

Washington Health System 2018 CHNA Joint Implementation Plan: Washington and Greene Campuses

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Overview

From February 2018 to June 2019, Washington Health System (WHS) engaged LRF Consulting, LLC (LRF) to complete their Community Health Needs Assessment (CHNA) for the Washington and Greene facilities. During that process, a 2020 Healthy Community Logic Model™ was created to show logical linkages between health factor indicators and final outcomes. This implementation plan completes the logic model by providing the inputs and resources; process goals and objectives; and expected process measures (outcomes) for the two identified, prioritized health needs: accidental drug deaths and colorectal cancer (See Figure 1).

Since some of the identified needs are interrelated to the two priority ones, they will be addressed to a certain extent by addressing the latter. These include: fruit intake and vegetable intake; tobacco quit attempts; smokeless tobacco use; at risk for heavy drinking; limited access to healthy foods. The rest of the identified health needs will not be addressed in this plan. Reasons why include:

1. Years of Potential Life Lost, Unhealthy physical and mental days—Since these are general measures of health, they are not specific enough to warrant action. That is the reason why specific death rates and other behavioral measures were adding to the model.
2. Diabetes deaths—this has been addressed for the past six years and the rates, although not in goal range, are in a decline.
3. Suicide—relative low priority assigned to need due to low number of deaths (even though rate is high).
4. Pregnant smoking—Not enough resources to address need along with the other two prioritized needs
5. Youth Obesity—Not enough resources to address need along with the other two prioritized needs
6. Dental visits—need is better addressed by community partners whose focus includes these services.
7. Mammography and Late stage breast cancer— these have been addressed for the past six years and the rates, although not in goal range, are in a decline. In addition, Breast cancer death rates are in goal range.
8. Fast food restaurants—lack of evidenced-based interventions to decrease access and lack of expertise/control to accomplish progress (measure was ratio between fast food restaurants versus full-service restaurants).

Public health looks at populations and is not used to clinically manage individual patients. This plan is designed with formative evaluation, not summative. This means that the information measured is used to compare where the intervention population is in relation to a "standard;" to investigate reasons behind variation from the "standard;" and to continue to revise the plan and/or interventions based on quality improvement processes.

This plan will detail for each of the prioritized health needs:

- Inputs and resources
- Goals, process objectives and process activities with timeline
- Expected process outcomes and measurements
- How each measure will be collected and by whom
- Into what database the collected information will be entered and who will enter
- How the information will be analyzed and who will perform the analysis
- How and who will communicate the results with timeline

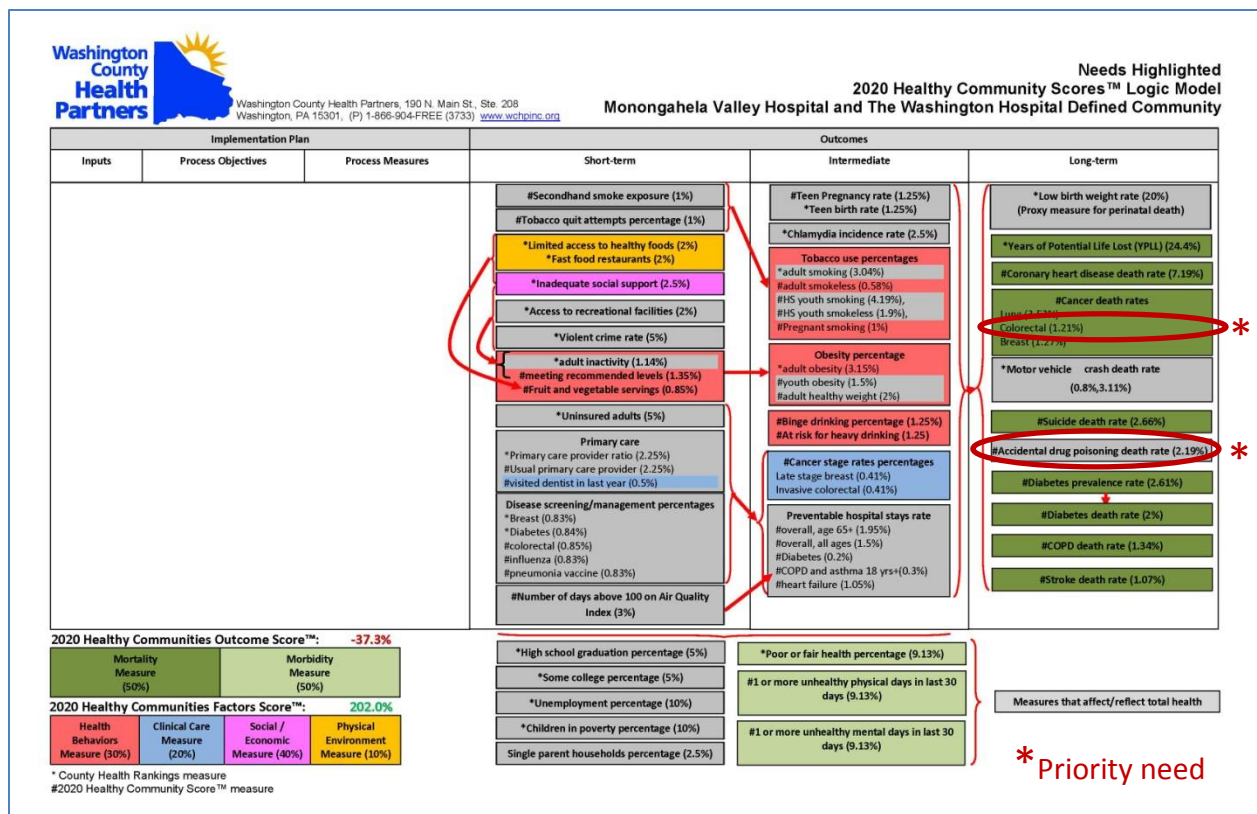


Figure 1. 2020 Healthy Community Logic Model™ with highlighted needs.

Inputs and resources

Inputs and resources are the raw materials that are needed to implement the plan. They are determined by the plan's goals and objectives and include: people; funding; and organizations.

Expected inputs include:

1. Funding from WHS to implement the plan
2. Funding from other entities to implement interventions
3. Appropriate WHS staff to work on the implementation of the plan, including:
 - a. Stakeholders (in-patient and out-patient staff (Nurses (RN), Physicians (MD), Physician Assistants (PA), Certified Nurse Practitioners (CRNP), Outreach Coordinator, etc.)
 - b. Database administrators for inpatient medical records and in/outpatient medical offices
 - c. Diabetes care medical director, Diabetes educator managers and educators
 - d. case managers
 - e. dietitians
4. Community organizations such as:
 - a. Washington Physician Hospital Organization
 - b. Washington County Drug and Alcohol Commission (WDAC)
 - c. Greene County Human Services (GCHS)
 - d. American Cancer Society,

- e. Pharmacists
 - f. private physician practices
 - g. employers
 - h. health insurance plans
 - i. pharmaceutical companies
 - j. Federally Qualified Health Centers (FQHC)
 - k. faith community and community health workers
5. PA Department of Health representative
 6. people with diagnosed opiate addiction and their social supports
 7. people at risk of opiate addiction and their social supports
 8. people with colorectal cancer
 9. people between the ages of 50 to 75 years at risk of colorectal cancer
 10. Patient Family Center Care Advisors
 11. Health care affordability act mandates
 12. Evidenced-based interventions for opiate addiction and colorectal cancer
 13. Community health assessment results

Goals, process objectives and process activities

Goals identify what is to be accomplished by the end of a specific time period while process objectives specify what is to be accomplished during mile posts within the goals' timeframes. Process activities map how the objectives will be achieved and are contained within the objective's time period. An important piece of the activities includes how and who will communicate the results. Since this is a joint implementation plan for both Washington Health System's (WHS) Washington (**W**) and Greene (**G**) Campuses, any differences in process activities, responsible party and/or timeline for completion will be highlighted by being preceded by the letter "**W**" for Washington and "**G**" for Greene. Otherwise, it will be assumed that they are identical

Goal #1: To reduce 2017 accidental drug death rate in Washington and Greene Counties combined (55.2 per 100,000 population, age-adjusted) by 25% (to 41.4 per 100,000 population, age-adjusted) as of June 30, 2021.

Process Objective 1: To continue to administer buprenorphine to appropriate emergency room patients by June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Identify appropriate patients for buprenorphine administration	WHS ED personnel	On-going through 6-30-2021
2. Administer buprenorphine	WHS ED personnel	On-going through 6-30-2021
3. Refer patient to appropriate SCA	WHS personnel/SCA case manager	On-going through 6-30-2021

Process Objective 2: To continue to implement the “warm hand-off” of patients presenting with opiate addiction at WHS’s emergency departments (ED) through June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Educate ED personnel on Opioid clinical pathway usefulness	University of Pittsburgh School of Pharmacy	On-going through 6-30-2021
2. ED personnel to identify and refer patients with concern for opioid use disorder to embedded case manager single county authority (SCA) personnel for assistance in treatment enrollment.	WHS ED personnel and SCA embedded and on call case manager, and certified recovery specialist personnel	On-going through 6-30-2021
3. SCA personnel to assess referred patients and warm hand off to substance use disorder (SUD) treatment	SCA embedded and on call case manager	On-going through 6-30-2021
4. Notification of referred patients’ primary care doctors	WHS ED personnel	On-going through 6-30-2021
5. Patients who refuse warm hand off issued Naloxone medication/prescription	WHS ED personnel	On-going through 6-30-2021

Process Objective 3: To continue to offer a MAT clinic in the family physician residency program by June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Identify appropriate patients for clinic	WHS family physician residency program	On-going through 6-30-2021
2. Enroll appropriate patients for clinic	WHS family physician residency program	On-going through 6-30-2021
3. Provide MAT for enrolled patients	WHS family physician residency program	On-going through 6-30-2021
4. Provide opportunity for family practice residents to be trained in MAT	WHS family physician residency program	On-going through 6-30-2021

Process Objective 4: To continue to monitor opioid prescriptions for all Washington Physician Group (WPG) patients by June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Update as needed opioid prescribing guidelines issued in May 2018	Washington-Physician Hospital Group (WPHO) personnel	On-going through 6-30-2021
2. Check Prescription Drug Monitoring Program (PDMP) on all WPG patients with opioid prescriptions	WPG personnel	On-going through 6-30-2021
3. Provide feedback to medical provid-	WPG	Quarterly, On-going

ers on prescribing practices	staff/Population Health Staff	through 6-30-2021
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Process Objective 5: To continue to place a priority on identification and treatment of pregnant women with Substance Use Disorder (SUD) by June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Renovate existing facilities and expand current programming for pregnant women with SUD in Waynesburg, PA	Greenbriar treatment center	6-30-2021
2. W —Representation on Treatment subcommittee of Washington Drug and Alcohol Commission’s (WDAC) Washington County Opioid Overdose Coalition (WCOOC)	W — Director of Operations; Nurse Manager, WHS Ob/Gyn Care; Program Manager, Behavioral Health Services; Office Manager, WHS Family Medicine – California	W —on going, 4 th Friday, monthly through 6-30-2021
3. W —WPG OB/Gyn to pursue additional grant funding to expand services	W — Director of Operations; Nurse Manager, WHS Ob/Gyn Care; Program Manager, Behavioral Health Services; Office Manager, WHS Family Medicine – California	W —on-going, 6-30-2021
4. W —WPG OB/gyn to screen all pregnant women for SUD	W — WHS Ob/Gyn Care staff	W —on-going, 6-30-2021
5. W —WPG OB/gyn to refer positively screened pregnant women for SUD treatment	W — WHS Ob/Gyn Care staff	W —on-going, 6-30-2021

Process Objective 6: To continue to participate on the appropriate SCA’s Opioid Task Force through June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. W --Attend all WDAC WCOOC meetings G —Attend all Greene County Human Services Drug and Alcohol Programs’ Opioid Task Force meetings	W —WPG designated personnel: Director of Operations; Nurse Manager, WHS Ob/Gyn Care; Program Manager, Behavioral Health Services; Office Manager, WHS Family Medicine – California G —President, Washington Health System Greene	W —On-going, monthly, 4 th Friday G —On-going, monthly, 2 nd Monday
2. W —Participate on treatment subcommittee to improve the quality of care for pregnant women with SUD	W —WPG designated personnel: Director of Operations; Nurse Manager, WHS Ob/Gyn Care; Program Manager, Behavioral Health Services; Office Manager, WHS Family Medicine – California	W —On-going, Monthly, 4 th Friday

Goal #2: To reduce 2017 colorectal cancer death rate in Washington and Greene Counties combined (19 per 100,000 population, age-adjusted) by 7.4% (to 17.6 per 100,000 population, age-adjusted) as of June 30, 2021.

Process Objective 1: To implement an evidenced-based intervention designed to increase the number and percentage of people aged 50-75 years who are screened with a test that fulfills current recommended treatment guidelines in the Washington Physician Group (WPG) population by 3% as of June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Identify ways to collect and document compliant screenings existing prior to tracking in EMR	WHS IT	On-going, 6-30-2021
2. Place small media reminders on the back of all patient examination rooms that remind patients of various ways to be screened.	WPHO staff	12-31-2019
3. Assure that providers are aware of patient screening status at each wellness visit	WPG and family practice residency staff	12-31-2019 12-31-2020 12-31-2021
4. Contact patients who have not been screened with a test that fulfills current recommended treatment guidelines least once for colorectal cancer in the past 12 months.	WPG and family practice residency staff	12-31-2019 12-31-2020 12-31-2021
5. Offer to schedule patients for testing as appropriate	WPG and family practice residency staff	12-31-2019 12-31-2020 12-31-2021
6. Offer patients self-testing methods as appropriate	WPHO staff	12-31-2019 12-31-2020 12-31-2021
7. Provide feedback to providers and staff at least once a year on closing gap effort results	WPHO staff	3-31-2020 3-31-2021

Expected process outcomes and measurements

Figure 2 provides a framework for defining many of the Warm Hand-off measures for combating opioid addiction. Red arrows and boxes indicate additions to the generic map provided by the Pennsylvania Department of Health.

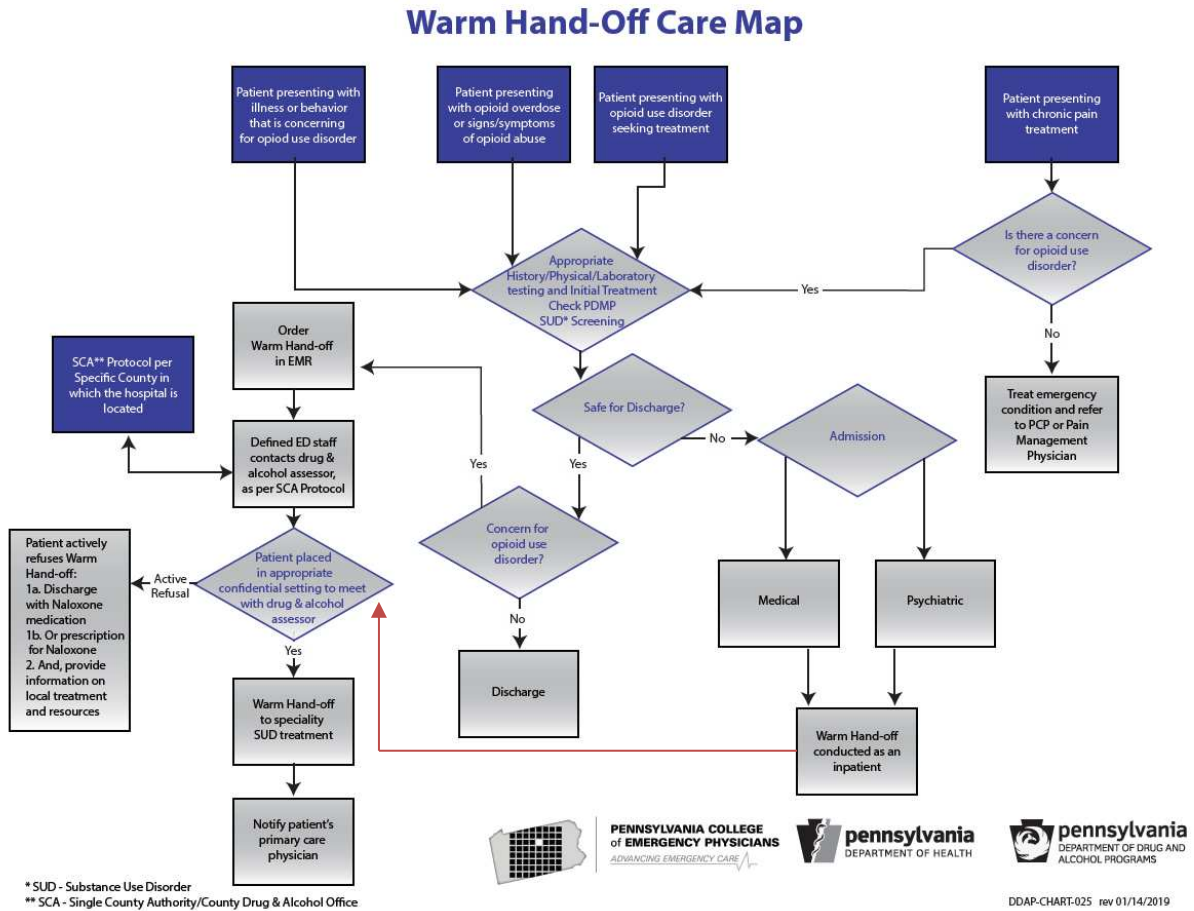


Figure 2. Warm Hand-off Care Map.

Figure 3 illustrates the colorectal cancer intervention population and where areas for policy change and intervention are located¹. It also provides a framework for defining many of the colorectal cancer screening process measures.

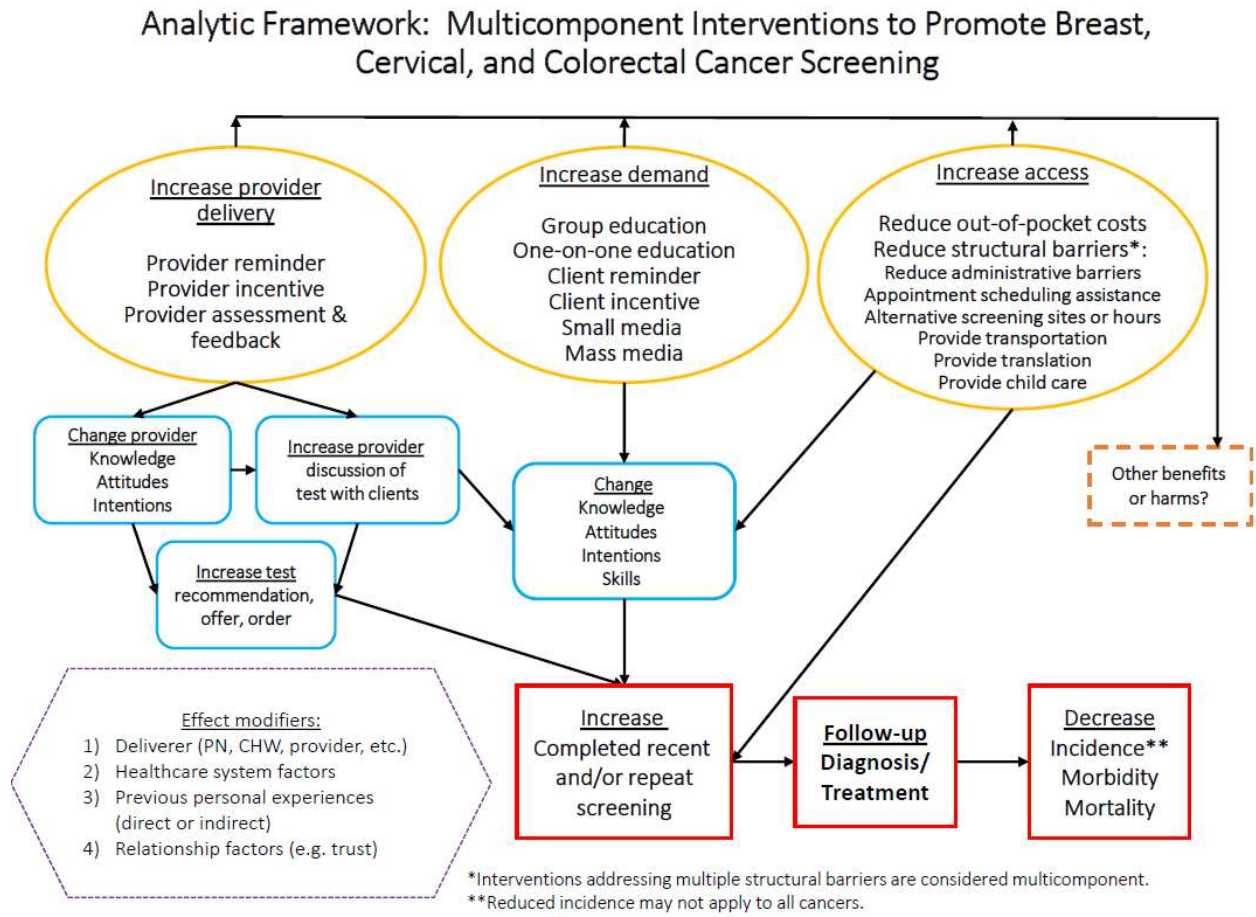


Figure 3. Analytic Framework for Colorectal Cancer Screening Promotion.

¹The Community Guide available online at <https://www.thecommunityguide.org/sites/default/files/assets/AF-multicomponent-cancer-screening.pdf>

Tables 1 and 2 present the recommended process measures for each priority health need (accidental drug deaths and colorectal cancer) that should be collected and analyzed before, during and after the priority interventions. It also identifies how the measure data are collected, who collects it, into what database it is put and who enters or extracts the data for reporting purposes.

Table 1: Recommended accidental drug death intervention process measures

Accidental drug deaths process measures	How collect- ed	Who collect	What data base	Who enters or extracts information
1. Rate of accidental drug deaths	Death Certificate	CDC	CDC WONDER database of multiple cause of death, UCD—Drug/Alcohol induced causes, drug induced causes	LRF
2. Number of (#) emergency room department (ED) patients identified with positive Substance Use Disorder (SUD) screen	Opioid Use Disorder (OUD) pathway documentation and/or ED overdose order set	ED staff	Sunrise	WHS ED IT
a. # administered buprenorphine to appropriate patients				
b. # referred to single county authority (SCA);				
i. Of those referred, # seen by SCA:	W--SCA personnel G—Director of Nursing	W--SCA personnel G—Director of Nursing	W--SCA database G—Director of Nursing	W--SCA personnel G—Director of Nursing
1. W--# Seen in ED				
2. W--# Seen in BHU				
3. W--# Seen on other floor				
a. Of those seen by SCA,				
i. # referred to SUD tx	ED note			WIN
ii. # primary care doctors notified				
c. # who refuse treatment and/or SCA referral	OUD pathway and/or ED overdose order set	ED staff	Sunrise	WHS ED IT
i. # get Naloxone meds/RX				
3. Number of WHS family residency patients identified for MAT clinic	EMR	WHS family residency staff	EMR	WHS IT
a. # enrolled				
b. # pregnant women				
c. # visits				

d. # dropped/dismissed				
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Table 1 (continued): Recommended accidental drug death intervention process measures

Accidental drug deaths process measures	How collected	Who collect	What data base	Who enters or extracts information
4. Number of opioid prescriptions (Rx) for WPG patients	Rx orders	WPG staff	EMR	Population Health Staff
a. # prescriptions within WPHO guidelines	Chart review		PDMP/Hand tally	
b. # patients with opioid prescriptions checked in PDMP	Chart review		PDMP/Hand tally	
c. # feedback given to providers	Chart review		PDMP/Hand tally	
5. # pregnant women identified with SUD	Paper screener questionnaire	WHS WPG staff	EMR	WHS IT
a. # pregnant women referred to treatment for SUD				
6. Participate on SCAs Task Force/Coalition	W—WCOOC meeting minutes G—GCHS OTF meeting minutes	W—WDAC personnel G—GCHS personnel	W—WDAC personnel G—GCHS personnel	W—WDAC personnel G—GCHS personnel

Table 2: Recommended colorectal cancer intervention process measures

Colorectal cancer process measures	How collected	Who collect	What database	Who enters or extracts information
1. Rate of colorectal cancer deaths	Death Certificate	CDC	CDC WONDER ICD-10 C18-C21	LRF
2. Rate of invasive colorectal cancer	PA cancer registry	PA DOH	PA DOH EDDIE	LRF
3. Percentage of Hospital Defined Community residents who have been screened in the past 12 months for colorectal cancer by a recommended method and time frame (USPSTF)	CHNA	LRF	SPSS	LRF

Table 2 (continued): Recommended colorectal cancer intervention process measures

Colorectal cancer process measures	How collect-ed	Who collect	What data-base	Who enters or extracts infor-mation
4. Number/percent of active patients in 50-75 years age group in 8 WPG primary care practices	EMR	WHS WPG staff	EMR	WHS IT
5. Number/percent of active patients aged 50-75 years who have been screened for colorectal cancer by a recommended method and time frame (USPSTF) in 8 WPG primary care practices				
6. Number/percent of active patients aged 50-75 years who have NOT been screened for colorectal cancer by a recommended method and time frame (USPSTF) in 8 WPG primary care practices	Health Insurance claims	Health insur-ances	Health insur-ances	Health in-surances
a. Of those not screened, how many contacted	WPG staff	WPG staff	Hand Tally	WPG staff
i. Of those contacted, how many assisted with scheduling screening test				
ii. Of those contacted, how many sent screening kits	WPHO staff	WPHO staff	Hand tally	WPHO staff
iii. Feedback given to providers				
7. Number of small media placed on back of patient exam room doors				

Data Analysis

Specifying how the data will be analyzed is important to show why each piece of information is collected and how it will be used to improve and/or evaluate programs. Identifying who will perform the data analysis defines and clarifies roles. Table 3 provides a summary.

Table 3: Recommended data analyses

Analysis	Time periods	Why	Who analyses
W--2018 Calendar year baseline data compared with collected program data W—2019 Calendar year data for MAT clinic G—2019 Calendar year (SCA data only)	quarterly and annually	To identify if and when improvements are occurring	WHS
Comparisons between different intervention sites and/or health care providers and/or data collection methods (e.g., use of ED orders compared to opioid pathway data)	quarterly and annually	To provide feedback for improvement and/or encourage compliance	WHS
Population data compared with program data	Annually	To identify how much impact is being made	WHS