



2019
**Community Health
Needs Assessment**

Mercy Hospital of Buffalo

**Community Health
Improvement Plan 2019-2021**



December 2019

Dear Community Resident:

As one of the largest health care providers in Western New York, we continually look for ways to improve the health of those who reside in our community. To support this effort, we conduct a Community Health Needs Assessment every three years to understand the health concerns and issues faced by community residents. Based on the Community Health Needs Assessment conducted in 2018, a Community Health Improvement Plan for 2019 through 2021 was developed to address those needs that are deemed substantive and that Catholic Health is most able to affect.

The assessment process was a collaborative effort between Catholic Health and other local organizations concerned about the health of our community, including Catholic Medical Partners, Erie County Department of Health, Buffalo State College, and the University at Buffalo. Additionally, we solicited input from other community organizations, individuals and groups in the form of surveys and community meetings. This input helped us develop focused programs and services that best address the health and wellness needs of the people who rely on us for care.

Catholic Health is committed to leading the transformation of health care in our community and to improving the health outcomes for all patient populations. To that end, in 2018, Catholic Health provided more than \$126 million in charity care and community benefit for the people of Western New York.

We look forward to working together with you and our community partners to improve the health and quality of life for the residents of Erie County. We welcome you to learn more about Catholic Health by visiting www.chsbuffalo.org, or calling HealthConnection at 716-447-6205.

A handwritten signature in blue ink that reads 'Mark A. Sullivan'.

Mark A. Sullivan
President & CEO
Catholic Health

Introduction

Catholic Health's Erie County based acute care facilities jointly conducted a Community Health Needs Assessment to better understand the health needs of the Erie County community. The results of effort informed and guided the development of Community Health Improvement Plans for each of Catholic Health's facilities which include Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Sisters of Charity Hospital, and Sisters of Charity Hospital- St. Joseph Campus. Please note that Catholic Health's acute care facility in Niagara County, Mount St. Mary's Hospital, conducted a separate Community Health Needs Assessment in 2018 for Niagara County resulting in its own three year Community Health Improvement Plan.

The 2018 Erie County Community Health Needs Assessment began by first re-evaluating the needs prioritized in the previous cycle (2016) and the impact of the projects targeting those needs. Catholic Health then solicited new input and perspectives from the public and several community organizations as outlined more specifically in the Process and Methods section of this report.

The 2018 Community Health Needs Assessment report helped to focus our community health improvement efforts on the significant health needs within our Erie County service area including those needs among the most vulnerable and under-represented populations. The resulting three-year (2019-2021) Community Health Improvement Plan represents a collaborative effort in our community to improve patient care, preventive services, overall health, and quality of life.

Significant Community Health Needs Themes

The 2019 community outreach and research revealed the following themes with regard to significant health care needs and disparities in Erie County, many of which will be targeted by Catholic Health as part of its Community Health Improvement Plan.

1. *Shortage of Primary Care Physicians and Specialists:* The shortage of primary care providers remains an issue especially in Buffalo's economically distressed neighborhoods. Of specific note is the lack of providers serving the developmentally disabled and the lack of geriatricians to serve Erie County's large and growing senior population.
2. *Cost:* Both Medicare and Medicaid recipients face hardship when it comes to paying medical bills, including medication copays. Cost of care is not only a burden for Medicaid recipients, but also affects those in the mid-income range that do not qualify.
3. *Gaps in Mental Health Reach:* Crisis Service data suggests that males and those who are 65+ are the least adequately reached groups. A different approach also needs to be taken, in order to increase mental health participation amongst non-White cultural groups, such as refugees. The topic of mental health was the second largest concern in Erie County after obesity, according to the Community Health Needs Assessment survey.
4. *Care Coordination and Navigation:* A lack of Social Workers, Care Coordinators and other support staff lead to poor hand off for follow-up care needs. Other factors such as discharge paperwork is not approachable by all, causing missed medical appointments.
5. *Cultural Competency:* Interpretation services, lack of trauma-informed care staff, and cross cultural sensitivity impact the effectiveness of medical care. A focus group participant also mentioned hiring staff that resembles the population being served could improve medical field-patient relations.
6. *Nutrition:* Inadequate nutrition may lead to adverse outcomes on medication effectiveness and overall health. Focus group participants provided several examples where the populations they serve have been affected by this. Additionally, the Community Health Needs Assessment survey findings show that nutrition is one of the biggest concerns amongst the Black community.

7. *Transportation*: Those who do not qualify for Medicaid or transportation services are at higher risk for not obtaining medical care when necessary. In fact, the Community Health Needs Assessment survey findings confirm that Buffalo residents, especially those living in the East side, have dealt with this situation at least once within the past twelve months.
8. *Overuse of the Emergency Department*: Community education regarding emergency department alternatives, as well as embedding social workers and mental health counselors at these sites may reduce their use as a primary source of care. The Community Health Needs Assessment survey results reveal that people ages 17-44 are most likely to fall in to this category. Nonetheless, using the emergency department as a primary source of care decreases as age increases.
9. *Obesity*: 50% of Erie County residents selected this health topic as being the most interesting to learn about. While tied to the aforementioned topic of “nutrition”, the theme of obesity focuses on the detriments that this chronic disease has on overall health, rather than food security.
10. *Health Literacy*: In addition to the feedback received during focus groups regarding the complexity of care plans and the general population’s struggle to understand healthcare terminology and processes, the Buffalo region also trails in literacy skill- level. This social determinant compromises the community’s general health.

Overview of Process Leading to 2019-2021 Community Health Improvement Plan

Catholic Health and its hospitals followed the process described below in completing its Community Health Needs Assessment and Community Health Improvement Plan.

1. Establish the Assessment Infrastructure

A Community Health Needs Assessment/Community Health Improvement Plan Steering Committee was established with representation from each of Catholic Health's acute care operations, clinical service lines, Catholic Medical Partners- Catholic Health's independent practice association, Mission Integration, and Planning and Finance. The Steering Committee reviewed Internal Revenue Service and Department of Health requirements and established the project timeline and work plan.

2. Defining the Purpose and Scope

Not-for-profit hospitals in New York State are required to develop a Community Health Improvement Plan with requirements that are similar to those of the Internal Revenue Agency. New York State requires that each organization, in cooperation with the local Department of Health and other providers in their county, collaboratively choose to work on two Prevention Agenda priority focus areas and address disparities in at least one of them.

3. Collect and Analyze Data

Catholic Health, in cooperation with the Erie County Department of Health and other health care provider organizations, commissioned three community focus groups in the first quarter of 2019 including leaders from various health care and social services organizations. Catholic Health also conducted an internal focus group including associates from social work, primary care, acute care, emergency care, home care and long-term care with representation from Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospital as well as other Catholic Health partners (Catholic Health Medical Partners, IPA and Evergreen Health).

Catholic Health collaborated with the local Department of Health in developing the Erie County Community Health Assessment Consumer Survey and actively participated in disseminating the survey to ensure a representative sample. Catholic Health distributed the survey (English and Spanish translations) via Catholic Health's webpage and social media and by canvassing neighborhood centers in low income and Spanish speaking communities.

Various secondary health data sources (e.g. County opioid statistics) were also utilized to assess need. Refer to Catholic Health's Erie County Community Health Needs Assessment report for a full description of sources.

4. Identify Resources/Community Collaboration

In addition to publicly available program information, the focus group process outlined above served as a means for further understanding what community programs and resources are available and served as a forum for discussing ways to collaborate to better meet the needs identified in the Community Health Needs Assessment.

5. System Prioritization of Community Needs

Mercy Hospital of Buffalo's 2019-2021 Community Health Improvement Plan was developed with primary consideration given the 2019-2024 New York State Prevention Agenda and the local Erie County Department of Health 2019 Community Health Improvement Plan priorities that were jointly

developed with participation from Catholic Health and other provider organizations. Additional consideration was given to the need for a continuation of programming identified in the Mercy Hospital of Buffalo's 2016 Community Health Improvement Plan.

Final selection of the Mercy Hospital of Buffalo's 2019-2021 projects was aided by the application of criteria developed by the Steering Committee. Clinical and administrative representatives from Catholic Health and Catholic Medical Partners participated in the evaluation process utilizing the following six criteria:

- Existing leadership structure can support effort
- Current data collection effort confirms need and its significance in the community
- Meaningful opportunity exists to collaborate with external partners and make a meaningful impact
- Related initiative aligns with and will not compromise the Ministry's Mission and goals
- Other resources required are realistic and within the organizations capacity/budget
- The likelihood that substantial or meaningful impact can be made in our stated service area

6. Development of Community Health Improvement Plan and Monitoring of Progress

Of the eleven implementation plans that were developed for Mercy Hospital of Buffalo, five are linked to the New York State Prevention Agenda Priority Areas of "Prevent Chronic Disease", "Promote Well-Being and Prevent Mental Health and Substance Abuse Disorders", "Prevent Chronic Disease", "Prevent Communicable Diseases", and "Promote Healthy Women, Infants and Children".

Two of the eleven are designated as community collaboration priorities and include (1) "Improve healthcare literacy targeting the areas of heart disease and diabetes" and (2) "Education program targeting providers regarding alternatives to opioids for pain management".

Each project plan specifies the goals, and objectives for addressing the prioritized significant community health needs. Additionally, each plan specifies the actions to be taken, collaborations that will be instituted, the resources required and the measures of success. The Steering Committee will utilize a dashboard with implementation plan measures will be used to gauge progress throughout the three-year duration. The Steering Committee will meet on a quarterly basis to assess program and make adjustments as required.

7. Board Approval and Public Availability of the Community Health Needs Assessment/Community Health Improvement Plan

The Mission Committee of the hospital's Board was engaged throughout the Community Health Needs Assessment process by reviewing progress, providing feedback and endorsing the resulting work product. The final Community Health Needs Assessment was approved by both the Mission Committee and the Hospital's Board. The Catholic Health Hospital Boards of Directors reviewed and approved the Community Health Improvement Plan plans for each of its hospitals on October 17, 2019. Reports have been published electronically on the Catholic Health website with hard copies available upon request at each hospital.

Summary of Community Health Improvement Plan

Mercy Hospital of Buffalo is committed to addressing the significant health needs of its community which is reflected in the hospital's updated three-year (2019-2021) Community Health Improvement Plan. The plan began with the prioritization of the significant health needs identified in the Community Health Needs Assessment. Mercy Hospital of Buffalo considered the importance placed on those needs by both New York State as outlined in the Prevention Agenda and by a local assessment conducted by the Erie County Department of Health and an assessment conducted as a region to support the projects chosen as part of the statewide Delivery System Reform Incentive Payment Program initiative to improve care to the Medicaid and underinsured population. Mercy Hospital of Buffalo assessed its capabilities and resources with the potential to partner with others in the community to select projects that had the greatest opportunity to reduce the health disparities and meet the needs of the Erie County community.

Mercy Hospital of Buffalo Implementation Plans and Partners

1. Improve Healthcare Literacy Specifically Targeting the Areas of Nutrition, Substance Use, Depression and Communicable Diseases- **Erie County Community Collaboration Priority**
2. Broaden Reach of the Sisters Metabolic Center for Wellness to Also Serve the Needs of Those With Diabetes and Heart Disease Stroke Support Programming
3. Education Program Targeting Providers Regarding Alternatives to Opioids for Pain Management Helping High Risk Moms to Prevent Prematurity and Address Opioid Dependence- **Erie County Community Collaboration Priority**
4. Healthy Eating and Food Security Collaboration
5. Reduce Healthcare Disparities Through Trauma-Informed Care Practices
6. Improve Access to Care for Buffalo's Homeless Population
7. Depression Screening Program
8. Promote Community Standards of Care for Obstetrics Patients
9. Emergency Room Social Worker Pilot
10. Improve Screening for Sexually Transmitted Infections in All Obstetrics and Gynecology Offices
11. Implement Opioid Use Disorder in Pregnancy Program

Mercy Hospital of Buffalo Project 1: Improve Healthcare Literacy specifically targeting the typical health care challenges and needs of those with heart disease and diabetes.

Designated Project Leaders: Julie LaManna, Director, Cardiac Services & Director, Patient Care Services

Catholic Health Leadership Sponsor/Support: Dr. Hans P. Cassagnol, MD, MMM, Executive Vice President & Chief Clinical Officer/Physician Executive

New York State Prevention Agenda: Multiple- While not a specific Prevention Agenda goal, this initiative addresses a social determinant that cuts across each of the New York State Prevention Agenda Priority Areas and is believed to compromise people's ability to follow self-manage their health.

Identified Need and Project Description: External and internal focus group conversations highlighted the difficulty faced by health care providers and workers in communicating with various populations with limited language skills. While translation services are available to some extent, the translation does not always resonate as it is not at a level that is approachable by the patient. Numerous secondary sources cite health literacy as a social determinant that results in health disparities. The Center for Disease Control has made healthcare literacy a priority and has formed an Advisory Committee focused on this topic that will inform the final drafting of their "Healthy People 2030" plan.

Project's Target Population: The Erie County Department of Health's Health Literacy Taskforce will focus on the needs of those with heart disease and/or diabetes within the City of Buffalo. Catholic Health's internal workgroup will also focus on the unique needs of Buffalo residents, but will also apply those learnings and methods County wide for those with heart disease and or diabetes. Special attention will be devoted to improving the communication of care plans for patients discharged from Catholic Health hospitals and emergency rooms as well as all Sisters of Charity Hospital primary care clinic patients.

Outcome Objectives: Reduce health disparities amongst Erie County residents, by improving communication of care plans to patients.

Overall Project Goal/Measures:	Year 1 (2019): County Taskforce and Catholic Health's internal advisory group kick off before year end.	Year 2 (2020): Issue whitepaper for each of the 4 targeted topics by year end.	Year 3 (2021): Distribute sample materials and tip sheets both internally and to community partners.
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Mercy Hospital of Buffalo Project Initiatives and Roll Out by year and site:	Year 1 (2019): (1) Collaborate with Erie County Department of Health to charter a multi-organizational taskforce that will kick off before year end 2019. (2) Form an internal ad-hoc advisory group that will serve to support the work of Catholic Health representatives on the County taskforce.	Year 2 (2020): (1) Taskforce to educate themselves by participating in Center for Disease Control webinars and researching best practices. (2) Brainstorm ideas and test with actual target population. (3) Share suggested to Erie County providers for voluntary adoption.	Year 3 (2021): (1) Catholic Health to adopt various tactics as deemed appropriate. (2) Survey/focus group providers to assess impact.
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Collaboration:	Year 1 (2019): Erie County Department of Health's Health Literacy Taskforce to facilitate inter-organizational dialogue regarding best practices. Western New York Library Resources Council to explore the most effective methods for guiding the public in accessing health information.	Year 2 (2020): Erie County Department of Health's Health Literacy Taskforce to facilitate inter-organizational dialogue regarding best practices. Western New York Library Resources Council to explore the most effective methods for guiding the public in accessing health information.	Year 3 (2021): Erie County Department of Health's Health Literacy Taskforce to facilitate inter-organizational dialogue regarding best practices. Western New York Library Resources Council to explore the most effective methods for guiding the public in accessing health information.
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**Catholic Health
Resources Necessary:**

Year 1 (2019):

While no operational dollars required, representation from Kenmore Mercy Hospital. Mercy Hospital of Buffalo and Sisters of Charity Hospital nursing and patient advocate staff will population Catholic Health's internal advisory team that will react to and inform the County's Literacy Taskforce.

Year 2 (2020):

Approximately \$16,000 for agency development of materials both digital and collateral
Another \$4,000 for the purpose of consumer testing concepts/materials.

Year 3 (2021):

Any adoption of suggested tactics may result in the creation of new collateral or digital communications. It is anticipated that the cost of updated collateral materials would be funded within existing budgets for each of Catholic Health's acute care ministries.

Mercy Hospital of Buffalo Project 2: Education Program Targeting Providers Regarding Alternatives to Opioids for Pain Management

Designated Project Leaders: Thea Pecht, Manager Community Outreach; Joseph Lorenzetti, Clinical Rehab Specialist Athleticare

Catholic Health Leadership Sponsor/Support: Dr. Hans P. Cassagnol, MD, MMM, Executive Vice President & Chief Clinical Officer/Physician Executive

New York State Prevention Agenda Link: Promote Mental Health and Prevent Substance Abuse

Identified Need and Project Description: Physicians in Erie and Niagara Counties may not be aware of alternative approaches to treating musculoskeletal pain and order opioid medications to treat acute pain, which can result in addiction and ultimately substance abuse disorders. This project will focus on educating prescribing physicians and musculoskeletal providers (physical therapists, occupational therapists, chiropractors, etc.) on evidence based care to treat musculoskeletal pain.

Project's Target Population: Physicians and musculoskeletal providers in the Western New York area.

Outcome Objectives: Reduce opioid addiction in Erie County by educating prescribing providers of the alternatives to opioids for pain management.

Overall Project Goal / Measures::	Year 1 (2019): Provide low cost continuing education to musculoskeletal providers and prescribing physicians to reduce the use of opioids as first treatment for acute musculoskeletal pain.	Year 2 (2020): Provide low cost continuing education to musculoskeletal providers and prescribing physicians to reduce the use of opioids as first treatment for acute musculoskeletal pain.	Year 3 (2021): Provide low cost continuing education to musculoskeletal providers and prescribing physicians to reduce the use of opioids as first treatment for acute musculoskeletal pain.
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Mercy Hospital of Buffalo Project Initiatives and Roll Out by Year and by Site	Year 1 (2019): (1) Offer interdisciplinary continuing education to musculoskeletal providers by nationally known speaker with continuing medical education as well as other required continuing education certifications. (2) In collaboration with Erie County Department of Health, offer symposium focused on pain classification as basis for using evidence-based practice for treating (not managing) musculoskeletal pain.	Year 2 (2020): (1) Offer at least one additional education as part of series in integrating evidence into the treatment of musculoskeletal pain in our community. (2) In addition to bringing speakers to provider community, offer post-education learning sessions to ensure integration of evidence into practice.	Year 3 (2021): (1) Offer at least one additional education as part of series in integrating evidence into the treatment of musculoskeletal pain in our community. (2) In addition to bringing speakers to provider community, offer post-education learning sessions to ensure integration of evidence into practice.
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Collaboration:	Year 1 (2019): Through collaboration with Erie County Department of Health, Catholic Health Musculoskeletal service line will bring national and local speakers together to create a learning collaborative, improving our local providers' ability to classify musculoskeletal pain and ensure utilization of evidence to treat musculoskeletal pain.	Year 2 (2020): Continue work efforts to bring speakers as well as create learning post-education to ensure implementation of best practice into care pathways for musculoskeletal pain in our community.	Year 3 (2021) Continue work efforts to bring speakers as well as create learning post-education to ensure implementation of best practice into care pathways for musculoskeletal pain in our community.
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**Catholic Health
Resources Necessary:**

Year 1 (2019):

Community Outreach
Department and Marketing
Musculoskeletal Service Line
representation
Department of Health and
local Medical Society
Kenmore Mercy Hospital,
Mercy Hospital of Buffalo and
Sisters of Charity Hospital will
support promotion of the
education via medical staff
communications.
Add other collaborators as
project progresses.

Year 2 (2020):

Community Outreach
Department and Marketing
Musculoskeletal Service Line
representation
Department of Health and local
Medical Society
Kenmore Mercy Hospital,
Mercy Hospital of Buffalo and
Sisters of Charity Hospital will
support promotion of the
education via medical staff
communications.
Add other collaborators as
project progresses.

Year 3 (2021):

Community Outreach
Department and Marketing
Musculoskeletal Service
Line representation
Department of Health and
local Medical Society
Kenmore Mercy Hospital,
Mercy Hospital of Buffalo
and Sisters of Charity
Hospital will support
promotion of the education
via medical staff
communications.
Add other collaborators as
project progresses.

Mercy Hospital of Buffalo Project 3: Healthy Eating and Food Security Collaboration

Designated Project Leaders: Michael Osborne, Vice President New Business Development, Planning

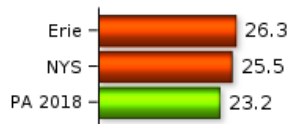
Catholic Health Leadership Sponsor/Support: Joyce Markiewicz, RN, BSN, MBA, CHCE, Executive Vice President & Chief Business Development Office

New York State Prevention Agenda Link: Prevent Chronic Disease

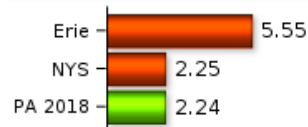
Identified Need and Project Description: Catholic Health hospitals will pursue collaboration opportunities with community organizations, in addressing food security for Erie County residents. The 2019 Catholic Health Community Benefit Grant program will award community based organizations to support food/nutrition related programs. Grant funding comes from a small percentage of profits from each of the Catholic Health hospitals.

Project's Target Population: Focus will be on vulnerable populations living in the East and West side of the City of Buffalo.

Outcome Objectives: Percentage of adults who are obese:



Percentage of population with low-income and low access to supermarket or large grocery store:



Increase access to healthy and affordable food, as well as increase food security.

Overall Project Goal / Measures:

Year 1 (2019):

Finalize goals and related measurements and overall work plan.

Year 2 (2020):

Implement identified strategies and measure and monitor progress against plan.

Year 3 (2021):

Assess effectiveness and adjust program where appropriate.

Mercy Hospital of Buffalo Project Initiatives and Roll Out by Year and by Site

Year 1 (2019):

Catholic Health hospitals will identify and pursue opportunities to collaborate with community organization(s) addressing the food security and nutrition needs of Erie County residents.
 (1) The 2019 Catholic Health Community Benefit Grant program will identify and award community based organizations (total up to \$25,000) to support food/nutrition related programs. Grant funding comes from a small percentage of profits from each of the Catholic Health Hospitals.
 (2) Catholic Health will develop a strategy/work plan by year

Year 2 (2020):

Participation and support from Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospital will be expected. Scope of support for each hospital will be finalized by end of 2019.

Year 3 (2021):

Evaluate the effectiveness of the program and adjust the populations and geographies targeted if deemed appropriate. This may also require adjustment of the participation and support from Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospital.

end 2019 to more directly and substantively improve access to healthy food options for Erie County's most vulnerable populations. Support from Kenmore Mercy Hospital, Sisters of Charity Hospital and Mercy Hospital of Buffalo will be determined upon completion of the plan. It is the intent to engage associates and promote volunteerism as a part of any program addressing the stated goals.

Collaborations:	Year 1 (2019): First year evaluation will determine the extent of collaboration with external community partners.	Year 2 (2020): TBD.	Year 3 (2021): TBD.
Catholic Health Resources Necessary:	Year 1 (2019): Staff time to develop work plan.	Year 2 (2020): Staff time to implement and operating budget to support initiatives (TBD).	Year 3 (2021): Staff time to implement and operating budget to support initiatives (TBD).

Mercy Hospital of Buffalo Project 4: Broaden Reach of the Sisters Metabolic Center for Wellness to Also Serve the Needs of Those With Diabetes and Heart Disease

Designated Project Leaders: Sarah Losi, Metabolic & Wellness Navigator

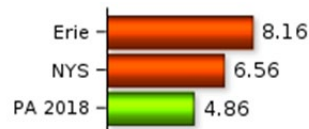
Catholic Health Leadership Sponsor/Support: Dr. Hans P. Cassagnol, MD, MMM, Executive Vice President & Chief Clinical Officer/Physician Executive

New York State Prevention Agenda Link: Prevent Chronic Disease

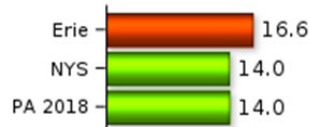
Identified Need and Project Description: New York State Prevention Agenda Tracking indicators for Erie County reflect that the rate of hospitalizations for patient with heart disease and diabetes is both above the state average and the New York State Prevention Agenda targets. Catholic Health will develop and implement community education classes that will focus on evidence-based practices to modify health behaviors.

Project's Target Population Erie County residents who are referred by primary care physicians based on risk for pre-diabetes and diabetes, poor health behaviors as well as those residing in communities identified as high risk for chronic disease.

Outcome Objectives: Rate of hospitalizations for short term complications of diabetes per 10,000 aged 18+:



Age adjusted heart attack hospitalization rate per 10,000



Increase skills and knowledge to support healthy food and beverage choices.
 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity.
 Promote the use of evidence-based care to manage chronic disease.
 Improve self-management skills for individuals with chronic conditions.

Overall Project Goal / Measures:

Year 1 (2019):
 Develop and implement community classes based on evidence-based practice focused on modifiable health behaviors.

Year 2 (2020):
 Partner with Catholic Medical Partners Primary Care practices and community based organizations to increase community knowledge of educational opportunities.

Year 3 (2021):
 Create standardized referral screen for use by Catholic Medical Partners Primary Care Physicians and community based organizations to encourage utilization of services offered at Sisters Metabolic Center for Wellness.

Mercy Hospital of Buffalo Project Initiatives and Roll Out by Year and by Site:

Year 1 (2019):
 (1) Addition of registered dietitian staffing to support healthy eating education and counseling.
 (2) Engagement of physical therapists, exercise physiologists, and personal trainers to offer exercise and physical activity, and education on benefits of physical activity, to patient and community members.

Year 2 (2020):
 (1) Sisters Metabolic Center for Wellness will offer education classes developed in 2019 at Sisters Metabolic Center for Wellness at least two times per month.
 (2) Sisters Metabolic Center for Wellness in collaboration with Kenmore Mercy Hospital and Mercy Hospital of Buffalo will offer cardiovascular, diabetes, and prediabetes

Year 3 (2021):
 (1) Direct referrals to dietitians, diabetes educator, licensed clinical social worker for nutrition counseling, diabetes education and management, behavior modification and stress management.
 (2) Provide referral opportunity for health care team for needed services.
 (3) Provide Catholic Medical

(3) Engage Social Worker employed by Sisters Metabolic Center for Wellness in education of community members and patients in health behavior modification.
 (4) Identify individual at Kenmore Mercy Hospital and Mercy Hospital of Buffalo to establish and coordinate community education models at hospital and affiliated practices and clinics.
 (5) Collaborate with director, Inpatient Wound and Diabetic Care Services to develop diabetes and prediabetes education and screening opportunities in the community.

screenings at least quarterly.
 (3) Develop relationships with community based organizations focused on improving health education and awareness.
 (4) Share class and screening schedules with Catholic Health Home Care to share with patients.
 (5) Enhance educational marketing collateral and distribute to Catholic Medical Partners practices and community based organizations.

Partners practices and community based organizations closely affiliated with Kenmore Mercy Hospital and Mercy Hospital of Buffalo referral screen to Sisters Metabolic Center for Wellness Services.
 (4) Coordinate multiple same day appointments within Sisters Metabolic Center for Wellness for patients for easy scheduling and encouraging utilization of services.

Collaboration:

Year 1 (2019):

Sisters Metabolic Center for Wellness staff will create evidence based community focused course material aimed at the promotion of prevention and reduction of health behaviors that lead to chronic disease (i.e., smoking, eating habits, physical activity levels, etc.). It will provide program templates and materials to Kenmore Mercy Hospital and Mercy Hospital of Buffalo staff for courses offered to the communities they serve.

Kenmore Mercy Hospital and Mercy Hospital of Buffalo will identify an individual for each site to coordinate educational offerings with the Sisters Metabolic Center for Wellness which will include marketing, course locations, times, topics and audience.

Program registration for all educational classes will be managed by the Catholic Health Call Center to include contacting attendees for class reminders.

Kenmore Mercy Hospital and Mercy Hospital of Buffalo certified diabetes educators

Year 2 (2020):

Sisters Metabolic Center for Wellness will work with providers through D'Youville College Hub to provide education and screening opportunities on site for community residents. Sisters Metabolic Center for Wellness director and staff will provide direct access to educational sessions as well as health screenings and smoking cessation program by direct communication with patients identified by community based organizations.

Catholic Health Home Care will provide information to patient population on programs offered in Sisters Metabolic Center for Wellness to increase awareness.

Community Outreach to assist Sisters Metabolic Center for Wellness and staff with health screenings and registrations for events.

Catholic Health marketing and Kenmore Mercy Hospital/Mercy Hospital of Buffalo public relations managers to develop marketing materials geared

Year 3 (2021):

Catholic Medical Partners and Catholic Health physician enterprise resources will be identified to assist in development of standardized patient assessment to indicate need for services offered at Sisters Metabolic Center for Wellness. Catholic Health and Catholic Medical Partners physician offices with high incidences of patients with chronic disease will be identified. Catholic Health grant and/or foundation will work to identify funding resources to assist in promoting and supporting implementation of evidence based practice in modifying health behaviors in high need communities. Health care team will be able to refer patients for nutrition, diabetes education and behavior modification with LCSW by way of direct referral process.

will partner with Sisters Metabolic Center for Wellness certified diabetes educator to provide educational classes on diabetes and diabetes management as well as prediabetes programs. Site public relations managers to provide marketing assistance to advertise education sessions hospital wide as well as the community and affiliated clinics and physician practices.

toward educational sessions for Catholic Medical Partners patients, and surrounding community based organizations. Public relations managers will assist to identify community based organizations closely linked to Kenmore Mercy Hospital and Mercy Hospital of Buffalo.

Catholic Health Resources Required:

Year 1 (2019): Sisters Metabolic Center for Wellness director and support staff. Kenmore Mercy Hospital and Mercy Hospital of Buffalo to have site point person. Program registration to be handled by Catholic Health call center. Kenmore Mercy Hospital and Mercy Hospital of Buffalo certified diabetes educator. Sisters of Charity Hospital, Kenmore Mercy Hospital, and Mercy Hospital of Buffalo public relations managers.

Year 2 (2020): Link to D'Youville College Hub network of Providers Link to community based organizations whose focus has been in areas with high chronic disease prevalence Catholic Health Home Care Community Outreach Sisters Metabolic Center for Wellness director and staff Catholic Health marketing/site public relations managers for Kenmore Mercy Hospital and Mercy Hospital of Buffalo.

Year 3 (2021): Sisters Metabolic Center for Wellness director and staff Catholic Health Home Care Catholic Medical Partners and Catholic Health enterprise Catholic Health grant and/or foundation.

Mercy Hospital of Buffalo Project 5: Reduce Healthcare Disparities Through Trauma-Informed Care Practices

Designated Project Leaders: Steven Marks, Vice President Clinical Education & Professional Development

Catholic Health Leadership Sponsor/Support: Bartholomew Rodrigues, Senior Vice President & Chief Mission Officer

New York State Prevention Agenda Link: Prevent Chronic Diseases

Goal(s) addressing community need: Our focus group conversations with various nonprofits highlighted the importance of improving access to care and care outcomes for the poor and disadvantaged to improve population health. These populations are more likely to have higher levels of chronic diseases, are less likely to utilize wellness visits, and have poorer health outcomes than the general population. Some organizations in area have instituted trauma-informed care practices to provide better support and engagement with vulnerable communities (such as the poor, immigrants, minority populations, LGBTQ) through community-wide healthcare worker cultural competency training and education.

Project's Target Population: Vulnerable members of Erie County including, but not limited to, individuals who suffer from behavioral health issues, substance abuse disorders, are part of racial or religious minorities, Medicaid recipients, immigrants, LGBTQ, or are HIV positive.

Outcome Objectives: Promote the use of evidence-based care to manage chronic diseases and improve self-management skills for individuals with chronic conditions.

Overall Project Goal / Measures:	<p>Year 1 (2019): (1) Creation of advisory group at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital. (2) Identify and inventory educational initiatives related to cultural and structural competencies, in addition to health literacy training at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital. (3) Determine funding required to support educational initiatives at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital.</p>	<p>Year 2 (2020): (1) Continue advisory group meetings at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital. (2) Prioritize related educational/training initiatives underway as identified in 2019 at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital. (3) Continue to inventory and reprioritize, as needed, new educational initiatives related to providing trauma-informed care. (4) Develop an educational plan, for each hospital site listed above, to educate providers and associates in trauma-informed care, based on available financial and associate resources. (5) Begin deploying education at least one of the following sites: Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital in the target areas of the Emergency Department and Maternal Child (in-patient) areas.</p>	<p>Year 3 (2021): (1) Complete any needed modifications to the trauma-informed educational plan for Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital. (2) Continue plan implementation for the emergency department and in-patient Maternal Child areas.</p>
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Mercy Hospital of Buffalo Project Initiatives and Roll Out by Year and by Site:

Year 1 (2019):
(1) Develop an advisory group at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital that includes potential community partners such as University at Buffalo Institute of Trauma and Trauma-Informed Care, Community Partners of Western New York. (2) Focus educational efforts on acute hospital Emergency and Maternal Child departments. (3) Identify trauma-informed care champions for Erie County Catholic Health sites.

Year 2 (2020):
(1) Develop multi-year action plan to begin addressing opportunities identified by organizational assessment completed at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital. (2) Identify additional Erie County community partners to work with (3) Begin educational programming to support trauma-informed care at a minimum of one Catholic Health site. (4) Engage Catholic Health System public relations to assist with messaging/marketing of training.

Year 3 (2021):
(1) Continue to implement action plan at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital and incorporate new opportunities identified during year two. (2) Connect with identified community partners and resources to develop additional educational and formational resources to increase cultural and structural competency. (3) Evaluate the need for trauma-informed care training at other Catholic Health locations, such as ambulatory care sites.

Collaboration:

Year 1 (2019):
Participation in advisory group with the following: Catholic Health associates/providers from Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital, University at Buffalo School of Social Work's Institute of Trauma and Trauma-Informed Care, and relevant local nonprofits such as Evergreen or The Pride Center as needed. Work with existing initiatives helping to support cultural competency and care such as the Delivery System Reform Incentive Payment Program health literacy educational programming.

Year 2 (2020):
Continue to work with existing partners to identify opportunities for implementing action plan.

Year 3 (2021):
Continue to work with existing partners and identify new partners.

Catholic Health Resources Required:

Year 1 (2019):
(1) Two manager level associates (one from a clinical area and one from non-clinical area) to participate in the advisory meetings and site-specific trauma-informed care educational efforts (estimated to be two to three hours per month). Associates to be provided per site by Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital. (2) University at

Year 2 (2020):
(1) Add additional manager and staff level associates, to those identified in 2019 (up to a total of ten clinical and non-clinical) to participate in the advisory meetings and to be trauma-informed care champions (estimated to be two to three hours per month). Associates to be provided per site by Mercy Hospital of Buffalo, Kenmore Mercy Hospital,

Year 3 (2021):
Continue to work with existing partners and identify new partners.

Buffalo Institute of Trauma and Trauma-Informed Care to conduct organizational assessments at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital. This will require funding in the \$20,000-\$30,000 range annually. (3) Other financial and associate resources as determined necessary.

and Sisters of Charity Hospital. (2) University at Buffalo Institute of Trauma and Trauma-Informed Care to continue organizational assessments at Mercy Hospital of Buffalo, Kenmore Mercy Hospital, and Sisters of Charity Hospital. Trainings for staff to start at a minimum of one hospital site. (3) This will require funding in the \$20,000-\$30,000 range annually. (4) Additional financial resources as determined in year 2019 of plan.

Mercy Hospital of Buffalo Project 6: Improve Access to Care for Buffalo’s Homeless Population

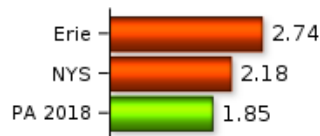
Designated Project Leaders: Kathleen Donaldson, Director, Information Technology, Home & Community Based Care; Deb Popp, Director, Health, Home & Nurse Family Partnership

Catholic Health Leadership Sponsor/Support: Joyce Markiewicz, RN, BSN, MBA, CHCE, Executive Vice President & Chief Business Development Officer

New York State Prevention Agenda Link: Prevent Chronic Diseases

Goal(s) addressing community need: Focus groups with a wide range of community health care stakeholders indicated the lack of access to medical providers (primary and specialty care) as well as the inability for patients to understand care plans or navigate the healthcare system. Homelessness only exacerbates these issues, especially when it comes to delivering follow-up care in a home based setting.

Project’s Target Population: Homeless patients presenting at each of Catholic Health’s five Erie County emergency departments. Preventable hospitalizations Ratio of Black non-Hispanics to White non-Hispanics:



Outcome Objectives: Reduce avoidable emergency department visits, and improve individuals experiencing homelessness access to medical care.

Overall Project Goal / Measures:	Year 1 (2019): Establish a baseline measure and three year targets for reducing avoidable emergency department visits at each of our emergency department sites.	Year 2 (2020): Track progress towards three year targets at each of our five emergency department sites.	Year 3 (2021): Track progress towards three year targets at each of our five emergency department sites.
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Mercy Hospital of Buffalo Project Initiatives and Roll Out by Year and by Site:	Year 1 (2019): Evaluate partnership opportunities with Buffalo City Mission to address the total care needs of the homeless population with high emergency department utilization.	Year 2 (2020): (1) Develop standard operating and reporting processes. (2) Monitor, measure and evaluate program and consider program medications in cooperation with the Buffalo City Mission if indicated. (3) Evaluate and determine ongoing sustainable funding model once Delivery System Reform Incentive Payment Program funding ends.	Year 3 (2021): If sustainable model is identified, implement accordingly.
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Collaboration:	Year 1 (2019): Buffalo City Mission- program partner Community Partners of Western New York- funding partner.	Year 2 (2020): Buffalo City Mission- program partner Community Partners of Western New York- funding partner.	Year 3 (2021): Explore additional partner(s) to fund the program.
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**Catholic Health
Resources Required:**

Year 1 (2019):

- (1) Program leadership provided by X from Y.
- (2) Operational coordinators at each of the Catholic Health emergency departments (Kenmore Mercy Hospital, Sisters of Charity Hospital and Mercy Hospital of Buffalo).
- (3) Other Ministry specific support.

Year 2 (2020):

- (1) Coordinator at each of the Catholic Health emergency departments (Kenmore Mercy Hospital, Sisters of Charity Hospital and Mercy Hospital of Buffalo).
- (2) Other Ministry specific support.

Year 3 (2021):

To be determined based on first year results.

Mercy Hospital of Buffalo Project 7: Depression Screening Program

Designated Project Leaders: Marla Duerr, Vice President, Patient Care Services

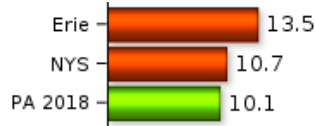
Catholic Health Leadership Sponsor/Support: Dr. Hans P. Cassagnol, MD, MMM, Executive Vice President & Chief Clinical Officer/Physician Executive

New York State Prevention Agenda Link: Promote Well-Being and Prevent Mental and Substance Use Disorders

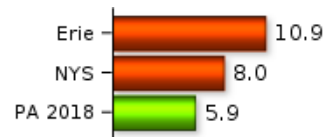
Goal(s) addressing community need: Through the focus groups and the 2018 Community Health Needs Assessment survey, depression was identified as a top concern amongst Erie County residents. Catholic Health is aware there is no standardized depression screening across the system, therefore an advisory board has been developed to assess what is presently being done for depression screening and what areas are lacking.

Project's Target Population: Erie and Niagara County residents who receive healthcare services through Catholic Health or Catholic Health Partners.

Outcome Objectives: Age adjusted percentage of adults with poor mental health for fourteen or more days in the last month:



Age adjusted suicide death rate per 100,000 population:



Implement a depression screening tool across Catholic Health system to assist those with mental illnesses as well as reduce incidence of suicide.

Overall Project Goal / Measures:

Year 1 (2019): Creation of advisory group across the continuum to identify present depression screening processes at Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Sisters of Charity Hospital, St Joseph Campus and Mount St. Mary's hospitals, primary care sites, homecare and long term care sites.

Year 2 (2020): Make a collaborative decision as to what standardized depression screening tool will be utilized considering opportunities to strengthen suicide prevention. Identify who will be responsible for the screening at each site- five acute care sites, primary care sites, homecare and long term care sites. Begin education and roll out.

Year 3 (2021): Complete education and roll out utilizing the systems new electronic medical records system. Evaluate the effectiveness of the program. Explore further opportunities with present Catholic Health partners and potential partners to ensure patients have access to appropriate services once depression is identified as a problem.

Mercy Hospital of Buffalo Project Initiatives and Roll Out by Year and by Site

Year 1 (2019):
 (1) Develop an advisory group that includes representatives from Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospital as well as our Catholic Medical Partners practices.
 (2) Discuss what each site is

Year 2 (2020):
 (1) Make a collaborative decision on the standardized depression screening tool to be used taking into consideration the new electronic medical records system application.
 (2) Identify who will be

Year 3 (2021):
 (1) Complete the roll out utilizing our new electronic medical records system.
 (2) Evaluate the program and make any necessary changes based on the new electronic medical records system functionality.
 (3) Continue

presently doing in regards to depression screening. (3) Identify options for the appropriate tool and process for screening along with barriers that may occur.

responsible to perform the depression screening. (3) Develop and provide education to staff. (4) Initiate the roll out. (5) Work with present partners to ensure that the patients have access to services once identified.

advisory group meetings to explore further opportunities from present and potential Catholic Health System partners to ensure appropriate services are available to link patient once a problem is identified.

Collaboration:

Year 1 (2019):
Each site/ministry representative will be open and active with decision making and will collaborate with the group to achieve the project goals. Advisory group will include all Catholic Health sites/ministries along with Catholic Medical Partners to be standardized/consistent.

Year 2 (2020):
Continue working within the advisory group but also to work with departments such as education to educate and roll out this initiative. Work with our present partners such as Evergreen, and Spectrum to ensure that we are meeting the patients' needs once identified as an issue.

Year 3 (2021):
Continue to work with existing partners and identify new partners to ensure that patients are linked to the most appropriate and effective services.

Catholic Health Resources Required:

Year 1 (2019):
Catholic Health's Clinical Standardization Committee with representation from Kenmore Mercy Hospital. Mercy Hospital of Buffalo and Sisters of Charity Hospital will serve as the advisory group for this project. All hospitals in-take staff (medical assistants and registered nurses) will participate in the screening process.

Year 2 (2020):
Dependent on the decision as to what tool will be utilized and what discipline will be utilized to perform. This may be budget neutral. Continued- time and attendance for those on the advisory group.

Year 3 (2021):
Continued- time and attendance for those on the advisory group. Otherwise no foreseeable Catholic Health System resources may be required.

Mercy Hospital of Buffalo Project 8: Promote Community Standards of Care for Obstetrics Patients

Designated Project Leaders: Dr. Anthony Pivarunas, Piver Center for Women’s Health & Wellness

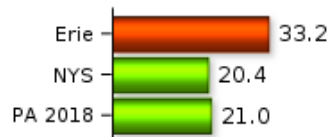
Catholic Health Leadership Sponsor/Support: Dr. Hans P. Cassagnol, MD, MMM, Executive Vice President & Chief Clinical Officer/Physician Executive

New York State Prevention Agenda Link: Promote Healthy Women, Infants and Children

Goal(s) addressing community need: Reduce infant and maternal mortality and morbidity and standardize obstetrics care inside of hospitals as well as in the community. Birthing hospitals will be responsible for implementation and hardwiring of Maternal Fetal Triage Index, Quantitative Blood Loss process, Hypertensive Disorder bundle, Post-Partum Hemorrhage bundle, Shoulder Dystocia training and drills and Maternal Early Warning System. Patient educators will be leading the charge at each hospital.

Project’s Target Population Pregnant women in Erie and Niagara Counties.

Outcome Objectives: Maternal Mortality rate for 100,000 live births:



Reduce infant and maternal mortality and morbidity rates amongst women in Erie and Niagara counties.

Overall Project Goal / Measures:	Year 1 (2019):	Year 2 (2020):	Year 3 (2021):
	Reduce maternal morbidity and mortality (New York State metric) - ensure all staff are educated on the issues around health disparities for Black pregnant patients. Goal = education.	Continue Education! Reduce maternal morbidity and mortality (New York State metric) - ensure all staff are educated on the issues around health disparities for Black pregnant patients. Goal = education.	Continue Education! Reduce maternal morbidity and mortality (New York State metric) - ensure all staff are educated on the issues around health disparities for Black pregnant patients. Goal = education.
Mercy Hospital of Buffalo Project Initiatives and Roll Out by Year and by Site	Year 1 (2019): Sisters of Charity Hospital, Mercy Hospital of Buffalo and Mount St. Mary’s Hospital will be responsible for implementation and hardwiring at all birthing hospitals Maternal Fetal Triage Index, Quantitative Blood Loss process, Hypertensive Disorder bundle, Post-Partum Hemorrhage bundle, Shoulder Dystocia training and drills and Maternal Early Warning system. Patient educators will be leading the charge at each hospital. Sisters of Charity Hospital, Mercy Hospital of Buffalo add requirement for	Year 2 (2020): Mercy Hospital of Buffalo, Sisters of Charity Hospital and Mount St. Mary’s Hospital will ensure all staff are trained on Nursing competencies from Trinity for efforts to reduce maternal mortality via appropriate Labor Support and education. Also need to assure new hires at each hospital are trained on and use Maternal Fetal Triage Index , Quantitative Blood Loss process, Hypertensive Disorder bundle, Post-Partum Hemorrhage bundle, Shoulder Dystocia training and drills and Maternal Early Warning system. MUST maintain 95%	Year 3 (2021): HOLD the gains and education of stragglers and new staff, for EPIC, Nursing Labor Support, Maternal Fetal Triage Index, QBL, HTN bundle, PPH bundle, MEWS and Shoulder Dystocia training and drills and Maternal Early Warning system. MUST attest to and maintain 95% compliance with requirement for Electronic Fetal Monitoring for all registered nurses, residents, CNM and physicians each year for all Labor and Delivery staff at Sisters of Charity Hospital, Mercy Hospital of Buffalo

Electronic Fetal Monitoring for fetal testing registered nurses and physicians. Amy Gomlak will meet with Oishei Children's to see if these programs can be rolled out in all of Western New York. Implement Doula education program at Catholic Health to match Governor's Task Force requirements for reduction of Maternal Mortality for Black women. Continue education on Implicit Bias and train staff when to recognize how it impacts the care they provide to patients.

compliance with requirement for Electronic Fetal Monitoring for all registered nurses, residents, CNM and physicians or suffer 10% increase in malpractice costs. Further need to ensure EPIC rollout has all of these tools loaded into the systems used by Labor and Delivery, Mother Baby staff and Neonatal Intensive Care Unit. Secure funding for IMPLICIT bias and trauma-informed care training (grants underway).

and Mount St. Mary's Hospital (90% at smaller hospitals). Continue training and reeducation of staff on social determinants of health, health risks experienced by impoverished patients and pregnant Black patients.

Collaboration:

Year 1 (2019):
Catholic Health System Maternal Child directors, assigned educators, staff and Oishei Children's Hospital.

Year 2 (2020):
Catholic Health System Maternal Child directors, assigned educators, staff and Oishei Children's Hospital.

Year 3 (2021):
Catholic Health System Maternal Child directors, assigned educators, staff and Oishei Children's Hospital.

Catholic Health Resources Required:

Year 1 (2019):
(1) Need Human Resources/Lawson support to track competencies and credentials to be sure that all staff stay current. (2) Also need support to ensure all staff on Mother Baby Units are freed up for two hours of education for Implicit Bias training and or Nursing Labor Support. Cost four hundred staff * two hours * \$50/cost per hour = \$40,000 (Mount St. Mary's Hospital: twenty-five associates, Mercy Hospital of Buffalo: one hundred and twenty-four associates, Sisters of Charity Hospital: two hundred and fifty associates). Chief Nursing Officer and Human Resource support required.

Year 2 (2020):
(1) Need Human Resources support to track competencies and credentials to be sure tracking is in Lawson. (2) Need to ensure all staff on Mother Baby Units are freed up for two hours of education for Nursing Labor Support and other Trinity initiatives around Maternal Mortality. Cost four hundred staff * two hours * \$50/cost per hour = \$40,000 (Mount St. Mary's Hospital: twenty-five associates, Mercy Hospital of Buffalo: one hundred and twenty-four associates, Sisters of Charity Hospital: two hundred and fifty associates). Chief Nursing Officer and Human Resources support needed by hospital and Catholic Health corporate.

Year 3 (2021):
(1) Need Human Resources support to track competencies and credentials to be sure tracking is in Lawson. (2) Need to ensure all staff on Mother Baby Units are freed up for two hours of education. Cost fifty staff * two hours * \$50/cost per hour = \$5,000 to be sure we have all education completed.

Mercy Hospital of Buffalo Project 9: Emergency Room Social Worker Pilot

Designated Project Leaders: Catherine Holland, Vice President, Care Management

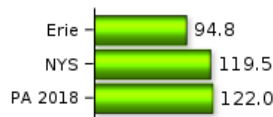
Catholic Health Leadership Sponsor/Support: Dr. Hans P. Cassagnol, MD, MMM, Executive Vice President & Chief Clinical Officer/Physician Executive

New York State Prevention Agenda Link: Prevent Chronic Disease

Goal(s) addressing community need: It was suggested in focus group conversations that social workers in the emergency department would be effective in addressing issues that may prevent individuals from engaging in their overall health or chronic health conditions. It was also posited that, social workers in the emergency department could reduce the number of avoidable emergency department visits and hospital admissions.

Project's Target Population: Persons presenting and being discharged from the emergency department at Mercy Hospital of Buffalo identified as having substance use disorder, mental health illnesses or social determinants of health issues; some may also have chronic medical condition(s).

Outcome Objectives: Age adjusted preventable hospitalizations rate per 10,000 Aged 18+ years:



Empower individuals to engage in their overall health or chronic health conditions, while reducing avoidable emergency department visits.

Overall Project Goal / Measures:

Year 1 (2019):

Emergency department social worker for Mercy Hospital of Buffalo hired and on boarded; target patient populations selected; inventory of current tools completed; social work assessment tools established; project reviewed with emergency department providers and care team; feedback incorporated.

Year 2 (2020):

Emergency department screening tools and social work assessment tools solidified and implemented; work flow process established and implemented; outcome measures solidified and utilized; plan to roll out to Sisters of Charity Hospital by second quarter.

Year 3 (2021):

Evaluate outcomes against defined goals; make adjustments in processes and/or goals as appropriate.

Mercy Hospital of Buffalo Project Initiatives and Roll Out by year and by site

Year 1 (2019):

Create and post an emergency department social work job description; convene a group including nursing director of critical care, nurse manager of the emergency department, manager of Case Management and social workers; inventory the current screenings for chronic diseases related to substance and mental health and social determinants of health; understand how medical chronic diseases are being identified; identify other potential screening tools to be used by emergency department; review potential

Year 2 (2020):

Full implementation at Mercy Hospital of Buffalo; ongoing evaluation with adjustments made to work flow process, tools, data collection; plan to roll out at Sisters of Charity Hospital.

Year 3 (2021):

Devise implementation plan at other Catholic Health hospitals.

assessment tools to be used by social workers.

Collaboration:

Year 1 (2019):

The established work group will collaboratively make decisions necessary to implement the project; hospital and Catholic Health System leadership will serve as advisors as needed.

Year 2 (2020):

Weekly meetings by established work group to review, evaluate, revise processes, tools etc. as indicated; other members from Catholic Health System ministries or community to be added through this review.

Year 3 (2021):

Frequent meetings during roll out phase at other Catholic Health hospitals; regular meetings by oversight group to review overall outcomes with feedback to each hospital.

Catholic Health Resources Necessary:

Year 1 (2019):

Internal Catholic Health System work group with no additional dollars required.

Year 2 (2020):

Internal Catholic Health System work group; additional members as identified.

Year 3 (2021):

Internal Catholic Health System workgroup; additional members as identified from other Catholic Health hospitals; development of an oversight group with representatives from each hospital to review overall project, metrics, goals etc.

Mercy Hospital of Buffalo Project 10: Improve Screening for Sexually Transmitted Infections in All Obstetrics and Gynecology Offices

Designated Project Leaders: Dr. Anthony Pivarunas, Piver Center for Women’s Health and Wellness

Catholic Health Leadership Sponsor/Support: Dr. Hans P. Cassagnol, MD, MMM, Executive Vice President & Chief Clinical Officer/Physician Executive

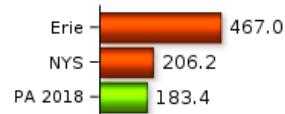
New York State Prevention Agenda Link: Prevent Communicable Diseases

Goal(s) addressing community need: This need has been identified as important by not only Erie County but also recommended for all pregnant patients by New York State Preventative Task Force, American College of Obstetricians and Gynecologists, and Catholic Medical Partners. The importance of this screening will be reinforced through education of all obstetrician-gynecologists.

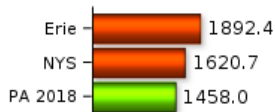
Project's Target Population: All pregnant women in Erie and Niagara Counties.

Outcome Objectives: Gonorrhea case rate per 100,000 women -aged 15-44 years:

New York State 2020
Delivery System
Reform Incentive
Payment Program Goal



Chlamydia case rate per 100,000 women-aged 15-44 years



Screen all women in Erie and Niagara Counties in an effort to prevent spread of sexually transmitted infections.

Overall Project Goal / Measures:

Year 1 (2019): Education to all obstetrician-gynecologists to reinforce importance of this screening.

Year 2 (2020): Monitor if obstetrician-gynecologists are including prenatal screens and detox in their obstetric and gynecologic prenatal records that come to Labor and Delivery.

Year 3 (2021): Track compliance via Catholic Medical Partners.

Mercy Hospital of Buffalo Project Initiatives and Roll Out by Year and by Site

Year 1 (2019): Ensure screening complete - education - achieve Catholic Medical Partners guidelines and 100% screening at each hospital associated clinic: Mercy Hospital of Buffalo (Mercy Comprehensive Care Center, Marion Obstetrics and Gynecologic, Springville), Kenmore Mercy Hospital (KenTon), Sisters of Charity Hospital (Piver and Family Health Center), Mount St. Mary’s Hospital (9th street, Lockport, Center for Women).

Year 2 (2020): Ensure screening complete - education - achieve Catholic Medical Partners guidelines and 100% screening at each hospital associated clinic: Mercy Hospital of Buffalo (Mercy Comprehensive Care Center, Marion Obstetrics and Gynecologic, Springville), Kenmore Mercy Hospital (KenTon), Sisters of Charity Hospital (Piver and Family Health Center), Mount St. Mary’s Hospital (9th street, Lockport, Center for Women).

Year 3 (2021): Ensure screening complete - education - achieve Catholic Medical Partners guidelines and 100% screening at each hospital associated clinic: Mercy Hospital of Buffalo (Mercy Comprehensive Care Center, Marion Obstetrics and Gynecologic, Springville), Kenmore Mercy Hospital (KenTon), Sisters of Charity Hospital (Piver and Family Health Center), Mount St. Mary’s Hospital (9th street, Lockport, Center for Women).

Collaboration:	Year 1 (2019): Obstetrics and gynecology office managers to be sure they work with their providers and have screening tool in their Electronic Health Record.	Year 2 (2020): Obstetrics and gynecology office managers to be sure they work with their providers and have screening tool in their Electronic Health Record and provide stats on results.	Year 3 (2021): Obstetrics and gynecology office managers to be sure they work with their providers and have screening tool in their Electronic Health Record and provide status on results of screening.
Catholic Health Resources Required:	Year 1 (2019): Catholic Health Information Technology supports prompts to remind staff to screen, reminder calls to patients to come to visits, screens complete.	Year 2 (2020): Catholic Health Information Technology supports prompts to remind staff to screen, reminder calls to patients to come to visits, screens complete.	Year 3 (2021): Catholic Health Information Technology supports prompts to remind staff to screen, reminder calls to patients to come to visits, screens complete.

Mercy Hospital of Buffalo Project 11: Implement Opioid Use Disorder in Pregnancy Program

Designated Project Leaders: Dr. Anthony Pivarunas, Piver Center for Women’s Health & Wellness

Catholic Health Leadership Sponsor/Support: Dr. Hans P. Cassagnol, MD, MMM, Executive Vice President & Chief Clinical Officer/Physician Executive

New York State Prevention Agenda Link: Promote Well-Being and Prevent Mental Health and Substance Use Disorders

Goal(s) addressing community need: March of Dimes, American College of Obstetricians and Gynecologists, New York State Department of Health and Erie County Department of Health via a grant from Office of Women's Health, have all recommended multipronged approach to identify and treat pregnant women who are afflicted with Opioid Use Disorder. Rising number of babies born each year substance exposed and goal is to identify moms impacted earlier and help them get into treatment and ready for birth of baby who may need neonatal intensive care unit care.

Project's Target Population: Pregnant women in Erie and Niagara Counties.

Outcome Objectives: Identify and treat pregnant women with opioid use disorder, and introduce treatment to exposed babies at an earlier stage.

Overall Project Goal / Measures:	Year 1 (2019): Educate obstetrician-gynecologists regarding the Screening, Brief Intervention, and Referral to Treatment process, new toxicology policy for obstetric and gynecologic patients and Catholic Medical Partners clinical integration awards to have screens and tests on prenatal records.	Year 2 (2020): Monitor if obstetrician-gynecologists are including prenatal screens and toxicology in their obstetric and gynecologic prenatal records that come to Labor and Delivery.	Year 3 (2021): Hold the gains.
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Mercy Hospital of Buffalo Project Initiatives and Roll Out by Year and by Site:	Year 1 (2019): Mount St. Mary’s Hospital: continue opioid use disorder group run by Vicky Wlock, NP. Mercy Hospital of Buffalo continue opioid use disorder project with New York State. Sisters of Charity Hospital implement new toxicology policy. Catholic Health System overall use remaining Tower funds for CHARM like model.	Year 2 (2020): Mount St. Mary’s Hospital: continue opioid use disorder group run by Vicky Wlock, NP. Mercy Hospital of Buffalo continue opioid use disorder project with New York State. Sisters of Charity Hospital implement new toxicology policy. Catholic Health System overall use remaining Tower funds for CHARM like model.	Year 3 (2021): Mount St. Mary’s Hospital: continue opioid use disorder group run by Vicky Wlock, NP. Mercy Hospital of Buffalo continue opioid use disorder project with New York State. Sisters of Charity Hospital implement new toxicology policy. Catholic Health System overall use remaining Tower funds for CHARM like model.
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Collaboration:	Year 1 (2019): Catholic Health System Maternal Child directors, assigned educators, staff and Oishei Children’s Hospital.	Year 2 (2020): Catholic Health System Maternal Child directors, assigned educators, staff and Oishei Children’s Hospital.	Year 3 (2021): Catholic Health System Maternal Child directors, assigned educators, staff and Oishei Children’s Hospital.
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Catholic Health Resources Required:	Year 1 (2019): Staff training and time.	Year 2 (2020): Staff training and time; grant funding for training.	Year 3 (2021): Staff training and time.
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2016 Implementation Plans

Of the eight project plans initiated as part of the 2016 Community Health Needs Assessment/Community Health Improvement Plan process, the following initiatives have been deemed successful in improving care in our communities and are integrated into our normal operations. Those projects include:

1. Reduce Healthcare Disparities in Vulnerable Population through Trauma-Informed Care Practices Charity Care/ Medicaid
2. Mental Health First Aid Training
3. Stroke Prevention
4. Stroke Support Programming
5. Donor Breast Milk for Newborns who Fail to Thrive and are in Neonatal Intensive Care Unit
6. Helping High Risk Moms to Prevent Prematurity and Address Opioid Dependence
7. Opiate Prevention In Erie County
8. Primary Care Recruitment To Underserved Communities

Other substantive community benefit initiatives supported by Mercy Hospital of Buffalo include:

- Advanced Directive / MOLST education
- Community Health Fairs
- Transportation Assistance
- Medicaid Enrollment Assistance
- Refugee Programs
- Open Access Scheduling
- Transitional contact to Catholic Charities from Primary Care Sites
- Quest Fit Testing
- McGowan Grant for Health Care Tabling Events
- Neonatal Abstinence Syndrome Program in Mercy Hospital of Buffalo Neonatal Intensive Care Unit
- Neonatal Intensive Care Cuddler Program
- Marian Building and Springville Obstetrics and Gynecology Clinics