

# **Community Health Needs Assessment (CHNA)**

## **Implementation Strategy**

Corning Hospital

1 Guthrie Drive, Corning, NY 14830

FY2018

### **General Information**

Contact Person: Garrett Hoover

Date of Written Plan: June 1, 2017

Date Written Plan Was Adopted by Organization's Authorized Governing Body: June 15, 2017

Date Written Plan Was Required to Be Adopted: July 1, 2017

Authorizing Governing Body that Adopted the Written Plan: Corning Hospital Board of Directors

Name and EIN of Hospital Organization Operating Hospital Facility: Corning Hospital 16-0393490

Address of Hospital Organization: 176 Denison Pkwy E Corning, NY 14830

### **I. Purpose of Implementation Strategy**

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment. This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in proposed regulations released April 2013.

### **II. List of Community Health Needs Identified in Written Report**

List of Community Health Needs Identified in CHNA Written Report, Ranked by CHNA's Priority:

- Obesity
- Cancer Incidence- General
- Prevention and Management of Chronic Disease
- Access to Primary Care
- Diabetes

### **III. Health Needs Planned to Be Addressed By Facility**

List of Significant Health Needs the Facility Plans to Address include:

- Obesity
- Cancer Incidence- General
- Prevention and Management of Chronic Disease

Please refer to the attached tables which provide a detailed description of intervention actions (including collaborative efforts), population description, Guthrie resources utilized, and evaluation tools by measurable effectiveness criteria. These tables are stratified by priority health need.

#### **IV. Health Needs Facility Does Not Intend to Address**

List of Significant Health Needs the Facility Does Not Plan to Address include:

- Access to Primary Care
- Diabetes

Due to available resources these needs will not be addressed through an implementation strategy in the subsequent fiscal years. However, due to the overlap in disease etiology between the identified priority needs and these needs an impact is anticipated.

## Corning Hospital Implementation Strategy – Priority Need Obesity

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #1	<p>Location: Corning, NY</p> <p>Intervention #1: Provide standardized education to community members regarding basic nutrition.</p> <p>Continue the basic nutrition class, which is offered to community members as a 2 hour face-to-face, hands-on learning forum which focuses on making healthy eating choices. The class is led by a Guthrie Registered Dietician from Healthworks. The nurse will further work with participants through a series of objectives and provide continuous feedback.</p> <p>During the class, participants will be provided with educational materials and information on topics such as (but not limited to): Body Mass Index (BMI), Macronutrients (Carbohydrates, Proteins, and Fats), Basic Food Groups, Building, Reading and Interpreting Food Labels, and Identifying Healthy Choices that will contribute to better overall health.</p> <p>At the conclusion of the class, participants will receive a “Quick Reference Tip Sheets” handout which is a resource guide summarizing various electronic food journaling phone applications.</p>	<p>Population recruited by community notifications. Chemung, NY, and Steuben, NY</p>	<p>After completing the course, participants should be able to identify the objectives as outlined in each educational session</p>	<p>Completion of Healthy Eating Basic Nutrition 101 Form. This form will document the course objectives</p> <p>Will plan to evaluate using NCR (no carbon required) format</p>	<p>Bi-Annually</p>

## Corning Hospital Implementation Strategy – Priority Need Obesity

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
<b>Intervention #2</b>	<p>Location: Corning, NY</p> <p>Intervention #2: Provide standardized education to healthcare providers regarding ways to treat and counsel overweight and obese patients.</p> <p>This 7-8 hour program will be offered face to face by a Guthrie Bariatrician. The purpose of this program will be to provide primary care providers with resources to successfully counsel patients about their weight.</p> <p>Suggested Core Competencies for the Primary Care Providers (PCP) will include:</p> <ol style="list-style-type: none"> <li>a. Evaluation and treatment of the obese patient (adult and pediatric)</li> <li>b. Dietary therapy for the obese patient</li> <li>c. Pharmacotherapy for the obese patient</li> <li>d. Common medications and their effect on weight loss</li> <li>e. Writing an exercise prescription</li> <li>f. Including obesity management in your clinical practice- including reimbursement</li> <li>g. Coding and billing for obesity related services</li> </ol>	<p>Population: Guthrie PCP network that covers Chemung, NY, and Steuben, NY</p> <p>Clients receive intervention within the PCP office or in the community.</p> <p>Sample Size per class may vary dependent upon outreach facility and provider involvement.</p>	<p>Continue core curriculum as described including develop progress note templates to be incorporated in EPIC and continue to provide counseling materials/meal plans to be incorporated in EPIC</p>	<p>Evaluate protocol specified clinical (patient) and provider outcome measures</p>	<p>Annually</p>

## Corning Hospital Implementation Strategy – Priority Need Obesity

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
<b>Intervention #3</b>	<p>Location: Corning, NY and Bath, NY</p> <p>Intervention #3: Reduce childhood obesity through a multidisciplinary approach to executing and evaluating local programs that focus on obesity prevention.</p> <p>The Fit and Strong Together coalition which meets monthly at Corning Hospital is a multidisciplinary team of individuals. Their primary mission is to work with the community to teach and motivate young people to be fit, choose nutritious food, and achieve a healthy weight. Initiatives they continue to sponsor and support include:</p> <ol style="list-style-type: none"> <li>1. “Cool 2B Fit” nutrition education program with 2nd and 4th graders. Each second grader will receive “An Apple A Day Nutrition Tracker” for use at home. Second graders will also have periodic tastings of nutritious but less usual foods. Fourth graders will have a trip to Wegman’s supermarket to learn about reading food nutrition labels and making wise food choices. The food tastings and visits to Wegmans will continue.</li> <li>2. Pursue external grants in collaboration with the Corning-Painted Post Schools to secure funding that would improve Physical Education Programs and access to such programs in the Corning Schools.</li> <li>4. Continue and evaluate expanding the program to teach third graders the elements of a healthier lifestyle. Embody the message in 16 instructional modules provided by a Guthrie bariatric physician. Work with the third grade teachers in the chosen school to create lesson plans and implementation plans involving parents. Measure results using body composition analysis (a Tanita scale) focusing on percent body fat. Measure results and determine whether the program should be expanded to the other five elementary schools following the pilot program in FY2015 – FY2016.</li> <li>5. Evaluate the continuation of “Know Your Health Numbers” testing day for students in 10<sup>th</sup> grade Health classes in the Corning High School. Such testing was done in April 2014 and April 2015. Consider future testing if results so indicate.</li> <li>6. Continue to sponsor Kids Fun Run to help improve children’s fitness and knowledge about healthy lifestyle choices.</li> </ol>	Population includes overweigh and obese children along with their parents and/or guardians from Schuyler and Steuben counties NY.	The total number of participants in each program is tracked.	Monthly at the Fit and Strong committee meeting total participation, budgetary requirements, and suggested improvements or additional partnerships are discussed and documented with the minutes.	Monthly-Ongoing

## Corning Hospital Implementation Strategy - Priority Need Obesity

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #4	<p>Location: Corning, NY</p> <p>Intervention #4: Provide a Community Garden</p> <p>Food insecurity remains a concern for the community served Corning Hospital. A community garden will be evaluated in order to provide families with fresh produce.</p>	<p>Population: Community members from Chemung, NY, and Steuben, NY.</p>	<p>The number of families that receive food from the Community Garden.</p>	<p>Assessment of community concern of food insecurity</p>	<p>Annually</p>

## Corning Hospital Implementation Strategy – Priority Need Obesity

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
<b>Intervention #5</b>	<p>Location: Corning, NY</p> <p>Intervention #5: Collaborate with local food pantries to improve community access to healthier food options.</p>	<p>Population: Community members from Chemung, NY, and Steuben, NY</p>	<p>Count of healthy food options that become available</p>	<p>Evaluate Community use of healthy food options from the food pantry</p>	
<b>Intervention #6</b>	<p>Location: Corning, NY</p> <p>Intervention #6: Implement modified food labels in Corning Hospital to facilitate healthy eating choices.</p> <p>The Guthrie Clinic will begin using labels to identify heart healthy, gluten friendly and other guidance tools to promote health food alternatives within the Hospital cafeteria and vending machines.</p> <p>In addition to this effort, Corning Hospital will continue to evaluate and reduce sodium content in meals served in Corning hospitals’ cafeteria and to inpatients. Moreover, Corning Hospital will provide more healthy snack food choices and reduce sugar sweetened beverages, replacing them with lower sugar alternatives.</p>	<p>Population: Community members from Bradford, PA, Tioga, PA, Chemung, NY, and Tioga, NY counties</p>	<p>Count of food labels used throughout the Hospital</p>	<p>Evaluate the consumption pre and post labeling effort of labeled healthy alternatives</p>	

# Corning Hospital Implementation Strategy– Priority Need General Cancer Incidence<sup>1</sup>

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
<b>Intervention #1 (Lung Cancer)</b>	<p>Location: Corning, NY</p> <p>Intervention #1: Increase Public Awareness about Lung Cancer including preventative measures.</p> <p>In November, Guthrie again in collaboration with the Lung Cancer Alliance will help host the “Shine a Light on Lung Cancer” community forum to promote lung cancer awareness. The purpose of this forum will be to educate the community on the lung cancer facts, prevention and screening. The speakers will include Guthrie providers, survivors and invited lecturers.</p> <p>After the speakers present an open discussion regarding lung cancer prevention, smoking cessation and lung cancer screening will occur.</p> <p>Throughout the year, a highly visible and interactive educational exhibit will travel to local schools, businesses and other public events to educate the public on the effects of smoking such as:</p> <ul style="list-style-type: none"> <li>•Asthma</li> <li>•Bronchitis</li> <li>•Lung cancer</li> <li>•Emphysema</li> </ul> <p>The exhibit will include disease specific prevention and screening brochures.</p>	<p>Population recruited by community notifications. These notifications will be sent to community members in Steuben, NY and Chemung, NY</p>	<p>The number of participants attending program will be documented</p>	<p>Program evaluation will be distributed to all attendees and comments will be summarized</p>	<p>Annually</p>



## Corning Hospital Implementation Strategy- Priority Need General Cancer Incidence<sup>2</sup>

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
<b>Intervention #2 (Lung Cancer)</b>	<p>Location: Corning, NY</p> <p>Intervention #2: Provide standardized education through group and individual smoking cessation methods through certified Guthrie counselors.</p> <p>Identify and educate Guthrie employees to become certified smoking cessation facilitators through the American Lung Association. Group or individual smoking cessation sessions will be available throughout the year after facilitators are trained.</p>	<p>Population: Guthrie Respiratory Therapists or other Guthrie healthcare employees in Corning.</p> <p>The smoking cessation classes will be available for community members from Steuben, NY and Chemung, NY</p>	<p>The number of staff completing the certification course will be tracked.</p> <p>Additionally, the number of community members completing the smoking cessation sessions will be tracked</p>	<p>The number of participants who are successful in quitting smoking for six or more months will be collected</p>	<p>Annually-Ongoing</p>

## Corning Hospital Implementation Strategy- Priority Need General Cancer Incidence<sup>3</sup>

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #3 (Lung Cancer)	<p>Location: Corning, NY</p> <p>Intervention #3: Encourage providers to talk with their patients about tobacco cessation.</p> <p>Re-evaluate the implementation of an automated referral through the electronic health record (EHR) for patients who are still smoking and want to quit. The referral would schedule an appointment with a smoking cessation counselor or provide resource information regarding the state quit line.</p>	<p>Population: Patients who see a Guthrie provider</p>	<p>The number of patients referred through the EHR will be tracked</p>	<p>The number of patients who completed any program will be tabulated along with the number of participants who are successful in quitting smoking for six or more months</p>	<p>Annually-Ongoing</p>

## Corning Hospital Implementation Strategy- Priority Need General Cancer Incidence<sup>4</sup>

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #4 (Breast Cancer)	<p>Location: Corning, NY</p> <p>Intervention #4: Continue Breast Cancer Awareness initiatives throughout the year including: Breast Cancer Awareness Week campaign for Guthrie employees, Pink Night at Massis Garden Center, Susan B Coleman event, annual employee rounds and public education through commercials and print media.</p>	<p>Population: All Guthrie employees and general public in Steuben, NY and Chemung, NY</p>	<p>The number of commercials and print ads will be monitored</p>	<p>Mammogram appointments will be monitored throughout the month of October to examine effectiveness of screening education</p>	<p>Annually-Ongoing</p>

## Corning Hospital Implementation Strategy– Priority Need General Cancer Incidences

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #5 (Breast Cancer)	<p>Location: Corning, NY</p> <p>Intervention #5: Continue Mammogram Reminders throughout the year.</p> <p>Continue patient and provider reminder letters for annual mammogram (set of five letters: one letter to remind patient for upcoming annual mammogram, three letters to remind the patient and provider of overdue mammogram and one to thank the patient and to prompt the patient to proactively schedule their next mammogram).</p> <p>Also, continue High Risk patient phone calls by a Women’s Health Registered Nurse.</p>	<p>Population: All existing Guthrie mammogram patients, high risk patients</p>	<p>Percentage of female Guthrie patients that receive the annual mammogram</p> <p>Percentage of high risk female Guthrie patients that receive the annual mammogram</p>	<p>Comparison of mammogram rates to pre-reminder letter benchmark prior to implementation</p>	

**Corning Hospital Implementation Strategy- Priority Need General Cancer Incidence<sup>6</sup>**

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
<p><b>Intervention #6 (Colon Cancer)</b></p>	<p>Location: Corning, NY</p> <p>Intervention #6: Continue Colon Cancer Awareness initiatives throughout the year including: public education through commercials and print media.</p>	<p>Population: General Public</p>	<p>The number of commercials and print ads will be monitored</p>	<p>Calls for Colonoscopy appointments will be monitored throughout the month of March to examine effectiveness of screening education</p>	<p>Annually-Ongoing</p>

## Corning Hospital Implementation Strategy- Priority Need General Cancer Incidence<sup>7</sup>

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #7 (Colon Cancer)	<p>Location: Corning, NY</p> <p>Intervention #7: Continue Automatic rescheduling for Colonoscopy screenings and initiate pilot program to increase patient compliance with best practice for preventative screenings.</p> <p>Currently, Guthrie patients that require a colon screening are called to schedule their preventative screening.. This practice will continue, however a pilot for other scheduling practices will be evaluated. The goal of this pilot is to increase patient compliance with the best practice for colon screening.</p>	Population: All Guthrie colon screening patients	Percentage of Guthrie patients that receive a Screening Colonoscopy	Continue to monitor Tissue/Adenoma Review of screening colonoscopies	Ongoing monitoring

**Corning Hospital Implementation Strategy- Priority Need Poor General Health**

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
<b>Intervention #1</b>	<p>Intervention #1: Increase Public Awareness about individual ways to obtain appropriate health care services.</p> <p>The hours for the Walk-In Urgent care clinic were extended during the week and additional hours were added on the weekends. Availability of hours are posted on the guthrie.org public website.</p>	<p>Populations served include community members from Chemung and Steuben, NY.</p>	<p>Continue to track the number of individuals seen in the ED as compared to the number of individuals seen within the ACT clinic.</p>	<p>Continue to track the total number of unique individuals seen by a primary care provider.</p>	<p>Annually</p>

## Corning Hospital Implementation Strategy – Priority Need Poor General Health

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
<b>Intervention #2</b>	<p>Intervention #2: Actively recruit additional primary care providers to the region.</p> <p>The Physician Recruitment and Retention group within Guthrie participates in numerous national and regional recruitment efforts including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Doximity</li> <li>2. Direct mail campaigns targeted at primary care providers across the country.</li> <li>3. Utilization of social media including NEJM, facebook, linkedin, twitter, google plus and doximy to advertise opportunities.</li> <li>4. Sponsorship of Guthrie residency recruitment social event and career planning day.</li> <li>5. Sponsorship of a residency career guide which is dedicated to assisting physicians in residency learn about their life and practice post training. The guide is provided to all residents within their final year of training in the North East.</li> <li>6. Sponsorship of recruitment job boards through NEJM, MDPathfinder, Career MD, Healthcareers, MDPathways, Doc Café, Elsevier, Physician Pathfinder/AIM</li> <li>7. Sponsorship of an internal recruitment website accessible on guthrie.org.</li> <li>8. Initiation of physician bonus referral program.</li> <li>9. Annual attendance at American Academy of Family Physicians (AAFP), American Academy of orthopedic surgeons (AAOS), and American College of Emergency Physicians (ACEP).</li> </ol>	<p>Population includes regional and national primary care providers.</p>	<p>Continue to track the number of staff recruitment fairs specifically marketed to PCPs which Guthrie attended, direct mailings were sent, and hits to social media sites.</p>	<p>Continue to track the total number of unique primary care patients from year to year within the EHR.</p>	<p>Annually-Ongoing</p>



## Corning Hospital Implementation Strategy- Priority Need Poor General Health

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
<b>Intervention #3</b>	<p>Intervention #3: Promote self-care and best screening protocol for chronic disease</p> <p>Increase the availability, accessibility and use of evidence-based interventions in self-care management in clinical and community settings. Offer health screenings targeted to specific populations, as well as informational presentations, educational seminars on important health topics.</p>	<p>Populations served include community members from Chemung and Steuben, NY.</p>	<p>Continue to track the number health screenings, informational sessions and educational seminars given</p>	<p>Track attendance at each public educational event</p>	<p>Annually-Ongoing</p>
<b>Intervention #4</b>	<p>Intervention #4: Increase eGuthrie Awareness</p> <p>Implement awareness campaign in Guthrie facilities and on guthrie.org to encourage patients to use eGuthrie, the patient portal to Guthrie EHR, for individualized health maintenance screening reminders. This information is also provided in print in each After Visit Summary.</p>	<p>Populations served include community members from Chemung and Steuben, NY.</p>	<p>Track the number of new eGuthrie participants enrolled from Chemung and Steuben, NY</p>	<p>Evaluate patient understanding and use of tool during visits</p>	<p>Annually-Ongoing</p>
<b>Intervention #5</b>	<p>Intervention #5: Promote diabetes wellness with continuation of support group and expanded diabetes education</p> <p>Continue to offer programs like the HealthWorks Diabetes Support Group, which meets monthly providing speakers on a variety of topics and health issues related to diabetes. Expand diabetes awareness opportunities into the community. Offer educational seminars to help those with chronic and/or serious health issues, like diabetes, heart disease, cancer, lung disease (tobacco use).</p>	<p>Populations served include community members from Chemung and Steuben, NY.</p>	<p>Track the number of community members present during support Group</p> <p>Track number of educational seminars given</p>	<p>Track attendance at each public educational event</p>	<p>Annually-Ongoing</p>