CHNA Implementation Report: FY 2016

The Community Health Needs Assessment initiatives continue to evolve at Boca Raton Regional Hospital. We’ve made great strides in understanding & addressing the areas of concern that include Fall Prevention, Medication Management and improved Emergency Department utilization.

Medication Management
Community Need: Unintentional Poisoning Deaths for those 65+ has quadrupled in Palm Beach over the past decade, and continues to rise in Broward. Source: Florida Charts

Unintentional Poisoning Deaths
Age 65+, 1990-2011

Palm Beach vs. FL
Broward vs. FL

Note: While a portion of these instances may be related to the increase abuse of prescription medications, with our BRRH patient population, we see counter indications from prescribed drugs as the driving force.

Initiative: Reduce the number of unintentional poisoning deaths due to medication mismanagement

Year 3 of our implementation strategy for Medication Management launched our Transitions of Care Program. Pharmacy residents designed a comprehensive Medication Reconciliation program focused on improved coordination with area SNF’s. Initial results showed a reduction in readmissions from 22% to 9%, with over 43 “reconciliations” that may have prevented a Medication error.

Year 3 saw the continuation of existing programming:

a. High Med Count discharge outreach: Follow up questions on the call included “Are you feeling OK? Have you filled your prescriptions? Do you have any
questions for our Pharmacists?” IF yes, patients were transferred to 561-955-MEDS, a dedicated resource line for pharmacy questions.

b. Community Outreach: Pharmacy also continued to participate in community outreach events & health fairs in Senior Communities, offering education around each participant’s unique needs. Lectures to Stroke patients around their Medication Management was additionally offered at our Marcus Neuroscience institute.

c. Lastly the Medication Education booklet began to be utilized Hospital wide. It includes a variety of pertinent education, precautions and common drug interactions and complications & counter indications. Clinical nursing, home health, and pharmacy are a few departments using on a day to day basis.

d. 6 iPads were also funded to assist Pharmacy at the bedside

Falls in our Community (seniors)

Community Need: Unintentional Falls Deaths has doubled for those 65+ in the past decade. Source: Florida Charts

Unintentional Falls Deaths
Age 65+, 1990-2011

**Palm Beach vs. FL**

**Broward vs. FL**

Initiative: Reduce the number of falls for seniors in our community

Fall Prevention programs continued with a “Matter of Balance” classes, offered to post discharge patients as well as the community at large. Patients enrolled in the 6 week program reported greater confidence in their gate & ability to prevent a fall.

We are also using data analytics to gauge the best utilization of Home health resources for our Fall Risk patients. We receive daily reports on “High risk fall” patients at discharged. We are beginning to track any correlation with Fall Score and a later admission related to a fall.
Initiative: Improved ED utilization, reducing Avoidable/preventable visits.

Area of Concern: High utilization of the ED with inappropriate visits ex: mismanaged Chronic Conditions, stiches, low fever, headaches, sprains, strains, etc

Our Emergency Department utilization programs continue to provide community outreach with Health Van trips into underserved areas providing free screenings. By identify high glucose, cholesterol, blood pressure and BMI, and providing community education at a teachable moment, community members can address & preempt healthcare issues before they require Emergency Treatment or worse, cause death.

For uninsured patients that have not seen a primary care physicians and needed follow up care, a health navigator was brought on the Van to schedule patients at the FAU Residency clinic. Hospital services covering the continuum of care will be covered to avoid the burden to uninsured/underserved members of our community (PlanCode 400700).

As we complete our 3rd year of CHNA initiatives and progress into our CHNA Phase 2, we plan on continuing each of these efforts within the following areas:

1. Medication Management & Fall Prevention
   a. Care Coordination of Seniors
2. ED Utilization
   a. Specialty care access for underserved

As we continue to integrating community non-profits and further engaging our partners, we’re making a considerably positive impact on the health needs our community faces today.