



Fort Hamilton Hospital Implementation Strategies 2020 – 2022

Mission & Vision

Our Mission:

To improve the quality of life of the people in the communities we serve through health care and education.

Our Vision:

Kettering Health Network (KHN) will be recognized as the leader in transforming the health care experience.

Our Values:

- Trustworthy
- Innovative
- Caring
- Competent
- Collaborative

Community Served

Butler County in Ohio

Prioritized Community Health Needs

Priorities

The priorities for Fort Hamilton Hospital are the top community health needs identified in the Community Health Needs Assessment (CHNA):

1. Mental health, including substance abuse
2. Access to care and/or services, including infant mortality
3. Chronic disease
4. Healthy behaviors

Significant Health Needs to be Addressed

Implementation Strategies, listed on the following pages, address all of the above prioritized health needs.

Significant Health Needs Not Addressed

Not applicable.

Process for Strategy Development

Bev Knapp, VP of Clinical Integration and Innovation, PJ Brafford, Network Government Affairs Officer, and Molly Hallock, Program Coordinator, Community Benefit convened internal stakeholders to ratify the priorities and to develop strategies. Strategies were discussed in several meetings to identify best-practice and evidence-based responses for each priority area. Preferred strategies also:

- Increased or leveraged connections with community-based organizations,
- Reflected the values and best practices of Kettering Health Network, and
- Promoted alignment and integration with state and local public health priorities.

Listed below are the meeting dates and attendees. Meetings were facilitated by an external consultant, Gwen Finegan, who also provided technical assistance in follow-up emails and phone calls.

May 8, 2019

Ron Connovich, President
Dr. Marcus Romanello, Chief Medical Officer
Jennifer Shull, Administration
Sonja Kranbuhl, Foundation
Teresa Pelfrey, Development Coordinator
PJ Brafford, Government Affairs Officer
Kelli Davis, Community Benefit Coordinator
Molly Hallock, Community Benefit Coordinator

June 10, 2019

Ron Connovich, President
Jennifer Shull, Administration
Sonja Kranbuhl, Foundation Director
Miriam Cartmell, Executive Director Surgical and Women's Service
Bev Knapp, VP of Clinical Integration and Innovation
PJ Brafford, Government Affairs Officer
Kelli Davis, Community Benefit Coordinator
Molly Hallock, Community Benefit Coordinator

July 24, 2019

Ron Connovich, President
Jennifer Shull, Administration
Marcus Romanello MD, Chief Medical Officer
Sonja Kranbuhl, Director, Foundation
Miriam Cartmell, Executive Director Surgical and Women's Service
PJ Brafford, Government Affairs Officer
Kelli Davis, Community Benefit Coordinator
Molly Hallock, Community Benefit Coordinator

September 16, 2019

Ron Connovich, President
Miriam Cartmell, Executive Director Surgical and Women's Service
Molly Hallock, Community Benefit Coordinator

The hospital committee finalized its implementation strategies in October 2019. Senior leaders at the hospital approved final versions before presenting the implementation strategies to the Board of Directors in November 2019.

Several strategies are contingent on community involvement and partnerships for their eventual success. Hospitals traditionally have not sought to share responsibility for health outcomes with external partners. There is a degree of uncertainty about exactly how the collaborations will develop, but the potential of broad-based and tangible improvements is worth the risk. This level of sharing is the only path forward to improve impact for individuals and for the health of community. With robust community partnerships, another advantage will be the ability to respond as new emerging issues surface.

Description of Strategies

A table with more details is provided on pages 5 - 7. It includes information about measuring impact, timing, resources, and collaborating partners to accomplish the activities.

Partner with Primary Health Solutions FQHC

Kettering Health Network's hospitals support this Federally-Qualified Health Center in numerous ways. Hospitals refer Medicaid and uninsured patients, with real-time appointment scheduling via scheduler, patient navigator, or social worker. In Butler County, they support the salary of a Nurse Practitioner for a school-based health center in Middletown and deliver the babies who receive prenatal care in Hamilton.

HCAN Pilot in the Emergency Department

Health Care Access Now trains and utilizes community health workers to connect higher-risk ED patients with a regular source of ongoing medical care. They may include people with multiple chronic conditions, frequent hospitalizations, and/or frequent ED visits. Butler County United Way is piloting their approach in Hamilton and asked Fort Hamilton Hospital to serve as a site.

Congregational Health

Current evidence supports the effectiveness of congregational health, or health interventions led by faith-based organizations, in disease prevention, increasing healthy behaviors, and more effective health maintenance. *County Health Rankings* classifies these interventions near the top of their rating scale for evidence-based programming. Building on the trusting relationship people have with their church, faith leader, etc. is the key to success. Since relationship building is foundational to this approach, the initiative will start small but hopes to grow in the number of congregations served over the next three years. The program will start with congregations that have already expressed interest. The approximate cost in the pilot year will be \$3,400 per church.

Help Me Grow

Help Me Grow is Ohio's evidenced-based parent support program that encourages early prenatal and well-baby care, as well as parenting education to promote the comprehensive health and development of children. Help Me Grow includes Central Intake, Help Me Grow Home Visiting and Help Me Grow Early Intervention. Hospitals pay for the benefits of two nurses who conduct home visits with new mothers. Each nurse can maintain a peak caseload of 25. In Butler County, referrals to Help Me Grow are made through the Butler County Health District's Neighborhood Navigator.

Tobacco Cessation – Baby & Me Tobacco Free (through Envision)

The BABY & ME – Tobacco Free Program™ is an evidence-based, smoking cessation program created to reduce the burden of tobacco on the pregnant and postpartum population. It provides counseling support and resources to pregnant women, hoping to improve birth outcomes as well as long-term positive outcomes for women, children, and their families. Women attend four prenatal counseling cessation sessions to receive education and support. At defined intervals, during and after the birth, they can qualify for vouchers to obtain free diapers. A smoker who lives with the pregnant woman can also enroll. Envision operates the program in Butler, Greene, and Montgomery Counties.

Fort's Opioid Recovery Taskforce (F.O.R.T.)

The EMS Coordinator at Fort Hamilton Hospital founded the Task Force in response to the opioid epidemic in Butler County in 2015. She also designed the Golden Ticket Program, to help addicts who came into the hospital's ED for overdose treatment. It is based on the successful model of rapid response teams. A team (e.g., social worker, law enforcement officer, and peer recovery counselor) reaches out after the hospitalization and offers access to treatment and other resources. The Butler County Police were so impressed by the results that they now operate the program, but the EMS Coordinator continues to educate, facilitate, and serve as liaison on the hospital side. She also connects people to the Heroin Hopeline for information about detox, treatment, and recovery.

Sojourner Recovery Services

Sojourner Recovery Services is a comprehensive alcohol and drug addiction treatment and mental health service provider. It is a nonprofit located in Butler County. Fort Hamilton Hospital refers patients for treatment, and its Chief Medical Officer serves on the Board.

Implementation Strategies

Priority Issue(s)	Strategy	Evaluation of Impact	Resources		Timing	Collaboration
			Financial	Staffing		
Access to Care/Services	<p>1) <u>Federally-Qualified Health Center Support</u>: FHH refers Medicaid and uninsured patients to Primary Health Solutions (PHS) locations. OB deliveries & NICU for PHS patients occur at FHH. Engaged in conversation about post-discharge transition and about integrated behavioral health.</p> <p>2) <u>ED Pilot with Health Care Access Now (HCAN)</u></p>	<p>1) # of referrals to PHS. PHS OB/Gyn doctors deliver babies at FHH (225 deliveries in 2018; 118 deliveries in 2019).</p> <p>2) HCAN will follow-up with ED patients and connect them to care. Community social worker will work up to caseload of 20 patients.</p>	<p>2) Butler County United Way funding \$30,000 for 1st year.</p>	<p>1) Local OB/Gyn physicians</p> <p>2) Community social worker</p>	<p>1) Ongoing</p> <p>2) Starting in 2020</p>	<p>1) Primary Health Solutions; OB/Gyn physicians</p> <p>2) Butler County United Way; HCAN</p>
Access to Care/Services, Chronic Disease, and Healthy Behaviors	<p><u>Congregational Health</u>: Deepen connection with the two congregations who have opted-in to e-newsletter. Follow-up with churches such as Pilgrim Baptist (African American congregation), Presbyterian Church (member on FHH's Board, and Seventh Day Adventist church in Mason. Offer program that addresses health concerns of congregation (body, mind & spirit).</p>	<p># of congregations approached/willing to participate. Development of health goals and/or health committee. # of screening and/or education events.</p>	<p>Approx. cost for one program per church in pilot year = \$3,400.</p>	<p>0.5 to 1.0 FTE in year one</p>	<p>Pilot in 2020</p>	<p>Local pastors</p>

Priority Issue(s)	Strategy	Evaluation of Impact	Financial	Staffing	Timing	Collaboration
Access to Care, Infant Mortality	<p>1) <u>Prenatal Care</u>: All women of childbearing age who visit ED receive a pregnancy test. If positive and they don't have an OB provider, they are referred to KHN physicians or FQHC.</p> <p>2) <u>Help Me Grow</u>: Doctors, nurses, and social workers can refer at-risk pregnant women to the Health District's Neighborhood Navigator. The Navigator refers to the Help Me Grow home visiting program and Centering programs at Primary Health Solutions. The Health District also helps with transportation, cribs & car seats.</p>	<p>1) # pregnant women identified in ED. % of women without OB provider who receive referral.</p> <p>2) By year 3, Home Visiting nurses will reach capacity of 25 households per nurse.</p>	2) \$10,000 for benefits of two RNs	2) FHH pays the benefits for two nurses.	2) Two nurses recently hired. Goal of 25 patient caseload per nurse in 2022. Contract with Help Me Grow to Dec. 2020 with automatic renewal as funding permits.	<p>1) KHN Physicians and Primary Health Solutions.</p> <p>2) GDAHA; Butler County General Health District; Help Me Grow at Butler County Educational Services Center</p>
Chronic Disease, Healthy Behaviors, and Infant Mortality	<u>Tobacco Cessation</u> : Refer to 1-800-QUIT-NOW and Envision for tobacco cessation for new mothers and their family members (2nd-hand smoke)	# smokers in Labor & Delivery. 100% receive education. 100% referred as part of discharge planning.	N/A	Responsibility of discharge planner	Starting in 2020	N/A

<p>Mental Health, Substance Abuse</p>	<p><u>Addiction Treatment:</u> 1) <u>Fort's Opioid Recovery Taskforce (F.O.R.T.)</u> program - Referrals to treatment and collaboration with Heroin Hopeline and Hamilton Police Dept. Psych unit can accommodate and treat patients with addiction as secondary diagnosis.</p> <p>2) <u>Sojourner Recovery Services</u> - Referrals to treatment & FHH CMO on SRS's Board.</p>	<p>1) Psych unit has capacity to help 200 patients, on an annualized basis.</p> <p>2) Number of referrals made from FHH to Sojourner.</p>	<p>1) Annual in-kind donation is \$2,880.</p> <p>2) In-kind donation is \$12,240 annually.</p>	<p>1) EMS Coordinator provides liaison services.</p> <p>2) CMO serves on Board.</p>	<p>Ongoing</p>	<p>1) Heroin Hopeline; local Law Enforcement</p> <p>2) Sojourner Recovery Services</p>
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Accountability

The Hospital President will be responsible for ensuring progress on the measures used to evaluate the impact of each strategy. Periodic updates will ensure strategies stay on target. Annually hospital executive and board members will receive progress reports.

11 / 7 / 2019

Date approved by Kettering Health Network Board of Directors