CHNA Implementation Report FY 2018

Prioritized Need- 2015 CHNA
Increased access to Specialty care for low income & underserved

Prioritized Need -2012 CHNA
Improved Emergency Department utilization.

Background-
Internal committee was formed in FY2016 specifically to address the prioritized health need of improved access to care, met quarterly to assess approaches the hospital and provider network may implement to address this prioritized need. The strategies this committee explored were:

- Use of the BRRH Health Van to provide screenings into the community, with high risk patients being navigated back to the FAU Residency Clinic
- Connectivity to Project Access from FAU Residency clinic

The below represents the programs implemented by the workgroup to address the three strategies aforementioned.

FY2018 Programs Implemented, Continued or Expanded
FY2012 Implementation - Continued: Mobile Health Unit Risk Assessment, Screening, Education and Navigation to Primary and Specialty Care Services

1. Use of the BRRH Community Health Van to provide screenings in the community, with high risk patients being navigated back to the FAU Residency Clinic and hospital resources for primary and specialty care.
FY2015 Implementation - Expanded FY2018  Mobile Health Unit Outreach into low income & underserved communities

1. Risk Assessment, Screening, Education and Navigation to Primary and Specialty Care Services expanded to include monthly outreach to the homeless and bimonthly visits to low income housing in BRRH PSA.
   - Appx 1/3 or 28.4% of underserved population screened were navigated to charitable and reduced cost primary care services at the FAU Residency Clinic part of the BocaCare Primary Care network.

<table>
<thead>
<tr>
<th>Prioritized Need</th>
<th>Benefit Category</th>
<th>Population served</th>
<th>Program</th>
<th>Total Screenings FY2018</th>
<th>Total Persons Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>Community Health</td>
<td>Underserved/broader community</td>
<td>Community based screening, education and navigation</td>
<td>26</td>
<td>735</td>
</tr>
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FY2012 Implementation - Continued FY2018: Health Navigation Hotline

1. Hospital supported health navigation service to aid in optimized access to primary and specialty care services through assessment of health care needs and referral and scheduling with vetted physicians and imaging services.

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<th>Program</th>
<th>Total Persons Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved access to primary and specialty care</td>
<td>(A3) Health Care Support Services</td>
<td>Broader community</td>
<td>Hospital supported nurse navigator health navigation hotline</td>
<td>315</td>
</tr>
</tbody>
</table>

Distribution of top 10 Referral Points
Prioritized Need- 2012
Medication Management

Background-
The 2012 CHNA identified unintentional Poisoning Deaths for those 65+ had quadrupled in Palm Beach over the past decade, and continues to rise in Broward.

Programs Implemented, Continued and Expanded FY2018

FY2012 Implementation - Continued FY2018: Medication Education Booklets and Tablets at Bedside Continued through FY 2018

1. Medication Education booklet began to be utilized Hospital wide. 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.

2. 6 iPads were also funded to assist Pharmacy at the bedside

Prioritized Need- 2012 CHNA
Fall Prevention
Background-
The 2012 CHNA identified unintentional Falls Deaths had doubled for those 65+ in the past decade.

Programs Implemented, Continued and Expanded FY2018
2012 Implementation - Continued FY2018: Matter of Balance
Program Launched 2012 and continued through FY2018

- The Matter of Balance program is an evidence-based program proven to reduce fear of falling and increase exercise levels in older adults. The program consists of eight, two-hour sessions led by a BRRH OT trained facilitator. Qualitatively, participants report greater confidence in their gate & ability to prevent a fall

Prioritized Need- 2015 CHNA
Care Coordination for Seniors

Background
To address the concerns around care coordination at discharge, appointment scheduling & follow up care as well as social determinants of health for senior citizens a multidisciplinary committee involving case management, nursing, social work, home health and other strategic participants from the hospital, physician's network and community was formed in FY2016. The group met quarterly to specifically workshop strategies to enhance care coordination services for senior citizens.
Programs Implemented, Continued and Expanded FY2018

2015 Implementation - Continued FY2018: Transitions of Care Pharmacy Program, Continued through FY 2018
   1. High Med Count discharge outreach was implemented and continues via Follow up phone call to patients. “
   2. A dedicated resource line for pharmacy questions is also provided at discharge. 561-955-MEDS,

FY2017 Implementation - Continued FY2018: Pad in Motion iPads at the Bedside to support patient education & engagement
   • Relaunched and expanded to patient at risk for the development of delirium. Total joint program patients as well as surgical patient over the age of 65 at risk for delirium are provided a specially formatted tablet to aid in educating on recovery and transition to home as well as prevention and treatment of delirium post surgically.

FY2018 Implementation:  CMO approved Case Management Department Organizational Redesign
   • Recruitment of 3 RN/MSWs to establish Social Work specialty within the case management department to address follow up care as well as social determinants of health for senior citizens.

Prioritized Need- 2015 CHNA
Enhanced Behavioral Health Services for Adults

Background-
FY 2018, The subcommittee formed in 2017 to specifically workshop strategies to enhance behavioral health inpatient processes and navigation broke into two subcommittees. One Subcommittee specifically focused on Improved Staff Education and Safety and the other on Enhanced Navigation and Dispositioning of Behavioral health patients.

**Programs Implemented Continued and Expanded FY2018**

**FY2018 Implementation:** Education and Safety Subcommittee

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<tr>
<td>Enhanced Behavioral Health &amp; Substance Abuse Services for Adults</td>
<td>(B2) Health Professions Education (nursing and nursing students)</td>
<td>Broader community</td>
<td>*Enhanced Behavioral Health Training and Awareness</td>
</tr>
</tbody>
</table>

1. **Review and update of Baker Act Policy** #00000136 and Identification and Management of Patients at risk for Suicide policy #00010539 as well as associated checklists and staff orientation and competencies to enhance safety and continuity between policy and staff training

2. **Baker Act Competency Audit** added to environment of care rounds with goal of >= 80% correct.

**Results FY 2018**

Environment of Care Audit
3. **Behavioral Health Pocket Guide** with behaviors to monitor and Do's and Don’ts for baker act and suicidal patients developed deployed hospital wide to staff and added to the *Safety Observer/Sitter Suicidal Patient Checklist* to educate and increase awareness to possible problem causing behaviors and potential safety concerns.

4. **De-escalating Challenging Situations and CPI training** offered to hospital staff as part of Mental Health Awareness Month Curriculum.

5. **Online Training Platform HealthStream Updated with Mental Health Education Modules:**
   a. Suicide in Older Adults – Assessing Risk,
   b. Patient and Family Education: Teaching the Patient with Substance Abuse Disorders,
   c. Workplace Violence,
   d. Delirium Prevention and Management

6. **Delirium in the Medical Hospital Grand Rounds** presented to medical and ancillary staff: Due to the older average age of BRRH patients, estimates are, that at any given
time >30% of adult and geriatric patients in the acute care setting are at risk of or exhibiting s/s of delirium. As the behavioral health subcommittee took a deeper dive into the hospitals behavioral health concerns through committee meetings and staff surveys, it was determined that due to our older patient population; the patients that appear to cause the most significant behavioral health concerns to both patient and staff safety and satisfaction were our post-surgical >65 year old patient population at risk for the development of delirium. The Education and safety subcommittee then shifted focus to target interventions on this patient population.

7. **Delirium Prevention Tool Kit** developed and deployed on pilot units Neuro ICU/Stepdown and cardiology. Tool kits include a checklist and supplies clinical staff can use to help minimize and manage delirium in hospitalized older adults. The toolkits have been developed using the latest research on delirium prevention, targeting risk factors including cognitive and sensory impairment, dehydration, immobility, unfamiliar surroundings and sleep deprivation.

   **Pad in Motion**: the pad in motion platform was also reformatted in service of delirium prevention. 4 tablets were deployed with content format to aid in cognitive stimulation, sleep, and orientation among others.

   **Pad in Motion Delirium Prevention Tablet Homepage**
8. **Comfort Kits as adjunct to Delirium Prevention Tool kit.** Adapted from the Delirium Prevention Tool Kit. These kits contain ear plugs, facemask, headphones and guided imagery insert to aid agitated or restless patients relax and improve sleep and recovery. Piloted on units Neuro ICU/Stepdown and cardiology in April 2018. Immediate improvement in HCAHPS Scorecard for (quietness of hospital environment) on pilot unit Neuro ICU/Stepdown from 56.2% below target to 73.3%, on target. Full detail of Quietness of Hospital Environment HCAHPS Scorecard available here.  
http://intranet/PDF/ByDomain/6.%20Quietness%20of%20Hospital%20Environment.pdf
FY2018 Implementation: Navigation and Disposition Subcommittee

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<tr>
<td>Enhanced Behavioral Health &amp; Substance Abuse Services for Adults</td>
<td>(C8) Behavioral Health Services</td>
<td>Broader community</td>
<td>* Enhanced Behavioral Health Inpatient Processes &amp; Navigation</td>
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1. CMO approved Case Management Department Organizational Redesign. 3 RN/MSWs with mental health and substance abuse specialty on boarded within the case management department providing, 7 day week coverage, noon to 10:30 pm to address navigation and disposition of behavioral health patients directly to Mental Health receiving facilities from the ED.

2. In accordance with National Patient Safety Goals Suicide Risk Assessment and Biopsychosocial assessment completed on at risk and behavioral health patients.

3. Hospital reviewed and revised Policy #00010539 (Identification and management of Patient sat Risk for suicide).

4. Psychiatry began daily huddle with Mental Health Social Workers to care plan and optimize the navigation and dispositioning of Behavioral health patients

Comments or questions regarding the Community Health Needs Assessments and or Implementation Strategy may be sent to Patrick Mahaney RD LDN, Manager of Community Outreach at pmahaney@brrh.com