



Community Health Needs Assessment &  
Community Service Plan

IMPLEMENTATION STRATEGY 2016 – 2018



December 2016

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 (CHNA) every three years to understand the health concerns and issues faced by community residents. Based on the CHNA conducted in 2016, a Community Health Improvement Plan (CHIP) for 2016 through 2018 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 2015, Catholic Health provided more than \$99 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](http://www.chsbuffalo.org), or calling HealthConnection at 716-447-6205.



A handwritten signature in black ink that reads "James M. Millard".

James Millard  
President & CEO  
Kenmore Mercy Hospital

A handwritten signature in black ink that reads "Joseph Mazzawi".

Joseph Mazzawi  
Vice President, Mission Integration  
Kenmore Mercy Hospital

## Introduction

Catholic Health's Erie County based acute care facilities jointly conducted a Community Health Needs Assessment (CHNA) 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 (CHIP) 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 CHNA in 2016 for Niagara County resulting in its own three year CHIP.

The 2016 Erie County Community Health Needs Assessment began by first re-evaluating the needs prioritized in the previous cycle (2013) 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 2016 CHNA 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 (2016-2018) 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 2016 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) *Improve screening and identification of persons with mental health and substance abuse*
- 2) *Ensure better coordination of mental health and substance abuse services across the care continuum with an emphasis on coordination with primary care providers*
- 3) *Address the growing opioid epidemic through education, prevention, and improved access to treatment*
- 4) *Improve access to primary care services in federally designated health professional shortage areas in Erie Co.*
- 5) *Educate and train the health care community workforce to optimize their capabilities and better direct their efforts to meet the health care needs of marginalized populations (LGBTQ, minorities, and the poor).*
- 6) *Recognize and address the special barriers and challenges (language, transportation, etc.) of Buffalo's growing immigrant population that limit access to basic health care*
- 7) *Improve access to nutrition and physical activity programs and options to reduce the prevalence of obesity and its effects on health*
- 8) *Increase the proportion of NYS babies who are breastfed*
- 9) *Chronic Disease Prevention with focus on Cardiac disease Prevent and better manage impact of opioid addiction in Erie County; Erie County DOH Community Collaboration priority*
- 10) *Prevent and better manage impact of opioid addition in Erie County; Erie County DOH Community Collaboration priority*

## Overview of Process Leading to 2016-2018 CHIP

Catholic Health (CH) and its hospitals followed the process described below in completing its Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

### 1. Establish the Assessment Infrastructure

An Internal Steering Committee (ISC) was established with representation from each of CH's acute care operations, clinical service lines, its independent practice association (Catholic Medical Partners), Mission Integration, Planning and Finance. The ISC reviewed IRS & DOH 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 CHIP with requirements that are similar to those of the IRS. NYS 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

CH conducted two focus groups of leaders from health care and social services organizations, conducted interviews with its own primary care patients in underserved communities, and participated in all Erie County Department of Health outreach efforts in order to update its understanding of the significant health needs in Erie County. Other secondary health data sources (e.g. County Opioid statistics) were utilized. Refer to CH's Erie County CHNA report for a full description of sources.

### 4. Identify Resources/Community Collaboration

The ISC reached out to CH associates and various health care and social service leaders in the community to identify resources and potential ways of collaborating to meet project objectives. Additionally, the efforts and resources of the Sisters of Charity DSRIP PPS were relied upon as plans were drafted.

### 5. System Prioritization of Community Needs

Kenmore Mercy Hospital's 2016-2018 CHIP first considered the New York State Prevention Agenda (NYSPA) framework and the need for a continuation of programming identified in the 2013 CHIP. The eight 2016-2018 CHIP projects link to the NYSPA as outlined in the project plans provided in this report. Final selection of the 2016-2018 projects was aided by the application of criteria developed by the ISC. Clinical and administrative representatives from CH 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

The ISC developed implementation plans for eight significant health needs that were highlighted in the most recent CHNA outreach and are tied to the NYS Prevention Agenda. Two of these projects are designated community collaboration priorities. 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 ISC will utilize a dashboard with implementation plan measures will be used to gauge progress throughout the three-year duration. The ISC will meet on a quarterly basis to assess program and make adjustments as required.

## 7. Board Approval and Public Availability of the CHNA/CHIP Plan

The Mission Committee of the Hospital's Board was engaged throughout the CHNA process by reviewing progress, providing feedback and endorsing the resulting work product. The final CHNA was approved by both the Mission Committee and the Hospital's Board. The CH Hospital Board of Directors reviewed and approved the CHIP plans for each of its hospitals on December 15, 2016. 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

Kenmore Mercy Hospital (KMH) is committed to addressing the significant health needs of its community which is reflected in the hospital's updated three-year (2016-2018) Community Health Improvement Plan (CHIP). The plan began with the prioritization of the significant health needs identified in the CHNA. KMH 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 DSRIP initiative to improve care to the Medicaid and underinsured population. KMH 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.

### Kenmore Mercy Hospital Implementation Plans and Partners

1. Reduce healthcare disparities in vulnerable population through "Trauma-Informed" care practices
2. Mental Health First Aid Training
3. Stroke Prevention
4. Stroke Support Programming
5. Donor Breast Milk for Newborns – **Erie County Community Collaboration Priority**
6. Helping High Risk Moms to Prevent Prematurity and Address Opioid Dependence
7. Opiate Prevention – **Erie County Community Collaboration Priority**
8. Primary Care Recruitment to Underserved Communities

**Kenmore Mercy Hospital Project 1: Reduce Healthcare Disparities in Vulnerable Populations through “Trauma-Informed” Care Practices**

**Designated Kenmore Mercy Project Leaders:** Joseph Mazzawi, VP of Mission Integration; Walt Ludwig, COO, Kenmore Mercy Hospital

**Catholic Health Leadership Sponsor/Support:** Bart Rodrigues, SVP and Chief Mission Officer

**NYS Prevention Agenda:** Improve Health Status and Reduce Health Disparities. This project is closely aligned with the goals and objectives of CPWYN PPS/DSRIP project addressing cultural and structural competency initiatives in the healthcare community.

**Goal(s) addressing community need:**

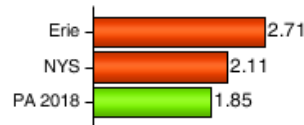
Our focus group conversations with various nonprofits highlighted the importance of improving access to care and care outcomes for the poor and disadvantaged to improve population health. These populations are more likely to have higher levels of chronic diseases, are less likely to utilize wellness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

**Project's Target Population:**

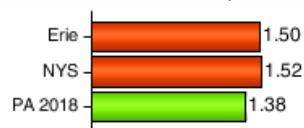
Members of Erie and Niagara County vulnerable communities including, but not limited to: those who suffer from behavioral health or substance abuse problems, are part of racial or religious minorities, are part of the Medicaid population, are immigrants, identify as Lesbian, Gay, Bisexual or Transgender or are HIV positive.

**Outcome Objectives:**  
Achieve 2018 Erie County Prevention Agenda (PA) Indicators goals

PA 2.1 - Preventable hospitalizations: Ratio of Black non-Hispanics to White non-Hispanics



PA 2.2 - Preventable hospitalizations: Ratio of Hispanics to White non-Hispanics



Track hospital specific preventable hospitalization and work to reduce preventable hospitalization from 2016-2018.

**Project Process Measures:**

**Year 1 (2016):** (1) creation of ad hoc advisory group; (2) inventory existing cultural and structural competency initiatives.

**Year 2 (2017):** (1) continue ad hoc advisory group meetings (2) continue inventory of existing cultural and structural competency initiatives; (3) conduct a gap assessment (4) develop implementation plan based on gap assessment results.

**Year 3 (2018):** (1) implement the plan.

<b>Kenmore Mercy Project Interventions / Strategic Activities by year:</b>	<b>Year 1 (2016):</b> (1) identify associates and/or community partners to participate in ad hoc advisory group (2) inventory existing resources for cultural and structural competency initiatives.	<b>Year 2 (2017):</b> (1) continue participation in ad hoc advisory groups (2) continue inventory of existing cultural and structural competency initiatives; (3) participate in a gap assessment (4) support implementation plan based on gap assessment results.	<b>Year 3 (2018):</b> (1) support implementation plan.
<b>Other CH Project Interventions / Strategic Activities by year and by site:</b>	<b>Year 1 (2016):</b> (1) develop an advisory group that includes community partners such as UB School of Social Work's Institute of Trauma and Trauma Informed Care, P2, Evergreen, Catholic Charities. (2) Inventory existing resources for cultural and structural competency initiatives.	<b>Year 2 (2017):</b> (1) continue ad hoc advisory group meetings (2) continue inventory of existing cultural and structural competency initiatives; (3) conduct a gap assessment (4) develop implementation plan based on gap assessment results.	<b>Year 3 (2018):</b> (1) act upon implementation plan.
<b>Kenmore Mercy Hospital Resources Required:</b>	Associates participate in ad hoc advisory group.	Associates participate in ad hoc advisory group. Other resources TBD.	Associates participate in ad hoc advisory group. Other resources TBD.
<b>Other CH Resources:</b>	<b>Year 1 (2016):</b> Seek funding through CH Community Benefit Grant up to \$20,000 per year.	<b>Year 2 (2017):</b> Seek funding through CH Community Benefit Grant up to \$20,000 per year.	<b>Year 3 (2018):</b> Seek funding through CH Community Benefit Grant up to \$20,000 per year.
<b>Collaboration: Who and how each partner will interact to affect the project goal</b>	<b>Year 1 (2016):</b> Participation in ad hoc advisory group with the following: University of Buffalo School of Social Work's Institute of Trauma and Trauma Informed Care, Catholic Charities, Evergreen and others. Work with existing initiatives helping to support cultural competency and care such as the DSRIP Structural Competency Initiative and Home Care's Medicaid trauma-informed care training programs.	<b>Year 2 (2017):</b> Continue work with existing partners to identify opportunities for implementing action plan.	<b>Year 3 (2018):</b> Continue to work with existing partners and identify new partners.

**Kenmore Mercy Hospital Project 2: Mental Health First Aid Training**

**Designated Kenmore Mercy Project Leaders:** Cheryl Hayes, VP of Patient Care Services; Walt Ludwig, COO; Joseph Mazzawi, VP of Mission Integration, Kenmore Mercy Hospital

**Catholic Health Leadership Sponsor/Support:** Stephen Marks, <sup>1</sup>VP of Clinical Education and Professional Development; (support: Phyllis Gunning, DSRIP Director of Clinical Programs)

**NYS Prevention Agenda Link:** Promote Mental Health and Prevent Substance Abuse

**Goal(s) addressing community need:** Community Health Needs Assessment Focus Groups identified need for mental health first aid training to help increase awareness and give tools to first line providers, community members, and to help make mental health first aid training as common as CPR training. This ties in strongly with the DSRIP initiatives of promoting Mental Emotional and Behavioral Health, and would be a great opportunity for expansion of this project.

**Project's Target Population:** Catholic Health Physicians, Nurses, and other front line staff interacting with patients, key community stakeholders (Firefighters, EMS, Catholic Charities, Community Centers, etc.), and general community.

**Outcome Objectives:** PA 42 - Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month

Achieve 2018 Erie County Prevention Agenda (PA) Indicators goals

Data Year(s)	Age-adjusted percentage (CI)	PA 2018
2008-2009	9.9 ( 7.1 - 12.7)	10.1
2013-2014	10.8 ( 7.9 - 13.7)	10.1

Reduce Erie County percentage over a 3 year period from 2013-2014 level.

**Project Process Measures:**

<b>Year 1 (2016):</b> Identify Mental Health First Aid (MHFA) trainers across Catholic Health.	<b>Year 2 (2017):</b> (1) Develop a steering committee (2) Conduct a gap assessment (3) Develop implementation plan.	<b>Year 3 (2018):</b> Continue implementation plan.
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**Kenmore Mercy Project Interventions / Strategic Activities by year:**

<b>Year 1 (2016):</b> Identify associates who are certified MHFA trainers.	<b>Year 2 (2017):</b> (1) Participate in steering committee (2) support gap assessment (3) support develop of implementation plan.	<b>Year 3 (2018):</b> Support implementation plan.
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**Other CH Project Interventions / Strategic Activities by year and by site:**

<b>Year 1 (2016):</b> Identify associates who are certified trainers from each hospital.	<b>Year 2 (2017):</b> (1) Develop a steering committee (2) Conduct a gap assessment (3) Develop implementation plan.	<b>Year 3 (2018):</b> Continue implementation plan.
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**Kenmore Mercy Hospital Resources Required:**

<b>Year 1 (2016):</b> Identify associates who are certified trainers from each hospital.	<b>Year 2 (2017):</b> Associate participation on steering committee; other resources to be determined.	<b>Year 3 (2018):</b> Resources to be determined.
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<sup>1</sup> Updated 03/21/2017



<b>Other CH Resources:</b>	<b>Year 1 (2016):</b>	<b>Year 2 (2017):</b>	<b>Year 3 (2018):</b>
	none	Associate participation on steering committee; other resources to be determined.	TBD
<b>Collaboration: Who and how each partner will interact to affect the project goal</b>	<b>Year 1 (2016):</b>	<b>Year 2 (2017):</b>	<b>Year 3 (2018):</b>
	Clinical Education will identify Community Partners and programs providing MHFA training.	same	same

**Kenmore Mercy Hospital Project 3: Stroke Prevention**

**Designated Kenmore Mercy Project Leaders:** Nancy Stoll, Neuroscience Clinical Service Director, Primary Care Clinical Director, Kenmore Mercy Hospital

**Catholic Health Leadership Sponsor/Support:** Joseph Mazzawi, <sup>2</sup>VP of Mission Integration, Kenmore Mercy Hospital

**NYS Prevention Agenda Link:** Improve Health Status and Reduce Health Disparities

**Goal(s) addressing community need:** Raise awareness of stroke signs and symptoms and reduce the number of strokes in the Western NY area, with focus on higher risk and underserved communities. Education will be provided to identify communities on stroke prevention through health assessments, healthy eating habits, and active life style. Health screenings will be provided in underserved communities in Erie County and education will focus on increasing awareness of stroke signs and symptoms to assist in the reduction of the number of strokes as well as the debilitating effects if a stroke does occur.

**Project's Target Population:** Underserved communities in Erie County, New York.

**Outcome Objectives:** Raise awareness of risk factors, early arrival to ED, and Health Living Intervention education evidenced by sign in sheet for event.

<b>Project Process Measures:</b>	<b>Year 1 (2016):</b> Develop training content Develop training schedule	<b>Year 2 (2017):</b> Continue implementation plan	<b>Year 3 (2018):</b> Continue implementation Evaluate effectiveness
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<b>Kenmore Mercy Project Interventions / Strategic Activities by year:</b>	<b>Year 1 (2016):</b> Provide Stroke Educational opportunities for patients and families in the Primary Care setting: Tabling Events in Waiting Room, Stroke awareness information, blood pressure screenings and coordination with Mission on the Move. Focus on Nutritional interventions.	<b>Year 2 (2017):</b> Focus on primary prevention and risk factor management: Continue educational development of staff and patients: Tabling events to impact awareness of blood pressure control, diet and exercise and medication compliance.	<b>Year 3 (2018):</b> Persistence with stroke prevention education and awareness.
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<b>Other CH Project Interventions / Strategic Activities by year and by site:</b>	<b>Year 1 (2016):</b> Mission on the Move resources for screenings and education, Stroke Nurses and Rehab staff, Facilitator for Support groups.	<b>Year 2 (2017):</b> Mission on the Move resources for screenings and education, Stroke Nurses and Rehab staff, Facilitator for Support groups, healthcare professional as needed to provide health screening determined by program participants.	<b>Year 3 (2018):</b> Mission on the Move resources for screenings and education, Stroke Nurses and Rehab staff, Facilitator for Support groups, healthcare professional as needed to provide health screening determined by program participants.
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<sup>2</sup> Updated 03/31/2017

**Kenmore Mercy  
Hospital Resources  
Required:**

**Year 1 (2016):**  
Nursing Stroke Champion

**Year 2 (2017):**  
Nursing Stroke Champion  
Nutritional Service Champion

**Year 3 (2018):**  
Nursing Stroke Champion  
Nutritional Service Champion

**Other CH Resources:**

**Year 1 (2016):**  
Mission on the Move

**Year 2 (2017):**  
Mission on the Move

**Year 3 (2018):**  
Mission on the Move

**Collaboration: Who  
and how each partner  
will interact to affect  
the project goal**

**Year 1 (2016):**  
American Heart/Stroke  
Association, will work together  
to gain access to underserved  
individuals in the community.

**Year 2 (2017):**  
American Heart/Stroke  
Association, will work  
together to gain access to  
underserved individuals in  
the community.

**Year 3 (2018):**  
American Heart/Stroke  
Association, will work  
together to gain access to  
underserved individuals in the  
community.

**Kenmore Mercy Hospital Project 4: Stroke Support Programming**

**Designated Kenmore Mercy Project Leaders:** Cheryl Hayes, VP of Patient Care Services; Joseph Mazzawi, VP of Mission Integration, Kenmore Mercy Hospital

**Catholic Health Leadership Sponsor/Support:** Christina Kane, VP of Musculoskeletal Service Line

**NYS Prevention Agenda Link:** Improve Health Status and Reduce Health Disparities

<b>Goal(s) addressing community need:</b>	Despite advanced capabilities in the treatment of strokes that have decreased the debilitating outcomes, many community members continue to suffer a variety of disabling effects due to an inability to benefit from advanced interventions (timing of ED presentation, type of stroke, etc.). The Catholic Health stroke support groups held monthly in the Southtowns and Northtowns provide needed education on topics recommended by participating support group members as well as a focus on caregiver support and opportunities for stress relief to help prevent caregiver burnout. This need has been identified by the patients and their families who seek care at a Catholic Health hospital, rehab center and/or community based care (SNF or homecare) as well as the local stroke association.		
<b>Project's Target Population</b>	Patients and/or their families who have suffered a stroke and are seeking support from other people in similar situations and who are interested in educational topics that pertain to living in our community with a disability due to a stroke.		
<b>Outcome Objectives:</b>	A minimum of 75% of stroke survivors and their families will be provided information regarding the availability of stroke support groups as a community resource prior to discharge from the hospital.		
<b>Project Process Measures:</b>	<b>Year 1 (2016):</b> Provide education, information and access to a support network for stroke survivors, as well as their families and caregivers, to improve overall health and well-being of stroke survivors living in the community.	<b>Year 2 (2017):</b> Same as year 1.	<b>Year 3 (2018):</b> Same as year 1.
<b>Kenmore Mercy Project Interventions / Strategic Activities by year:</b>	<b>Year 1 (2016):</b> 4 Support group / education sessions with speakers presenting on topics brought forward by participating members as well as topics identified by professionals treating stroke survivors and their families.	<b>Year 2 (2017):</b> 10 Stroke Support / education sessions with addition of one health screening at a group session.	<b>Year 3 (2018):</b> 10 Stroke Support / education sessions with addition of 2 health screenings available for the group.
<b>Other CH Project Interventions / Strategic Activities by year and by site:</b>	<b>Year 1 (2016):</b> Speakers and topics will be consistent in both locations with initiatives determined by the group participants. Ideally group is co-lead by CH associate(s) and a stroke survivor or family member.	<b>Year 2 (2017):</b> Similar to 2016 with the addition of increased sessions consisting of caregiver focused topics and at least one health screening available for the group.	<b>Year 3 (2018):</b> Similar to previous years with at least one additional health screening available for the group, totaling 2 per group.

<b>Kenmore Mercy Hospital Resources Required:</b>	<b>Year 1 (2016):</b> Space to provide the group as well as light food items, and at least one point person to assist in coordination of the group.	<b>Year 2 (2017):</b> Space to provide the group as well as light food items, and at least one point person to assist in coordination of the group.	<b>Year 3 (2018):</b> Space to provide the group as well as light food items, and at least one point person to assist in coordination of the group.
<b>Other CH Resources:</b>	<b>Year 1 (2016):</b> Mission on the Move resources for screenings and education, Stroke Nurses and Rehab staff, Facilitator for Support groups.	<b>Year 2 (2017):</b> Mission on the Move resources for screenings and education, Stroke Nurses and Rehab staff, Facilitator for Support groups, healthcare professional as needed to provide health screening determined by program participants.	<b>Year 3 (2018):</b> Mission on the Move resources for screenings and education, Stroke Nurses and Rehab staff, Facilitator for Support groups, healthcare professional as needed to provide health screening determined by program participants.
<b>Collaboration: Who and how each partner will interact to affect the project goal.</b>	<b>Year 1 (2016):</b> A variety of providers working with stroke survivors and their families across the continuum of care to assist in the identification of patients and families that can benefit from stroke support group participation. Health care providers will offer education to support group participants based on suggested topics from the participating members.	<b>Year 2 (2017):</b> A variety of providers working with stroke survivors and their families across the continuum of care to assist in the identification of patients and families that can benefit from stroke support group participation. Health care providers will offer education to support group participants based on suggested topics from the participating members.	<b>Year 3 (2018):</b> A variety of providers working with stroke survivors and their families across the continuum of care to assist in the identification of patients and families that can benefit from stroke support group participation. Health care providers will offer education to support group participants based on suggested topics from the participating members.

**Kenmore Mercy Hospital Project 5: Donor Breast Milk for Newborns who Fail to Thrive and are in the ICU**

**Designated Kenmore Mercy Project Leaders:** Cheryl Hayes, VP of Patient Care Services; Joseph Mazzawi, VP of Mission Integration, Kenmore Mercy Hospital

**Catholic Health Leadership Sponsor/Support:** Aimee Gomlak, VP of Women’s Services

**NYS Prevention Agenda Link:** Improve Health Status and Reduce Health Disparities

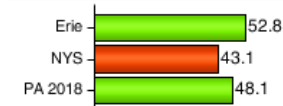
**Goal(s) addressing community need:** CH’s maternity hospitals will become licensed depots for donor human milk. Breastfeeding mothers who have an excess supply of breast milk can donate milk to one of the three hospitals after a free blood test and a thorough screening interview by the New York (NY) Milk Bank. Donor milk is then frozen on site and shipped to the Milk Bank for processing, pasteurization, and distribution/sale to newborns in need. Our goal is to increase proportion of infants who are fed any breast milk in Erie County. CH’s rates of exclusively breastfeed in the maternity hospitals as of September 2016 (SOCH 40.4%; MHB 43.3%; MSM 39.0%) lag behind the data.

**Project’s Target Population**

- \*Mothers in Erie County, New York, who are breastfeeding and for those who are producing excess breast milk, connect them to the NY Milk Bank.
- \*Mothers who cannot produce breast milk or who are not able to breast feed.
- \*Newborns who fail to thrive, are in the NICU, or have other needs.

**Outcome Objectives:**  
Achieve 2018 Erie County Prevention Agenda (PA) Indicators goals

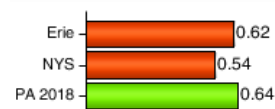
PA 33 - Percentage of infants exclusively breastfed in the hospital



PA 33.1 - Exclusively breastfed: Ratio of Black non-Hispanics to White non-Hispanic



PA 33.2 - Exclusively breastfed: Ratio of Hispanics to White non-Hispanics



Track hospital specific exclusively breastfed babies and work to increase breastfeeding rate (most currently available).

**Project Process Measures:**

<p><b>Year 1 (2016):</b> Get Milk Depot program up and running for 3 out of 3 maternity hospitals.</p>	<p><b>Year 2 (2017):</b> Maintain program at 3 sites.</p>	<p><b>Year 3 (2018):</b> Consider feasibility and desirability of expanding the depot program to the primary care sites that have pediatrics: Ken-Ton and MCCC. Determine Go/No Go. Also consider becoming a distribution site for milk as well.</p>
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<b>Kenmore Mercy Project Interventions / Strategic Activities by year:</b>	<b>Year 1 (2016):</b> Marketing Depot in breastfeeding rooms at KMH. Continuing support of BF practices for KMH Associates.	<b>Year 2 (2017):</b> Offer BF classes at Ken-Ton primary care site for OB patients	<b>Year 3 (2018):</b> Continue to support prenatal care at Ken-Ton and offer BF along with childbirth preparation classes for expectant moms.
<b>Other CH Project Interventions / Strategic Activities by year and by site:</b>	<b>Year 1 (2016): SOCH, MHB, MSMH</b> Enlist support from staff and develop a system-wide policy/procedure for being a depot and receiving donor milk. Apply to NYS DOH to add human milk to each hospital's tissue bank license. Develop marketing materials to advertise each site as a depot. Be approved by DOH (anticipated 4Q16) and purchase freezers/thermometers. Have a staff in-service and roll out program at each site.	<b>Year 2 (2017): SOCH, MHB, MSMH</b> Continue staff education. Do a presentation at the Sister's Baby Cafe on the program and how moms can donate. Share the program at OB/GYN departmental meetings and let physicians know that CHS is partnered with the NY Milk Bank and to prescribe human milk to newborns in need. Present at WNY Breastfeeding Coalition meetings.	<b>Year 3 (2018): Ken-Ton and MCCC</b> Meet with staff to determine feasibility and desirability. If Go, repeat roll out from 2016. Determine if distribution of human milk is an option.
<b>Kenmore Mercy Hospital Resources Required:</b>	<b>Year 1 (2016):</b> Marketing department to post signs about Milk Depot and share with all associates via staff meetings.	<b>Year 2 (2017):</b> Continue marketing program and update as appropriate if distribution becomes option. Hold community event at hospital to talk about donor milk banking.	<b>Year 3 (2018):</b> Continue marketing program.
<b>Other CH Resources:</b>	<b>Year 1 (2016):</b> Current staff and space is sufficient to implement program. Many meetings held w NY Milk Bank, with written policy and procedure, and to develop what the program will look like at each site. NEED CHNA funds for the freezers = approximately \$1,500 for 3 (\$500 each).	<b>Year 2 (2017):</b> Existing staff hours and physician time for in-services and dept. meetings. Advertise in CHS newsletters. Present at CHS Wide Management meeting to share concept and educate all staff across system.	<b>Year 3 (2018):</b> If expanding to primary care sites, two additional freezers would be needed (\$1000).
<b>Collaboration: Who and how each partner will interact to affect the project goal.</b>	<b>Year 1 (2016):</b> NY Milk Bank: do presentation on becoming a depot; submit the NYS DOH tissue bank licensing form for each hospital site to become a depot.	<b>Year 2 (2017):</b> Catholic Medical Partners: educate OB and Pediatric offices and encourage prescriptions for donor human milk.	<b>Year 3 (2018):</b> No new partners needed. NY Milk Bank would repeat presentations and meetings, this time with primary care staff if expanding the program.

**Kenmore Mercy Hospital Project 6: Helping High Risk Moms to Prevent Prematurity and Address Opiate Dependency**

**Designated Kenmore Mercy Project Leaders:** Laurie Merletti, VP of Physician Integration; Mark Weissman, MD, Kenmore Mercy Hospital

**Catholic Health Leadership Sponsor/Support:** Aimee Gomlak, VP of Women’s Services

**NYS Prevention Agenda Link:** Improve Health Status and Reduce Health Disparities

**Goal(s) addressing community need:** Attempt to reduce prematurity in WNY. Increase physician’s knowledge of care and treatment of dependent pregnant women and newborns. Increase access to care for dependent pregnant women as there is shortage of PMDs and OBGYNs able to prescribe buprenorphine and naloxone (Suboxone<sup>(R)</sup>). Connect pregnant women to support options. Reduce low birth weight and pre-term births as moms who usually use drugs may also be smoking, not eating well, under stress, in poor social situations, etc.

**Project's Target Population:** Pregnant women, OBGYNs, PMDs in Erie County, New York.

**Outcome Objectives:** Achieve 2018 Erie County Prevention Agenda (PA) Indicators goals

PA 32 - Percentage of preterm births



PA 32.1 - Premature births: Ratio of Black non-Hispanics to White non-Hispanics



PA 32.2 - Premature births: Ratio of Hispanics to White non-Hispanics



**Project Process Measures:**

**Year 1 (2016):** Encourage OB/GYNs (in CMP) to participate in buprenorphine waiver training. Educate OBGYN providers on triggers of prematurity.

**Year 2 (2017):** Increase waiver training opportunities. Implement policies and education to nurses, providers to, as well as programs to address prematurity.

**Year 3 (2018):** Increase waiver training opportunities. Implement policies and education to RNs, providers to, as well as programs to address prematurity.

**Kenmore Mercy Project Interventions / Strategic Activities by year:**

**Year 1 (2016):** Provide education to Kenmore associates about all of these issues to raise awareness. Use newsletters, etc. Ensure OB providers at Ken-ton become Suboxone providers at that site. Educate all OB providers on March of Dimes indicators for Prematurity.

**Year 2 (2017):** Provide education to Kenmore associates about all of these issues to raise awareness. Use newsletters, etc. Ensure OB providers at Ken-ton become Suboxone providers at that site. Also add PCPs at Ken-Ton to become Suboxone certified. Encourage less smoking in patients, increase use of 17P for appropriate patients and consider centering at Ken-Ton.

**Year 3 (2018):** Provide education to Kenmore associates about all of these issues to raise awareness. Use newsletters, etc. Encourage less smoking in patients, increase use of 17P for appropriate patients and consider centering at Ken-Ton.



<b>Project Interventions / Strategic Activities by year and by site:</b>	<p><b>Year 1 (2016):</b> Encourage physician participation in Sept 2016 waiver training. Offer any possible incentives and referrals. Apply with PCSS-MAT to host another waiver training in 2017 (CME). Develop roadmap with BPPN/Urban League for CHWs.</p>	<p><b>Year 2 (2017):</b> Host another waiver training. Educate physicians on other opportunities available to become certified (online and/or self-study learning). Create MOUs with BPPN and UL to provide CHW outreach to patients. Develop materials with BPPN and UL to assign CHWs to patients.</p>	<p><b>Year 3 (2018):</b> Continue to educate on availability of waiver training. Continue to encourage referrals to BPPN/UL. Use feedback from BPPN/UL to continually improve CHW outreach.</p>
<b>Kenmore Mercy Hospital Resources Required:</b>	<p><b>Year 1 (2016):</b> Publish articles in Connections Newsletter at Kenmore; Staff in clinics become more educated on prematurity issues and suboxone need.</p>	<p><b>Year 2 (2017):</b> Publish articles in Connections Newsletter at Kenmore; Staff in clinics become more educated on prematurity issues.</p>	<p><b>Year 3 (2018):</b> Publish articles in Connections Newsletter at Kenmore; Staff in clinics become more educated on prematurity issues.</p>
<b>Other CH Resources:</b>	<p><b>Year 1 (2016):</b> Dr. Paul Updike ARTC to host training WSL/physician liaison. Up to \$XX in incentives for 20 new providers to become certified.</p>	<p><b>Year 2 (2017):</b> Dr. Paul Updike CHS Legal ARTC/WSL to host training</p>	<p><b>Year 3 (2018):</b></p>
<b>Collaboration: Who and how each partner will interact to affect the project goal.</b>	<p><b>Year 1 (2016):</b> BPPN/UL - meet to discuss what program would look like PCSS-MAT - apply to host training in Buffalo.</p>	<p><b>Year 2 (2017):</b> CMP - Help get the word out to physicians on training opportunities and BPPN/UL CHW program. BPPN/UL - Enlist CHWs to provide outreach.</p>	<p><b>Year 3 (2018):</b> CMP - education BPPN/UL - process improvement and feedback.</p>

**Kenmore Mercy Hospital Project 7: Opiate Prevention in Erie County**

**Designated Kenmore Mercy Project Leaders:** Walt Ludwig, COO Kenmore Mercy Hospital

**Catholic Health Leadership Sponsor/Support:** Marty Boryszak, COO, Sisters of Charity Hospital; Dr. Paul Updike, Director of Chemical Dependency Services

**NYS Prevention Agenda Link:** Promote Mental Health and Prevent Substance Abuse

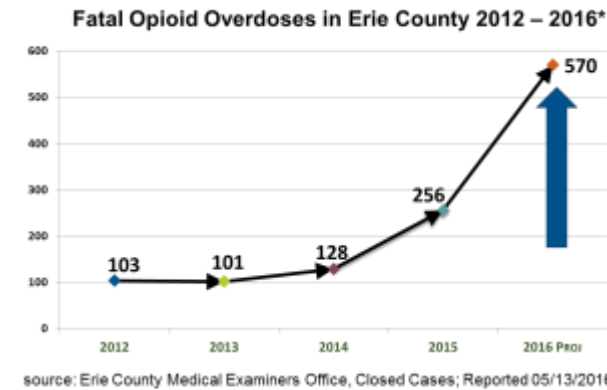
**Goal(s) addressing community need:**

Opiate crisis in community and lack of viable treatment options have made it difficult for patients to receive treatment/care. Waiting list at both STAR (counseling) and Pathways (suboxone/methadone) have demonstrated need for enhanced services.

**Project's Target Population**

Opiate addicts in Erie County which is both and urban and suburban problem cutting across all age cohorts.

**Outcome Objectives:**  
Reduce overdose deaths in Erie County



**Project Process Measures:**

**Year 1 (2016):** Support system chemical dependency program by establishing job description for all KMH clinic physicians requiring new providers to participate in suboxone/training and subsequently accept a panel of patients at CHS mission clinics.

**Year 2 (2017):** Support system chemical dependency program by establishing job description for all KMH clinic physicians requiring new providers to participate in suboxone/training and subsequently accept a panel of patients at CHS mission clinics.

**Year 3 (2018):** Identify zip codes/locations open to additional locations. Solidify location in close geographic proximity to support KMH patients.

**Kenmore Mercy Project Interventions / Strategic Activities by year:**

**Year 1 (2016):** Identify patients in KMH Ken-Ton clinic that would benefit from participation in STAR/Pathways program.

**Year 2 (2017):** Utilizing job description for clinic physicians, increase the number of providers willing to participate in suboxone training. Conduct opiate education/awareness symposiums.

**Year 3 (2018):** Utilizing job description for clinic physicians, increase the number of providers willing to participate in suboxone training. Conduct opiate education/awareness symposiums.

<b>Other CH Project Interventions / Strategic Activities by year and by site:</b>	<p><b>Year 1 (2016):</b> Identify zip codes/locations open to medical management treatment in community. Solidify location/build out and timeline for first satellite program. - Establish job description for all clinic physicians that requires new providers to participate in suboxone/training and subsequently accept a panel of patients at CHS mission clinics.</p>	<p><b>Year 2 (2017):</b> Secure lease, build out and open program. Increase number of clinic providers willing to take on panel of suboxone patients by 2 doctors.</p>	<p><b>Year 3 (2018):</b> Identify zip codes/locations open to additional (2nd satellite) location. Solidify location (Southtowns preferable) build out and timeline for satellite program.</p>
<b>Kenmore Mercy Hospital Resources Required:</b>	<p><b>Year 1 (2016):</b> Clinic Managers, Chief Operating Officer</p>	<p><b>Year 2 (2017):</b> Clinic Managers, Chief Operating Officer</p>	<p><b>Year 3 (2018):</b> Clinic Managers, Chief Operating Officer</p>
<b>Other CH Resources:</b>	<p><b>Year 1 (2016):</b> Director of Chemical Dependency, Physician Leader and COO of Site/Program</p>	<p><b>Year 2 (2017):</b> Director of Chemical Dependency, Physician Leader and COO of Site/Program</p>	<p><b>Year 3 (2018):</b> Director of Chemical Dependency, Physician Leader and COO of Site/Program</p>
<b>Collaboration: Who and how each partner will interact to affect the project goal.</b>	<p><b>Year 1 (2016):</b> Currently working jointly with Erie County/Erie County Health Commissioner &amp; Erie County Opiate task force who will work collaboratively to help with potential locations and political support.</p>	<p><b>Year 2 (2017):</b> Currently working jointly with Erie County/Erie County Health Commissioner &amp; Erie County Opiate task force who will work collaboratively to help with potential locations and political support.</p>	<p><b>Year 3 (2018):</b> Currently working jointly with Erie County/Erie County Health Commissioner &amp; Erie County Opiate task force who will work collaboratively to help with potential locations and political support.</p>

**Kenmore Mercy Hospital Project 8: Primary Care Recruitment to Underserved Communities**

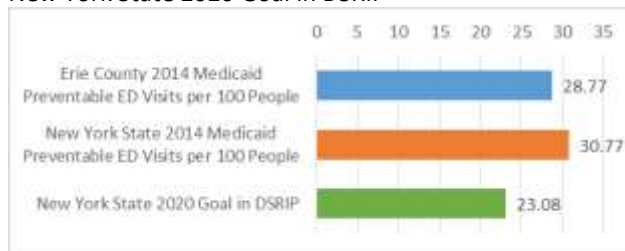
**Designated Kenmore Mercy Project Leaders:** Walt Ludwig, COO, Kenmore Mercy Hospital  
**Catholic Health Leadership Sponsor/Support:** Laurie Merletti, VP of Physician Integration

**NYS Prevention Agenda Link:** Improve Health Status and Reduce Health Disparities

**Goal(s) addressing community need:** The identified community need is the lack of primary care providers at all four of Catholic Health’s Mission-based clinics, which are St. Vincent’s Health Center, Mercy Comprehensive Care Center, Our Lady of Victory Family Care Center, and Ken-Ton Family Care Center. All of Catholic Health’s Mission-based clinics, excluding Ken-Ton Family Care Center are located in areas designated by the Health Resources and Services Administration (HRSA) as Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA). The shortage of primary care providers limits access to primary care service in underserved Erie County communities, contributes to inappropriate utilization of emergency care and exacerbates chronic conditions. Uninsured and Medicaid population in Erie County.

**Project's Target Population**

**Outcome Objectives:** Erie County 2014 Medicaid Preventable ED Visits per 100 People  
 New York State 2014 Medicaid Preventable ED Visits per 100 People  
 DSRIP 2020 goals New York State 2020 Goal in DSRIP



**Project Process Measures:**

**Year 1 (2016):** Conduct the gap assessment.

**Year 2 (2017):** Develop and initiate the recruitment and retention plan.

**Year 3 (2018):** Implement the recruitment and retention plan.

**Kenmore Mercy Project Interventions / Strategic Activities by year:**

**Year 1 (2016):** Identify the gap in service coverage.

**Year 2 (2017):** Develop and initiate the recruitment and retention plan.

**Year 3 (2018):** Implement recruitment and retention plan.

**Project Interventions / Strategic Activities by year and by site:**

**Year 1 (2016):** (1) Restructure compensation grid to better attract more PCP docs & mid-levels. (2) Achieved the National Health Service Core Designation to attract physicians to work in HSPA and MUA designated clinics.

**Year 2 (2017):** (1) Continue restructure and roll out of compensation grid to better attract more PCP docs & mid-levels. (2) Identify high caliber residents prior to next year's graduating class that have rotated through clinic and may be a good fit.

**Year 3 (2018):** (1) Recruit physicians through Catholic Health System's physician enterprise program. (2) Identify high caliber residents prior to next year's graduating class that have rotated through clinic and may be a good fit.

**Kenmore Mercy  
Hospital Resources  
Required:**

**Year 1 (2016):** Need for budgeted dollars to support the additional providers.

**Year 2 (2017):** Need for budgeted dollars to support the additional providers.

**Year 3 (2018):** Need for budgeted dollars to support the additional providers.

**Other CH Resources:**

**Year 1 (2016):** Identify clinical gaps and utilize CHS physician recruitment team and state-driven physician programs to fill gaps.

**Year 2 (2017):** Identify clinical gaps and utilize CHS physician recruitment team and state-driven physician programs to fill gaps.

**Year 3 (2018):** Identify clinical gaps and utilize CHS physician recruitment team and state-driven physician programs to fill gaps.

**Collaboration: Who  
and how each partner  
will interact to affect  
the project goal.**

**Year 1 (2016):** Ken-Ton will collaborate with other primary providers to strategically improve access to primary care services for the uninsured and Medicaid population in Erie County.

**Year 2 (2017):** Ken-Ton will collaborate with other primary providers to strategically improve access to primary care services for the uninsured and Medicaid population in Erie County.

**Year 3 (2018):** Ken-Ton will collaborate with other primary providers to strategically improve access to primary care services for the uninsured and Medicaid population in Erie County.

## 2013 Implementation Plans

Of the 19 project plans initiated as part of the 2013 CHNA/CHIP process, the following initiatives have been deemed successful in improving care in our communities and are integrated into our normal operations.

Those projects include:

- Charity Care/ Medicaid
- Community Outreach
- Preventable Hospitalizations
- Cardiovascular Health – Congestive Heart Failure
- Stroke – Cerebrovascular Disease
- Diabetes Mellitus
- Peripheral Arterial Disease
- Colorectal Cancer
- Seasonal Influenza Vaccination
- House-Wide Central Line-Associated Bloodstream Infections
- HIV
- Breastfed Babies

Other substantive community benefit initiatives supported by Kenmore Mercy Hospital include:

- Advanced Directive / MOLST Education
- Community Health Fairs
- Transportation Assistance
- Medicaid Enrollment Assistance