4Q2020 4Q2021	**Tammy Allison** **Christie Barns** Deb Orr	New program Participated
GOAL DELETED12/31/2019	**C. Barns joined the Logan County Food System Initiative board Jan 2019. However, it's a brand new organization with limited focus and loose organization. Barns resigned from the board 3Q. Both T. Allison and C. Barns attended the FCFC for several months. Led by Dr. Hoddinott, health director, meetings are merely reports of work at Ben Logan's gardening project (of which MRF provides grant dollars). Initiatives encouraged during this meeting are <u>duplication of efforts</u>.**				
1.18 Education of non-employed physicians of chronic disease management program.	Number of physicians trained	Sign off sheet	4Q2020	**Grant Varian** Jessi Davis Mike Hoehn Liz Cheetham Brooxie Crouch	Partially All 11 PCP
1.19 Lead Logan County Healthy Living Coalition	Number of meetings	Sign in sheet	Annually	**Christie Barns**	6 meetings/ year
GOAL MET - 12/31/2019	**C. Barns leads the coalition with co-chair Kris Myers of the Bellefontaine Joint Recreation District. Meetings are held bi-monthly.**				
1.20 Work with Logan County Health District to	Number of documents	List of documents	4Q2019 4Q2020	**Christie Barns** Health District	# of HD participation

require that all Health District letters given to any food entity (restaurant, concession, etc.) contain the Healthy Habits Healthy You Logo along with a statement about the current obesity rate in Lo. Co. and to encourage them to offer healthier food items - also invite them to contact the Healthy Living Coalition for suggestions or more information.			4Q2021		
GOAL MET - 12/31/2019	**Donna Peachy with the Health District has developed messages for four different letters sent to various entities requiring food licensing and inspection. The message shares the obesity rate in Lo Co, work of the coalition, logo and contact information.**				

** Organization Strategic Plan Item: 1.2b*

KEY FINDING #2 – MENTAL HEALTH

Key Findings: Data from the 2018 Logan County Community Needs Assessment survey shows there is room for improvement in Logan County in terms of getting people to make healthier lifestyle choices.

- The 35-49 age group was the largest percentage to identify with depression and anxiety.
- Bellefontaine (Central) was the area with the highest percentage of both depression and anxiety.
- The census tracts with the highest percentage of depression symptoms were Bellefontaine (Central) and Russells Point.
- Bellefontaine (Central) also ranged highest indicating a diagnosis of Drug/Alcohol addiction.

Goal- Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

County Outcome Objective - By 12/31/2021 decrease the proportion of adults indicating that their mental health prevented them from performing daily activities at least one day a month from 16.3% to 14.0% (2018 CHA, IN the past 30 days, how many days would you say your mental health has prevented you from performing your usual daily activities?)

ACTION STEPS FOR IDENTIFIED GOALS

Action / Strategy *(What needs to be done)*	Measurable Outcome Indicator	Data Source Method	By When	Responsible Entity	Baseline Data	Target
2.1 Continue to fund Community Health & Wellness grants with a focus on mental health.	Number of people touched by grants	Grant report	1Q2019 1Q2020 1Q2021	**Tammy Allison** Christie Barns MRH Foundation	Not currently offered	Amt Awarded Amt of Touch points
GOAL MET - 12/31/2019	**$49,852 awarded to 11 organizations. $194,656 requested from 26. Potential touch points 3594.**					
2.2 Assess, standardize and further develop postpartum depression programming and provide assistance to mothers. Establish baseline data.	Number of mothers		4Q2021	**Tammy Burkhammer PEDS** **Sandy Niese - FBC** **Connie Farley - OB** Meaghan Arbogast Andrea Young	Not established data	Establish
Update - 06/10/2020	**Telehealth visits are not being considered for prenatal lactation consults. Instead conducting visits in the Lactation Consultant's office in the FBC is being reviewed.**					
2.3 Research the ability to provide more mental health therapy in the community **a. Tele-psychiatry** **b. Focused programming in outpatient hospital clinics**	**Determina-tion**	**Completed summary**	**4Q2019**	**Grant Varian** **Tammy Gump** **Tom Denbow (clinics)** **Administration**	**Unmet Need**	**Completed** **1Q2020** **2Q2019**
GOAL MET – 03/31/2020	**Tele-health visits for Behavior Health began 1Q2020** **A second provider began 2Q2019**					
2.4 Represent medical sector on the Mental Health/Suicide Coalition a. Participation on the mental health board	Participation at meetings	Sign in sheet	4Q2019 4Q2020 4Q2021	Care Coordinator – IM & Peds Clinics Meghan Arbogast	Participation Participation	Continued
GOAL MET – 12/31/2019	**J. Schwind attends Zero Suicide meetings lead by TCN. Met 1/30, 4/24, 10/30**					
2.5 Find a solution to transportation issues with pediatric patients who seek mental health services not available in Lo.	Number of people assisted	Report of dollars used	4Q2019 4Q2020 4Q2021	**Tammy Allison** Grant Varian MRH Foundation Tammy Burkhammer	Number of people assisted	

Co. Investigate with the mental health board use of gas cards and/or reallocate medication dollars.				Mental Health Board	
GOAL MET - 12/31/2019	**Gained approval from the Mental Health Drug and Alcohol Board of Logan and Champaign County to use dollars allocated toward Pediatric Behavioral Medication Fund for Transportation Needs to in and out of county pediatric behavioral health services. 1- families $150.00 (in addition process put in place in 4Q 2019 to assist ED crisis care behavioral health patients- 1 family pending)**				
Establish quarterly meeting schedule with Consolidated Care to increase communication, create tools to improve patient flow and better capture mental health status of mental health patients and plan of care.	Participation at meetings	Sign in sheet	Begin 2Q2019	**Jim Schwind** Wendy Rodenburger Adam Jurich Mary LeVan	
12/31/2019	**On-going meetings have taken place with TCN staff since their withdrawal from providing off hours, weekend, and holiday coverage in the ED. Met on 8/30 and 9/30**				

**Organization Strategic Plan Items: 2.3a, 2.3b*

KEY FINDING #3 – SUBSTANCE ABUSE

Key Findings: Data from the 2018 Logan County Community Needs Assessment survey shows there is room for improvement in Logan County in terms of getting people to make healthier lifestyle choices.

- In 2017 there was a significant increase in the number of referrals (152) indicating a substance abuse problem and a significant increase (46%) in out-of-home placements where opiates/heroin abuse was a factor.
- Drug overdose deaths increased by 5 from 26 to 31 in 2017.
- Substance abuse admissions at Consolidated Care were 439 in 2016 and 378 in 2017.

GOAL - Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

County Outcome Objective – By 12/31/2021 decrease the proportion of adults indicating they know someone who has used heroin in the past 6 months from 15.2% to 10% (2018 CHA, Do you know someone in Logan County who has used heroin in the past six months?) Decrease number of admissions at Consolidated Care from 378 in 20170 to 350 by 2021. (Recorded admissions at Consolidated Care) And reduce number of children in out of home placements from 152 cases reported in 2017 to 100 by 2021. (Out of Home Placements – numbers from the Ohio Department of Job and Family Services, Statewide Automated Child Welfare Information System (SACWIS) (additional calculations made by Logan County CSB).

ACTION STEPS FOR IDENTIFIED GOALS

Action / Strategy *(What needs to be done)*	Measurable Outcome Indicator	Data Source Method	By When	Responsible Entity	Baseline Data	Target
3.1 Explore MOMS Ohio - Infant response team for mothers who abuse substances. • Identify elements needed.	Elements of the program	Summary report	4Q2021	**Grant Varian** OBGYN PEDS CORE – Harm Reduction Meaghan Arbogast Andrea Young	Currently no program	Elements identified
3.2 Create a program to educate on vaping to adolescents and parents. Plan an awareness campaign for parents. FB, info in clinics, UC, NEX, Lunch N Learn. • Implement program	Number of touch points	Community Benefit report	4Q2019 4Q2020	**Brooxie Crouch - Respiratory** **Deb Orr – Education** Health Department Christie Barns Meagan Perdue	Currently no program	Program created Program Implemented Present to at least 100 children
GOAL MET - 12/31/2019	**Utilized evidenced based "CATCH My Breath Program. Also developed presentation with Dr. Weiland, OSU. Post Survey's developed and completed by students. To date nearly 1,000 students have been a part of the presentation. 934 recorded participants.** **Kiwanis 06/13_ , Bellef – Freshman 08/09- 200, Riverside HS 10/28 – 170, West Liberty 11/11 – 179, Ben Logan 11/15 – 321, Jackson Center 11/19 – 64, Bellefontaine – 12/9, Indian Lake 12/16 – resched.**					
3.3. Investigate program options to offering detox treatment.	Completed investigation	Completed summary	4Q2019	**Grant Varian** **Tammy Allison** Administration Kim Kirby		Completed Investigation Outcome
GOAL MET - 12/31/2019	**Reviewed and investigated services, completed cost analysis. Declined Service Line 11/7/2019. Investigate Comprehensive Behavioral Health/ Crisis/ Stabilization Services as a part of the MRH 2020/2021 strategic plan**					
3.4 Educate physicians on evidence based best	Benchmark developed	Completed visits	Benchmark 3Q2019	**Melissa Moreno** **Christy Myers**		Completion of benchmarking

practices for opiate prescribing. Work with IT to develop methods for trending prescribing and developing a benchmark.	Education complete		Education 4Q2020	Grant Varian Wendy Rodenburger Quality/Risk Admin Team IT	
02/07/2020	**A report is reviewed by Rodenburger and Dr. Mackey on the ED providers' ration of narcotic prescriptions to shifts worked. Dr. Mackey follows up with providers as needed. We are also currently working through education for ED patients on prescribing practices from the ED based on the recommendations from the Governor's Opiate Action Team. This is looked at by the ED committee.**				
3.5 Implement evidence based best practice for alcohol withdrawal	Policy approval	Policy document	4Q2019	**Wendy Rodenberger** Grant Varian Education	Approval/implementation
GOAL MET – 02/07/2020	**As part of eICU project, Nursing Leadership has reviewed the CIWA policies from OSUMC and OH. Mary Rutan's CIWA policy has been updated and shared with OH to ensure continuity of care for patients in the ICU.**				
3.6 Research alternative pain management for surgery and ED patients, educate staff. Possible implementation.	Alternatives available and identified Education complete	Completion summary	4Q2019 Alternatives available 4Q2020 Education	**Christy Myers** Grant Varian Tammy Allison ER Director Dr. Mackey Susan Allen Wendy Rodenberger	Identified alternatives
05/30/2020	**Goal established for 2020 – create plan, train, and implement.**				
3.7 Implement patient education program on prescribed opiates by medical professionals at discharge.	Program developed Program Implemented	Program summary	4Q2020 Developed 4Q2021 Implemented	**Christy Myers** Jessi Davis Katie Wilson	Developed & implemented program
3.8 Remain a lead organization in the Community CORE as an active partner	Number of meetings	Sign in sheet	Annually 2019 2020 2021	**Grant Varian** **Tammy Allison**	Number of meetings
12/31/2019	**Attended 3 quarterly meetings in 2019 - hosted at the MRH Health Center 1.5 hours each (there were 4 meetings but I only attend 3) Attended 1 meeting in Jan 2020 (2 hours)**				
3.9 Senior Leadership lead Community CORE Harm Reduction Committee	Number of meetings	Sign in sheet	Annually 2019 2020 2021	**Grant Varian** Tammy Allison	Number of meetings
01/29/2020	**Attended 2 meetings in 2019 – 1 meeting in Jan of 2020**				
3.10 Host Medication Take Back event and install permanent drop box at MRH	Host event	Advertise ment	1Q2019 1Q2020 1Q2021	**Christie Barns** **Christy Myers** Deb Orr Law Enforcement	Pounds of medication
GOAL MET - 02/01/2020	**Spring 2020 take back event is scheduled for April 25th 11 to 1 at MRH**				
12/31/2019	**Two medication take back events continue to be hosted annually at MRH; April and October. 123.2 pounds of pills were collected in 2019. – A medication drop box was installed near the ED. As of 10/29/2019, 190 gallons of pills have been collected from the permanent box.**				
3.11 Pursue the possibility of take back boxes in retail pharmacies within the county.	Implementati on of boxes	Advertise-ment	4Q2020	**Christy Myers** Tammy Allison	1 in 2019 1 in 2020

3.12 Partnership with Bellefontaine City Police Department and Pharmacies promoting disposal of unused and unwanted medications.	Ongoing	Invoice	Annually 2019 2020 2021	**Christie Barns** Tammy Allison	Number of flyers
GOAL ELIMINATED 12/31/2019	**Conversation was had with the BPD to update the flyers and produce larger posters for pharmacy's to display. To date, the PD has not revisited the subject or requested materials.**				

**Organization Strategic Plan Items: 3.1, 3.3*

Additional strategies not a part of original plan:

Naloxone Dispensing Protocol – adopted by Mary Rutan Hospital, September 2019. Each retail pharmacy is supplied with 5 kits.

Management of Opiates: New Workers Compensation Injuries

As part of our 2018 corporate goals, CHS chose as a "quality objective" to address new workers compensation injuries pain management to compare it with the standards established by the State of Ohio. Ensuring compliance with the regulations implemented by the State of Ohio relative to opioid prescription management for acute pain as well as educating clinical staff regarding our responsibility to the injured worker and the community by decreasing and or eliminating the usage of opioids and utilizing other measures for pain control.

To achieve this we approached it as follows:

- Internal education meetings to discuss the new regulations proposed and implemented by the state of Ohio, State Pharmacy Board of Ohio and the Ohio BWC
- Development of internal process using the opioid risk tool as well as a thorough review of the health history (including personal and family history)
- Checking OAARS
- Utilizing other medications and care to provide comfort and assist in the recovery of the injured worker.

Our electronic medical record review reveals that we prescribed opioids to new work related injuries as follows:

YEAR	PERCENTAGE
2017	13.2 (baseline)
2018	2.6 (80% decreased compared to 2017)
2019 (current through 12/02/2019)	3.6 (currently at 73% decrease compared to 2017)

2017		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total
New Injury		38	32	37	37	144
Prescriptions		11	0	5	3	19
Percent		28.9%	0.0%	13.5%	8.1%	**13.2%**
2018		**1st Qtr**	**2nd Qtr**	**3rd Qtr**	**4th Qtr**	**Total**
New Injury		49	37	40	40	166
Prescriptions		4	0	0	0	4
Percent		8.2%	0.0%	0.0%	0.0%	**2.4%**
2019		**1st Qtr**	**2nd Qtr**	**3rd Qtr**	**4th tr***	**Total**
New Injury		48	48	28	15	139
Prescriptions		4	1	0	0	5
Percent		8.3%	2.1%	0.0%	0.0%	**3.6%**
						*** UTD 12/02/2019**

KEY FINDING #4 –ACCESS & RESOURCES

Key Findings: Data from the 2018 Logan County Community Needs Assessment survey shows there is room for improvement in Logan County in terms of getting people to make healthier lifestyle choices.

- When focus groups were asked about issues in our community, in accessibility of resources for medical, mental health, and other social services was a common theme.
- When asked, "What would you change?" the most mentions were regarding a need, access, or knowledge of available resources. .

GOAL - Improve access and knowledge of resources for comprehensive, quality health care services.

County Outcome Objective – By 12/31/2021 reduce the proportion of respondents indicating each type of barrier they experience by a minimum of 3 percentage points. Also by 12/31/2021 decrease the proportion of respondents indicating daytime transportation is a big or medium problem from 51.4% to 50.0% (2018 CHA. Weekend transportation is a big or medium problem from 63.9% to 62.0% and from the 2018 CHA respondents were asked the following: Communities can struggle with different issues. Let us know what issues you feel that your community struggles with by rating the following on a scale of 'Not a Problem' to 'Big Problem.")

ACTION STEPS FOR IDENTIFIED GOALS

Action / Strategy *(What needs to be done)*	Measurable Outcome Indicator	Data Source Method	By When	Responsible Entity	Baseline Data	Target
4.1 Implement an ED Patient Navigator and non-primary care referral program.	Number of patients without a primary care doc	Patient report	4Q2020	**Wendy Rodenberger** **Tammy Allison** Jim Schwind Adam Jurich	17%	12%
02/07/2020	**ED navigator role has been implemented and currently her primary focus has been the needs of our behavioral health patients. In addition, Navigator works with area providers to connect unassigned patients with PCP. Most patients accepted by MRH-IM or CHWP.**					
4.2 Research the ability to utilize EMS to check on at-risk residents as identified through ED or discharges while in their home.	Completion	Summary report	4Q2021	**Jim Schwind** **Grant Varian** **Tammy Allison** EMS Coordinator Clinic Care Coordinators Administration	Not currently providing	Completion
12/31/2019	**Established as personal goal for G. Varian and T. Allison for 2020.**					
4.3 Evaluate options to partner on EMS transfers	Completion	Summary report	4Q2021	**Chad Ross** Wendy Rodenberger Tammy Allison Steve Brown ED Leadership		Evaluation complete
4.4 Investigate options for medical oncology	Completion	Summary report	4Q2021	**Admin Team**		Investigation complete
4.5 Implement a specialty clinic in the Indian Lake area	Completion	Summary report	4Q2021	**Tom Denbow** **Chad Ross**		Implementation complete
GOAL MET - 06/28/2019						**Community Ribbon-cutting**
4.6 Investigate Virtual Health	Completion	Summary report	4Q2021	**Chad Ross** Tom Denbow Grant Varian Tammy Allison		Completion of the investigation.

4.7 Implement Tele-ICU	Completion	Summary report	4Q2019	**Chad Ross** **Grant Varian** **Wendy Rodenburger** Tom Denbow Tammy Gump IT Kim Kirby	Implementation date
03/31/2020	**Equipment is onsite and workflows identified. Staff begun training. Due to COVID-19 there is currently no date for implantation.**				
4.8 Continue to be a funding partner in the 211 system	Contributions	Community Benefit Report	4Q2019 4Q2020 4Q2021	**Tammy Allison** MRH Foundation	Date of funding
GOAL MET - 12/31/2019					**Yes, $1,500 paid 1st Q 2019**
4.9 Physician recruitment for upcoming retirements	Number of recruitments		4Q2019 4Q2020 4Q2021	**Tammy Gump** **Grant Varian** Tom Denbow	# of recruits & area
GOAL MET – 12/31/2019				**Carissa Elkins, MD/family practice/JC & Indian Lake clinic** **Anna Clem-Badhwar, DO / family practice / Urbana Clinic** **Kimberly Klapchar, DO / ENT / Bellefontaine & Urbana** **Thomas Kiefer, MD / Allergy / Bellefontaine**	
4.10 Provide scholarships and loans for medical students, EMT/Paramedic and STNA program.	Number of scholarships awarded	Community Benefit Report	4Q2019 4Q2020 4Q2021	**Tammy Allison** MRH Foundation	# of scholarships awarded
GOAL MET - 12/31/2019				**36 recipients - $56,566.00 awarded 1 medical student, 17 nursing & 18 allied health 1 EMT , Perry Township $750**	
4.11 MRH representative to be an active partner in the ARC coalition.	Number of meetings attended	Sign in sheet	4Q2019 4Q2020 4Q2021	**Deb Orr**	# of meetings attended
GOAL MET - 12/31/2019					**Attended 5 ARC meeting**
4.12 Participation and support Logan County Transportation Advisory Board	Number of meetings attended	Sign in sheet	4Q2019 4Q2020 4Q2021	**Tammy Allison**	# of meetings attended
GOAL MET - 12/31/2019	**T. Allison continues to be an active member. Attended 3 meetings in 2019.**				
4.13 Participation in the Logan County Coalition Advisory Board (CAB)	Number of meetings attended	Sign in sheet	4Q2019 4Q2020 4Q2021	**Tammy Allison** **Christie Barns**	Participation in all meetings
GOAL MET - 12/31/2019				**Both Allison and Barns attend quarterly meetings**	
4.14 Increase awareness and provide preventative education on breast cancer.	Number of happenings	Community benefit report	4Q2019 4Q2020 4Q2021	**Deb Orr** **Imaging Center Staff** Christie Barns Logan County Cancer	# of touch points
GOAL MET - 12/31/2019				**In 2019, 59 people were documented as having breast education through community outreach.**	
4.15 Increase awareness and provide preventative education on melanoma and other types of skin cancer.	Number of happenings	Community benefit report	4Q2019 4Q2020 4Q2021	**Deb Orr** **Christie Barns** Logan County Cancer	# of touch points
GOAL MET - 12/31/2019					**460 touchpoints at 12 events**

**Organization Strategic Plan Items: 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7*

KEY FINDING #5 –SAFE & HEALTHY KIDS

Key Findings: Data from the 2018 Logan County Community Needs Assessment survey shows there is room for improvement in Logan County in terms of getting people to make healthier lifestyle choices.

- According to the Ohio Kids County 2017 Fact Sheet, child maltreatment in Logan County is higher than the state rate.
- Responses in the 2018 Community Needs Survey indicate over one quarter or respondents view child abuse as a big problem.
- Juvenile Division Cases filed by year increased from 95 in 2014 to 146 in 2016.

GOAL - Improve the healthy development, health, safety, and well-being of kids.

County Outcome Objective – Decrease the proportion of respondents indicating child abuse is a medium to big problem in the community from 73.4% to 65% (2018 CHA, Respondents were asked the following: Communities can struggle with different issues. Let us know what issues you fell that your community struggles with by rating the following on a sale of 'Not a Problem' to 'Big Problem.')

ACTION STEPS FOR IDENTIFIED GOALS

Action / Strategy *(What needs to be done)*	Measurable Outcome Indicator	Data Source Method	By When	Responsible Entity	Baseline Data	Target
5.1 Participate in the adoption/creation and distribution of materials on learning, development, and behavior of children and at-risk children.	Completion	The material itself	4Q2021	**Tammy Burkhammer** Pediatric Clinic	Currently multiple Messages are Being used.	Develop one Consistent message.
5.2 Participate in the distribution of developmental information appropriate for at-risk neighborhoods and the agencies that serve them.	Completion	Information material	4Q2021	**Deb Orr** Pediatric Clinic	Currently multiple Messages are Being used.	Develop one Consistent message.
5.3 Increase the percentage of kids who have taken advantage of well-check appointment incentives offered through managed care plans.		Pediatric clinic reports	4Q2021	**Tammy Burkhammer** Pediatric Clinic	MRH Peds has 7,172 pediatric Patients. Of those 2,715 had well child checks in 2017 for a total percentage of 37.8% compliance. CHWP has 1167 patients. Of those 657 had well-checks for a total of 56.30%	

OTHER NEEDS IDENTIFIED IN THE COMMUNITY HEALTH ASSESSMENT AND THE COMMUNITY CALL TO ACTION BUT NOT ADDRESSED IN THIS PLAN.

Two other areas of need were identified by the CHA and Call to Action: absence of affordable housing and workforce development.

These areas are not addressed in Mary Rutan Hospital's implementation plan due to limited staff and financial resources and the need to allocate significant resources to the priority health needs identified and in line with the mission of the organization.

However, support will be given to community efforts in these areas through participation in the Logan County Coalition Advisory Board (CAB), Logan County Chamber of Commerce, and United Way of Logan County.

BOARD APPROVAL

An overview of the findings of the Logan County Health Risk and Needs Assessment (CHA), the Logan County Community Health Improvement Plan (CHIP) and the Mary Rutan Hospital Implementation Plan (HIP) were presented to the Mary Rutan Hospital Board of Directors on Monday, October 29, 2018 for approval. The Board unanimously approved the documents as presented.