



Where you're treated well

genesishcs.org

Implementation Strategy 2013-2015

For the Community Health Needs Assessment

7/17/2013



Contents

- Introduction 2
 - Genesis HealthCare System 2
 - Community Health Needs Assessment (CHNA) 2
 - Implementation Strategy 2
 - Resources 2
 - Feedback Mechanism 2
 - Evaluation Plan..... 3
 - A note regarding the IRS Requirement for hospital systems with multiple locations..... 3
- Prioritized Health Need..... 4
 - Health Need: Heart & Vascular Disease..... 5
 - Health Need Category: Mental Health and Substance Abuse 7
 - Health Need Category: Tobacco Use Reduction 8
 - Health Need Category: Obesity Rate Reduction 9
 - Health Need Category: Cancer..... 10
 - Health Need Category: Access to Care 11
 - Health Need: Diabetes and Kidney Disease 12
 - Health Need Category: Maternal and Child Health Needs 13
 - Health Need: Cerebrovascular Disease..... 14
 - Health Need: Septicemia 15
 - Health Need: Influenza and Pneumonia Mortality 16
 - Health Need: Alzheimer Disease..... 17
 - Health Need: Accidents/Unintentional Injury Prevention..... 18

Introduction

Genesis HealthCare System

Genesis HealthCare System is an integrated health care delivery system that includes two not-for-profit hospitals located in Zanesville, Ohio with the mission of providing compassionate, quality health care.

To assist Bethesda and Good Samaritan hospitals in providing the community with quality health care, we have adopted an Implementation Strategy for each hospital facility based on the current Community Health Needs Assessment.

Community Health Needs Assessment (CHNA)

Genesis HealthCare System conducted a Community Health Needs Assessment in order to strengthen our involvement in the community. We collaborated with the counties in our primary service area. This collaboration made the assessment possible and the workgroup was able to identify and prioritize the areas of concern within our community. The Community Health Needs Assessments for Bethesda and Good Samaritan hospitals are available to the public at www.genesishcs.org.

Implementation Strategy

The implementation strategy is a written plan that addresses each of the community health needs identified in the CHNA. The plan has been tailored to the hospitals, taking into account our specific programs, resources and priorities. The workgroup includes the Directors of: Behavioral Health, Cancer Services, Cardiovascular Services, Community Health Integration, Emergency and Trauma Services, Neurosciences, Women and Children's Services and the Manager of Population Health and Wellness. Special thanks to Jody Stones from the Zanesville Muskingum County Health Department and Stacy Offinger from Ohio University Zanesville.

Resources

The implementation strategy was developed by a workgroup consisting of organizational leaders with the ability to make recommendations for staff and resources to be budgeted for their work toward improving the targeted health needs.

Feedback Mechanism

Please contact communitybenefit@genesishcs.org with feedback on the implementation strategy.

Evaluation Plan

This implementation plan will be used as a baseline for performance and used to guide the evaluation process and future strategy development. The actions and anticipated impacts included in this document will be evaluated against the data collected for the identified measures. The leaders will ensure that the applicable information is reported and then assessed quarterly by the Community Benefit Committee. An annual written report will be approved by the Quality Committee and the Board of Directors.

A note regarding the IRS Requirement for hospital systems with multiple locations

The IRS requires each not-for-profit hospital facility to complete a CHNA with a board approved implementation strategy within their community every 3 years. Although Genesis is currently undergoing a construction project that will result in hospital services being provided in a single location, a CHNA and implementation strategy are currently required for both Good Samaritan and Bethesda Hospitals. An index correlating the CHNA health needs to the implementation plan strategies as well as to the individual hospital facilities is included on the following page under the title *Prioritized Health Need*.

Prioritized Health Need

2013 Community Health Needs Assessment				
Genesis HealthCare System: Bethesda and Good Samaritan Hospitals				
<u>Implementation Plan Strategy</u>	<u>Good Samaritan Facility</u>	<u>Bethesda Facility</u>	<u>Community Health Needs Assessment Ranking</u>	<u>Ranked Score</u>
Heart & Vascular	X		Cardiac Disease	4.23
Mental Health & Substance Abuse		X	Opiate Prescription Rate	4.00
Tobacco Use Reduction	X	X	Maternal smoking	3.99
Obesity Rate Reduction	X	X	BMI Greater than 25	3.98
Mental Health & Substance Abuse		X	Client Admissions for Opiate Abuse and Dependence	3.85
Cancer	X	X	Cancer Mortality Rate	3.84
Tobacco Use Reduction	X	X	Current smokers of cigarettes	3.81
Obesity Rate Reduction	X	X	% of children ages 2-5 obese	3.77
Access to Care	X	X	Ability to Access Doctor	3.71
Obesity Rate Reduction	X	X	% of children ages 2-5 overweight	3.69
Tobacco Use Reduction	X	X	Chronic Lower Respiratory Diseases	3.58
Diabetes and Kidney Disease	X	X	Diabetes Mellitus (Children and Adults)	3.44
Access to Care	X	X	Uninsured adults	3.28
Maternal & Child Health Needs		X	Mothers with Medical Risk Factors During Pregnancy	3.24
Mental Health & Substance Abuse		X	% binge drink	3.18
Tobacco Use Reduction	X	X	Current users of smokeless tobacco	3.13
Cerebrovascular Disease	X	X	Cerebrovascular Disease	3.10
Maternal & Child Health Needs		X	Birth by Cesarean Section	3.06
Maternal & Child Health Needs		X	Entry into Prenatal Care in the Second or Third Trimester	2.90
Septicemia	X	X	Septicemia	2.63
Maternal & Child Health Needs		X	Teenage birth rate ages 15-17 /1000	2.62
Cancer	X	X	% females had a mammogram in past two years ages 40+	2.53
Maternal & Child Health Needs		X	Babies with low birth weight	2.44
Influenza and Pneumonia	X	X	Influenza and Pneumonia	2.44
Mental Health & Substance Abuse		X	Suicide Rate (Intentional Self Harm)	2.41
Alzheimer Disease	X	X	Alzheimer Disease	2.35
Diabetes and Kidney Disease	X	X	Kidney Disease	2.17
Accidents/ Unintentional Injury Prevention	X	X	Accidents, unintentional Injuries	2.07

Health Need: Heart & Vascular Disease

Leader: Cardiovascular Services Director

Identified Measures for baseline data (see Introduction for process of evaluation):

- Cardiac Disease

Planned Collaboration:

- Vascular screening program to identify vascular disease, CPR/AED program to decrease risk of sudden cardiac arrest (SCA)

Facility: Good Samaritan Hospital

Roles		Responsibilities	
Develop, implement and/or expand community awareness of cardiovascular disease with emphasis on sudden cardiac arrest, peripheral vascular disease and atrial fibrillation.		Increase number of cardiovascular screening events and community based projects including education to area schools, clergy, businesses and other community based organizations	
#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Offer free PAD screenings at Spirit of Women events as well as other community events.	Navigators, Heart & Vascular Diagnostic staff 3-4 staff required for 4 hour block of screening	Early identification of peripheral arterial disease, narrowing of the arteries (carotid) leading to stroke, aortic aneurysms and atrial fibrillation.
2	Develop higher level screening (carotid, aorta and afib).	Above	Educate community on the importance of understanding cardiovascular disease.
3	Provide community education regarding the importance of PAD screenings.	1-2 staff required for 2-4 hour blocks	Extend PAD screening and higher level screening within the community.
4	Purchase of mobile unit to provide services in the community	Heart and Vascular Director and Manager, Manager of Safety and Security	Ability to extend outreach opportunities to multiple sites across Muskingum County as well as neighboring counties.
5	Identify school district needs for AEDs in buildings – 18 AEDs donated to area schools.	Accreditation Coordinator , Heart & Vascular Director 2 staff required for multiple interactions over the course of several months	Improve survival rates for sudden cardiac arrest by increasing the % of educators trained and are able to use an AED.
6	Provide SCA and AED information to area superintendents.	Heart & Vascular Director and Accreditation Coordinator 2 staff required for 4-5 hours	Increase awareness of SCA in young people and the need for AED's to be within 3 minutes of all sites at schools.
7	Improve emergency medical plans established and tested by schools just like fire and weather drills.	1 staff member required for a minimum of 30 hours per year	Provide educational in-service trainings to school sport trainers, teachers, and school nurses.

8	CPR instructors identified and connected with schools.	1 staff member required for a minimum of 20 hours per year	Provide instructors to teach CPR to all area schools who request CPR/AED training.
9	CPR booklets, DVD and other materials donated to area schools.	1 staff member required for a minimum 40 hours per year	Supply all area schools with CPR/AED resources to be available in the school libraries.
10	Provide SCA and AED education to school nurses	1 staff member required for approximately 30 hours per year	Increase the awareness of SCA in the community and the need for staff CPR and AED training in schools.
11	Donate supplies as needed to support the AED/CPR initiative.	1 staff member required for approximately 40 hours per year	Supply all area schools with necessities to maintain AEDs that have been purchased.

Health Need Category: Mental Health and Substance Abuse

Leader: Behavioral Health Director

Identified Measures for baseline data (see Introduction for process of evaluation):

- % of binge drinkers, client admissions for opiate abuse & dependence, opiate prescription rate, suicide rate

Planned Collaboration:

- Drug free coalition, Pain management taskforce, Southeastern Ohio coalition for mental health/substance abuse. “Bridge Builders” of Muskingum County, Lean Six project of all providers of mental health/substance abuse.

Facility: Bethesda Hospital

Roles	Responsibilities
<ul style="list-style-type: none"> • Provide statistics for drug free coalition • Assist in finding alternative to pain medications or assist with programming for suspected dependence. • Provide acute care hospital insights to the south east area for mental health/substance abuse treatment • Provide guidance and support for multi-agency group 	<ul style="list-style-type: none"> • 2 staff members will attend monthly meetings of drug free coalition • 1 staff person will meet with pain management clinic project each meeting. • 2 staff members will meet quarterly with south east Ohio coalition for mental health/substance abuse. • 4 staff members meet monthly for “Bridge Builders” project and lean six steering group.

#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	2 staff will attend monthly drug free coalition	1-RN, 1-LISW 1 hour each month	Report trends seen in the hospital setting and use for assisting in identify the target groups.
2	1 staff person to attend pain management taskforce planning	LISW, CDC III 1 hour planning meeting	Support in the planning of alternative drug therapy/dependence.
3	2 staff to attend Southeast Ohio coalition for mental health/substance abuse	1-RN, 1- LISW 4 hours /quarter	Meet to discuss trends, bed counts and needs for Southeast Ohio mental health/substance abuse patients.
4	4 staff “Bridge Builders” of Muskingum County, Lean Six project of all mental health/substance abuse providers	4-RN’s with one being a steering group member 4 hours a month	Administer/distribute funds for needy patients. Look at trends in patient population. Work with all agencies to use resources effectively.

Health Need Category: Tobacco Use Reduction

Leader: Population Health and Wellness Manager

Identified Measures for baseline data (see Introduction for process of evaluation):

- Current Smokers of Cigarettes, Current Users of Smokeless Tobacco, Chronic Lower Respiratory Disease Mortality Rate, % Maternal Smoking

Planned Collaboration:

- Genesis Tobacco Treatment Program, Black Lung Clinic, ZMCHD Tobacco Use Prevention Program, Cancer Services

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles		Responsibilities	
Tobacco Treatment Program – Chairman		Program is responsible to provide Tobacco Treatment and NRT counseling.	
Black Lung Clinic – Chair/Staff		Program is responsible to provide eligible community members, including coal miners, with quality healthcare and respiratory management.	
Community Health Fairs		Staff is responsible to provide community with resources and information while attending various community health fairs	
Cancer Services		Physicians are QOPI certified and discuss tobacco cessation during visits; Partner with North Side pharmacy to assist cancer patients with cost of NRT therapies; Physician led media outlets to educated community on tobacco.	
Tobacco Treatment Program Scholarships		In future grant year(s) include monies for scholarships to attend the Genesis Tobacco Treatment Program for Black Lung Clients, Offer 12 scholarships annually=\$3,259.68 organization/board approval	
#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Train and certify 3 additional Genesis employees as Tobacco Treatment Specialists	Wellness; Heart & Vascular Rehab; Respiratory; Cancer Services	Expansion of Genesis Tobacco Treatment Program to serve the community.
2	Re-activate the ZMCHD Tobacco Use Prevention Program	3 staff members will attend meetings, events (approximately 2 hours per month)	Develop initiatives to impact tobacco use in the community.
3	Black Lung Clinic – Every Thursday from 7-12 PM	4 Genesis Respiratory Staff – 5 hours each week	Provide tobacco information and education. Provide assistance with cessation medications.
4	Community Health Fairs	2 Genesis Respiratory Staff – attend approx. 57 health fairs per year; 456 hours per year.	Provide tobacco resources, education and programming to the community.
5	Cancer Services	Genesis Cancer Services	Provide medication assistance through partnership; physician education with patients and community.

Health Need Category: Obesity Rate Reduction

Leader: Population Health and Wellness Manager

Identified Measures for baseline data (see Introduction for process of evaluation):

- % of children 2-5 obese, % of children 2-5 overweight, BMI greater than 25

Planned Collaboration:

- Shaping Futures, Ounce of Prevention

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles		Responsibilities	
2 – Members		As members of the Healthier Muskingum County’s Network’s Obesity, Nutrition, Physical Activity Work Group we are responsible for the development and implementation of activities and projects. Attending monthly meetings (1 ½ hours).	
Community Garden		Responsible for the care and maintenance of the community garden	
Genesis partnership for a Zanesville community garden		Responsible for contributing to a community garden through financial and personnel time.	
#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Continue to hold 3-4 six week sessions of Shaping Futures annually.	1 staff member - Diabetes & Nutrition Education (48 hours)	Impact childhood obesity and diabetes rates by utilizing the Shaping Futures sessions.
2	Expand Shaping Futures to surrounding elementary schools for implementation	Diabetes & Nutrition Education; Genesis Lifestyle & Fitness Center	Impact additional children through school programming and support.
3	Follow-up on success of the Ounce of Prevention program (surveys, phone calls) administered last fall.	1 staff member- Diabetes & Nutrition Education (5 hours)	Continuing to support the Ounce of Prevention program.
4	Continue to attend The Healthier Muskingum County’s Network’s Obesity, Nutrition, Physical Activity Work Group monthly meetings. Work to implement activities and projects as decided by group.	2 staff members – attend monthly meetings (90 minutes each)	Provide education to the community about physical activity, nutrition and obesity reduction activities and resources.
5	Community Garden	1 Wellness staff member 1-3 Spiritual Care staff members Community volunteers	Care and maintain community garden to provide healthier options to the community, patients and employees.
6	Genesis partnership with community to build a Zanesville Community Garden	Financial and possible personnel support for care and maintenance	Provide support for the Zanesville Community Garden.

Health Need Category: Cancer

Leader: Cancer Services Director

Identified Measures for baseline data (see Introduction for process of evaluation):

- Cancer mortality rate, % of females over 40 who had mammograms

Planned Collaboration:

- Komen Foundation, Cancer Concern Coalition, Cancer Committee

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles		Responsibilities	
Project Lead- Cancer Committee		Obtain Komen Grant, Screening Programs	
Team Member- Cancer Concern Coalition		Organize community efforts for cancer education and fund raising	

#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Promote annual breast screening for uninsured and under-insured clients for six county service area.	\$60,000 grant funding	Increase the number of screenings provided to the community.
2	Promote colorectal screening through physician offices. Patient education through PCP offices.	Cancer Center staff to educate physician offices \$3,000 (.05 FTE)	Increase the number of screenings provided to the community.
3	Develop plan for fund raising to assist high risk uninsured and underinsured clients.	Cancer Center and Foundation Staff to locate and potentially write grants \$3,000 (0.1 FTE)	Increase the funding allotted for screenings.
4	Low Dose Lung CT Screening program	\$5,000 expense between scheduling, Imaging and Navigator staff	Develop a program for self-referral/self-pay screenings for a six county service areas.
5	Spirit of Women Program to promote cancer screening and awareness within the community	Physician's and Cancer Services to provide a minimum of 2 staff members for education programs for the community	Provide education to the community on the importance of screenings and awareness.

Health Need Category: Access to Care

Leader: Community Health Integration Director

Identified Measures for baseline data (see Introduction for process of evaluation):

- Ability to Access Doctor, Uninsured Adults

Planned Collaboration:

- Muskingum Valley Health Centers (FQHC), Healthier Muskingum County Network, United Way Community Impact, 211 Line, Families and Children First Council

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles		Responsibilities	
Board Member, Liaison		Healthier Muskingum County Network Executive Team, United Way, Families and Children First.	
Community Benefit Committee		Collaborates with Genesis Administration, departments and community agencies. Develop community Benefit Plan and evaluation of programs. Oversight of the CHNA and Implementation Plan Workgroups.	
CHNA Workgroup Leaders		Assess Community Health Needs and prepare implementation plan and oversee actions during plan period.	
#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Physician Recruiting Plan	Budgeted dollars excluded from community benefit report.	Securing additional physicians to practice medicine in the community.
2	Community Impact Team	\$25,000 annually	United Way of MPM has adopted outcomes around income, education, health and safety net services, as well as providing the 211 referral line for community services.
3	Genesis Nurseline	\$150,000 annually	Linking community members with educational program and classes as well as providing information on physicians who are accepting new patients.
5	Prescription Drug Assistance Program	\$68,000 annually, 2 staff members	Assist over 4,000 people with support in obtaining prescription drugs.
6	Community Collaboration	500 staff hours per year	Carryout the responsibilities listed above.

Health Need: Diabetes and Kidney Disease

Leader: Population Health and Wellness Manager

Identified Measures for baseline data (see Introduction for process of evaluation):

- % Diagnosed with diabetes, Kidney Disease

Planned Collaboration:

- Shaping Futures
- Diabetes Exercise Program

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles		Responsibilities	
Diabetes & Nutrition Staff – Chairman		Diabetes & Nutrition Staff is responsible for coordinating quarterly diabetes support groups, some in conjunction with Spirit of Women events	
Spirit of Women – Corporate Communications – Chairman		Chairman is responsible for the coordination and marketing of Spirit of Women events which include two diabetes related events.	
#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Continue to hold 3-4 six week sessions of Shaping Futures annually.	1 staff -Diabetes & Nutrition Education (48 hours) 1 staff - Genesis Lifestyle & Fitness Center (48 hours)	Impact childhood obesity and diabetes rates by utilizing the Shaping Futures sessions.
2	Expand Shaping Futures to surrounding elementary schools for implementation	Diabetes & Nutrition Education; Genesis Lifestyle & Fitness Center	Impact additional children through school programming and support.
3	Continue to grow and offer our Diabetes Exercise Program to the community while expanding scholarship opportunities	Diabetes & Nutrition Education; Heart & Vascular Rehab, A portion of the \$5,000 grant from Epic will be allocated for the use of transportation.	Impact the pre-diabetes and diabetes population through exercise and education program.
4	Continue to hold quarterly community support groups, some in conjunction with Spirit of Women	7 staff members-Diabetes & Nutrition Education (8 hours each person)	Provide support and education to our diabetic community.
5	Continue to hold monthly Spirit of Women free community events, two which focus directly on diabetes (Dog Days of Diabetes, Holiday Program)	4 staff members- Corporate Communications (min 8 hours per person) 7 staff members Diabetes & Nutrition Education (hours accounted for above)	Provide community support and education through events held in the community.

Health Need Category: Maternal and Child Health Needs

Leader: Women’s and Children’s Services Director

Identified Measures for baseline data (see Introduction for process of evaluation):

- Mothers with medical risk factors during pregnancy, Babies with low birth weight, Late prenatal care, Births by Cesarean Section, teenage birth rate ages 15-17/1000

Planned Collaboration:

- Healthier Muskingum County Network’s Maternal and Child Health Work Group, Help Me Grow (ODH), Muskingum Valley Health Centers (MVHC), March of Dimes (MOD), WIC

Facility: Bethesda Hospital

Roles		Responsibilities	
Member-Maternal Child Workgroup		Partnership and Participation with County work group	
Member-Coalition for Drug-Free Muskingum		Participation, community Involvement, increasing awareness and education	
Member-Ohio Perinatal Quality Collaboration		Data reporting, result reviews, focusing providers on decreasing elective deliveries	

#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Involvement with Maternal Child Workgroup	1/day/month	Networking with community agencies.
2	Involvement in Coalition for Drug-Free Muskingum-outside agencies share detailed Drug issues in community with the providers	2 hours	Increase awareness and provide referrals to community programs during pregnancy.
3	Data reporting to Ohio Perinatal Quality Collaborative, results shared at Section Meetings quarterly	2 RNs chart reviews monthly, 32 hours per month	Report the data to reflect on need for change in the practice.
4	Involvement in local March of Dimes chapter, fundraising and awareness in community of high risk pregnancy to term	1/month	Provide education to staff on community awareness.
5	Partner with MVHC to enhance information regarding availability of prenatal care	2-4 hours per month	Provide brochures regarding our prenatal care support program.
6	Partner with WIC to enhance and provide Breastfeeding support	1 hour/ month	Provide brochures regarding our BF support program.

Health Need: Cerebrovascular Disease

Health Need: Cerebrovascular Disease

Leader: Neuroscience Director

Identified Measures for baseline data (see Introduction for process of evaluation):

- Cerebrovascular Mortality Rate

Planned Collaboration:

- The Stroke Steering Committee that meets monthly. It is a multidisciplinary team that involves: Neuroscience, Neurology, ED, Intensivists, Hospitalists, Administration, Nursing, Lab, Radiology, EMS, Pharmacy, Education, Rehab, Therapy, Quality Management, Stroke Navigator, and Communications.

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles		Responsibilities	
Leader of Stroke Steering Committee		Responsible for facilitating the team and meeting Stroke indicators.	
Member of Stroke Steering Committee		Team is responsible for indicators required for Genesis to be a Primary Stroke Center.	
#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Community Education – Genesis must provide 2 Community Education programs annually to educate the community about prevention and recognition of stroke and availability of acute stroke therapies.	Genesis has two community education programs scheduled each year as Spirit of Women Events to provide Stroke Education.	Increased community knowledge regarding Stroke signs and symptoms as well as prevention of Strokes. Prevent time delays with patients presenting for treatment.
2	Community Education enhanced by expanding Stroke Signs and Symptoms on the Genesis website. Links to National Stroke Association as well as various Stroke Education Materials added to the website.	Corporate Communication/Neurosciences. Genesis joined National Stroke Association to gain resources for patient and community education as well as staff education.	Improved community awareness of signs and symptoms of stroke and importance of seeking treatment immediately when symptoms occur.
3	Genesis will perform an assessment of stroke capabilities available in other local and regional facilities.	Stroke Steering Committee will complete this annually.	Needs of the target population is enhanced.
4	Risk factors for a secondary stroke are identified and strategies for reducing risks are initiated.	Care of the Stroke patient includes prevention of secondary complications. Stroke Navigator provides education to Stroke patients while in the Hospital and will complete follow up calls at identified timeframes after patients are discharged.	Strategies to prevent stroke related complications are implemented.

Health Need: Septicemia

Leader: Infection Prevention/Quality Management Consultant

Identified Measures for baseline data (see Introduction for process of evaluation):

- Septicemia

Planned Collaboration:

- Code Sepsis Team

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles		Responsibilities	
Create Team		Protocols and Response	
#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Alert Protocol, Activation and Response	Team Under Development	Improved response within facilities.
2	Hospitalist and ED Physicians lead Code Sepsis team that is working on protocols and policies. Updates are shared in Critical Care/Special Care Committee, and ED Committees.	Hospitalists ED Physicians	Improved management of sepsis patients.
3	Infection Prevention maintains surveillance for potential Healthcare-Associated Sepsis.	Infection Prevention	Improved management of sepsis patients.
4	Infection Prevention reports infectious diseases per Ohio Administrative Code 3701-3.	Infection Prevention	Improved management of sepsis patients.

Health Need: Influenza and Pneumonia Mortality

Leader: Safety Consultant

Identified Measures for baseline data (see Introduction for process of evaluation):

- Influenza and Pneumonia Mortality Rate

Planned Collaboration:

- Annual Flu Vaccine Event, ZMCHD, Red Cross, EMA, Nursing Program Schools

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles	Responsibilities
Planning Committee Member	Attend planning meetings and vaccine administration event.

#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Attends Influenza and Pneumonia event planning meetings	Safety Consultant	Annual community administration event.
2	Participates in the Influenza and Pneumonia Clinic and assists with set-up.	Safety Consultant	Broaden the administration of flu vaccine in the community.
3	Provide logistical support for event.	Generators, Shelters, Lights, Security Staff	Safe event.
4	Coordinate internal influenza multidisciplinary vaccine program and committee	Infection Prevention	Maintain employee health and prevent spread of influenza.
5	Complete ODRS report on positive influenza screens and hospital admission.	Infection Prevention	Keep ODH updated on number of cases and hospitalizations.
6	Influenza vaccine is condition of employment.	Human Resources	Prevention of spread of influenza from staff to patient population.

Health Need: Alzheimer Disease

Leader: Neuroscience Director

Identified Measures for baseline data (see Introduction for process of evaluation):

- Alzheimer’s Mortality Rate

Planned Collaboration:

- Genesis Healthcare System has networked with The CARR Center, as well as the facilitator of the Alzheimer’s Support Group to identify resources available in the community.

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles		Responsibilities	
Neuroscience Director		Identify community needs and opportunities to enhance services to meet those identified needs.	
#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Provide Community Education to enhance knowledge of Alzheimer’s Disease and resources in the community.	Spirit of Women program held focusing on Alzheimer’s Disease and impact on caregivers. Freedom Years Event planned to provide community education on Alzheimer’s Disease	Increased education within the community on the awareness of Alzheimer’s Disease and resources available.
2	Identify Community Needs in Coshocton and opportunities to improve access to education and resources.	Genesis collaboration with Coshocton to enhance services provided to the community	Improved community awareness and identify needed resources.
3	Expand Genesis website to include information and resources available for Alzheimer’s Disease.	Neuroscience and Communications working to expand resources on the website	Improved community education and access to resources available.
4	Work with local services to expand programs offered for Alzheimer patients and families.	Neuroscience Director member of Board of Directors at The CARR Center.	Enhanced services offered to include focus on Alzheimer population. Promote support Group offered and identify needs of the community for further programs needed.

Health Need: Accidents/Unintentional Injury Prevention

Leader: Injury Prevention & Outreach Coordinator

Identified Measures for baseline data (see Introduction for process of evaluation):

- Accidental, unintentional injuries

Planned Collaboration:

- ThinkFirst, SLIP, ImPACT

Facility: Bethesda Hospital and Good Samaritan Hospital

Roles	Responsibilities		
Coordinator	ThinkFirst presentations, community health fairs, churches, retirement centers and nursing homes. Provide SLIP handouts to EMS for non-transport calls after fall events at the home setting. Increase ImPACT testing done at local schools and increase post-concussion management in hospital, office and community settings by providing education to hospital ED staff, Primary Care offices and local athletic directors and coaches.		
#	Actions	Budgeted Programs and Resources	Anticipated Impact
1	Develop flyers and pamphlets for local EMS crews to provide to patients when called to the home setting after a fall.	SLIP 32 hours/week	Increased education for patients regarding reducing home risk for reduced falls. Increased awareness of local resources.
2	Provide community education regarding fall prevention (Balance Your Life presentation), home safety (My Home, Safe Home presentation)	above	Increased community education regarding fall prevention and home safety preventing falls in the home setting.
3	Develop discharge education for patients that have fallen regarding home safety measures and local resources. Discharge education to be uploaded into EPIC for availability for all floors.	above	Education for patients that have been hospitalized due to a fall or fallen during their hospital stay.
4	Increase number of students reached through ThinkFirst presentations at area schools. Broaden scope of ThinkFirst to be presented at area middle schools.	above	Increased education regarding risk behaviors involved with distracted driving such as texting, talking with passengers, cell phones, food, applying makeup, and seatbelt usage.
5	Impact Testing Program: Improve post-concussion management.	PT spends 5-10 hrs/wk	Provide education to ED staff regarding the concussion clinic, post-concussion recommendations and discharge education.
6	Impact Testing Program: Increase community awareness of concussion management and return to play standards.	PT spends 5-10 hours per week	Increase awareness in local schools regarding concussion management and return to play standards by presenting education to local coaches, principals and athletic directors.