

DILEY RIDGE MEDICAL CENTER

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COMMUNITY BENEFIT IMPLEMENTATION PLAN
2016-2018

**DILEY RIDGE
MEDICAL CENTER**

Mount Carmel Health System Community Health Needs Assessment Implementation Plan

Accepted by the Mount Carmel Health System Board of Trustees as a Component of the Community Benefit Plan and Approved on November 15, 2016.

Table of Contents

Diley Ridge Medical Center 2

 Our Purpose and Overview 2

 Who We Are 2

 The Community We Serve 3

Assessment, Methodology, and Findings 4

 The Development of the Fairfield County Health Needs Assessment 4

 The Development of the Franklin County Health Needs Assessment 4

 Community Benefit Reporting 5

 Mount Carmel Health Community Benefit System-wide Strategies and Goals 5

Mount Carmel Health System Facility Addressing Identified Needs 6

 Diley Ridge Medical Center 6

 Diley Ridge Medical Center Implementation Plan 9

 Unaddressed Identified Health Needs 13

Resources 14

Diley Ridge Medical Center OUR PURPOSE AND OVERVIEW

An affiliation of Mount Carmel Health System and Fairfield Medical Center, Diley Ridge Medical Center is a state-of-the-art medical complex that includes emergency, inpatient, and diagnostic services, as well as an attached medical office building. Located in Canal Winchester, the medical center serves patients throughout northern Fairfield County and south-eastern Franklin County.

The 35,000-square-foot facility is the centerpiece of the property. In addition to a full-service, 24-hour Emergency Department, the medical center has 10 inpatient beds and full clinical laboratory. Diley Ridge offers a contemporary imaging center and women's health services that include mammography and bone density. The medical office building is home to both primary care and specialty physicians and is seamlessly integrated and connected to the medical center by an enclosed walkway. The building also includes a Nationwide Children's Hospital Close to HomeSM Center, providing pediatric urgent care.

Who We Are

Mission

To provide healthcare the way it should be!

Vision

To advance our community through convenient, full service health care supported by the strengths of Mount Carmel Health System and Fairfield Medical Center.

Values

Patient Focused
Mutual Respect
Professionalism

The Communities We Serve: Fairfield and Franklin Counties

Rank of 15 & 52 (88 counties in state)				
Measures	Fairfield County	Franklin County	State	U.S.
Health Outcomes	14	58		
Length of Life	12	46		
Premature death /100,000	6,000	7,600	7,566	5,200
Quality of Life	20	67		
% Adults reporting fair or poor health	15%	17%	17%	12%
Avg. physically unhealthy days/month	3.5	3.9	4.0	2.9
Avg. mentally unhealthy days/month	3.7	4.1	4.3	2.8
% Live births with low birth weight <2500 g.	7%	9.0%	9.0%	6%
Health Factors	12	49		
Health Behaviors	9	37		
% Adults report currently smoking cigarettes	18%	19%	21%	14%
% Adults reporting BMI ≥ 30	31%	29%	30%	25%
Food environment index	7.4	6.6	6.9	8.3
% Adults 20+ reporting no leisure-time physical activity	27%	23%	26%	20%
% Pop. with adequate access to locations for physical activity	82%	95%	83%	91%
% Adults reporting binge drinking	18%	20%	19%	12%
% Alcohol-impaired driving deaths	28%	31%	35%	14%
Sexually Transmitted Infections /100,000	253.6	654.5	460.2	134.1
Teen birth rate /1,000 female pop., ages 15-19	27	39	34	19
Clinical Care	11	18		
% Pop. under age 65 without health insurance	11%	15%	13%	11%
Ratio of pop. to primary care physicians	1,600:1	990:1	1,300:1	1,040:1
Ratio of pop. to dentists	2,280:1	1,190:1	1,710:1	1,340:1
Ratio of pop. to mental health providers	1,030:1	530:1	640:1	370:1
Preventable hospital stays /1,000 Medicare enrollees	64	57	65	38
% Diabetic Medicare enrollees receiving HbA1c test	85%	86%	85%	90%
% Female Medicare enrollees receiving mammography	63%	57%	60%	71%
Social & Economic Factors	14	62		
% Students who graduate HS in 4 years	92%	67%	83%	93%
% Adults, age 25-44 with some college education	66%	71%	63%	72%
% Pop. age 16+ unemployed but seeking work	5.0%	4.8%	5.7%	3.5%
% Under age 18 in poverty	14%	25%	23%	13%
% Children in single parent households	27%	40%	35%	21%
Violent crime /100,000	160	485	307	59
Injury mortality /100,000	52	60	63	51
Physical Environment	74	71		
Avg. daily fine particulate matter in micrograms/cubic meter (PM2.5)	13.5	13.5	13.5	9.5
% Households with severe housing problems	14%	17%	15%	9%
% Workforce driving alone to work	86%	82%	84%	71%
% Commuting 30+ mins to work, driving alone	42%	23%	29%	15%

<http://www.countyhealthrankings.org/app/ohio/2015/rankings/fairfield/county/outcomes/overall/snapshot>

2016

*90th percentile, i.e. only 10% is better.

Note: Values in table may vary from HealthMap 2016, due to data collection date.

Additional demographic information for Fairfield County can be found in *2016 Fairfield County Community Health Status Assessment: Examining the Health of Fairfield County*, pages 154 – 159. Demographic information for Franklin County can be found in *Franklin County HealthMap 2016: Navigating Our Way to a Healthier Community Together*, pages 27 and 28.

Assessment, Methodology, and Findings

The Development of the Fairfield County Health Needs Assessment

Community leaders who are able to impact change in Fairfield County developed the Live Well Fairfield County Collaboration led by the project coordinator from the Hospital Council of Northwest Ohio. Together, they constructed surveys derived from surveys used by the Centers for Disease Control and Prevention. The surveys were distributed and collected between February and May of 2016. The 2016 Fairfield County Community Health Status Assessment: Examining the Health of Fairfield County (2016 Fairfield County CHSA) was the product of the Planning Committee.

The 2016 Fairfield County CHSA documented health needs with a high number of individuals affected. Per the Patient Care Protection Affordable Care Act and IRS requirements, the Diley Ridge Implementation Plan describes how these health needs will be addressed at our individual hospital locations. The following health needs identified in the 2016 Fairfield County CHSA were decided by the Live Well Fairfield County to be the main areas of focus:

1. Adult and Youth Substance Abuse
2. Adult, Youth and Child Mental Health
3. Adult, Youth and Child Obesity

In depth information regarding the top health indicators is available at 2016 Fairfield County CHSA, accessible at <https://www.dileyridermedicalcenter.com/community-health-assessments>.

The Development of the Franklin County Health Needs Assessment

Mount Carmel joined representatives from Central Ohio Hospital Council, the hospital systems in Franklin County, public health departments, and community stakeholders to form the Community Health Needs Assessment (CHNA) Steering Committee. The Franklin County HealthMap 2016: Navigating Our Way to a Healthier Community Together (HealthMap 2016) was a product of the CHNA Steering Committee's efforts.

The top health priority needs were decided by the CHNA Steering Committee, per the Patient Protection and Affordable Care Act and IRS requirements. The Diley Ridge Medical Center Implementation Plan describes how these needs will be addressed at our individual hospital locations. To narrow the focus of top health needs, the CHNA Steering Committee has placed certain health indicators into sub categories, as followed:

1. Obesity
2. Infant Mortality
3. Access to Care
 - a. ED Utilization
 - b. Dental Care
4. Mental Health and Addiction
 - a. Child Abuse
 - b. Domestic Violence
 - c. Substance Misuse
5. Chronic Conditions
 - a. Alzheimer's

- b. Asthma
- c. Cardiovascular Disease
- d. Diabetes
- e. Stroke
- 6. Infectious Disease
 - a. Chlamydia
 - b. Gonorrhea
 - c. HIV
 - d. Pertussis
 - e. Sepsis
 - f. Syphilis

In depth information regarding the six top health indicators is available in HealthMap 2016, accessible at www.mountcarmelhealth.com/community-benefit.

The majority of the priority health needs identified in HealthMap 2016 were previously identified in Franklin County HealthMap 2013: Navigating Our Way to a Healthier Community Together (HealthMap 2013) and have assisted Mount Carmel in aligning resources to best address the identified health needs.

Saving the lives of babies has always been a priority at Mount Carmel. In 2013, data revealed Ohio had one of the worst infant mortality rates in the nation. In response, the Greater Columbus Infant Mortality Task Force, which included the President and CEO of Mount Carmel, formed. The Greater Columbus Infant Mortality task force developed eight recommendations and an implementation plan for CelebrateOne to reduce the high infant mortality rates of Franklin County by 40 percent and cut the racial health disparity gap in half by the year 2020 (CelebrateOne). Mount Carmel will continue to support the efforts of CelebrateOne.

Community Benefit Reporting

For additional information on the programs Mount Carmel utilized to address the identified health needs from HealthMap 2013, view the Community Benefit Report for fiscal year 2015 at www.mountcarmelhealth.com/community-benefit.

Mount Carmel Health Community Benefit System-wide Strategies and Goals

Enhance the health of the community

- Emphasis on primary prevention which includes providing healthcare, health promotion, and disease prevention activities

- Advance medical/healthcare knowledge

Achieve health equity

- Target areas of high need

- Target populations with high need

Demonstrate value of community benefit

- Building a seamless continuum of care

- Coordinate/ partner with community organizations

- Demonstrate a return on investment in terms of financial outcomes and accomplishments for the common good

- Demonstrate transparency

- Relieve/reduce the burden of government/other community efforts

Mount Carmel is addressing the identified community health needs system-wide. We are including the social determinates of health and reviewing needs from a life course perspective. Social determinates of health are factors that contribute to a person's current state of health. "These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature. Scientists generally recognize five determinants of health of a population:

- Biology and genetics. Examples: sex and age
- Individual behavior. Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment. Examples: discrimination, income and gender
- Physical environment. Examples: where a person lives and crowding conditions
- Health services. Examples: Access to quality health care and having or not having health insurance" (CDC).

Life course perspective looks at how an individual's lifestyle choices and health outcomes are affected by their family history. It connects past family, social, economic and health history to individual behavior and outcomes in the present.

Mount Carmel Health System Facilities Addressing Health Needs

Diley Ridge Medical Center

Diley Ridge is an integrated medical campus featuring a full service, 24-hour Emergency Department, imaging and women's health center, and both primary and specialty physician offices. The facility includes a Nationwide Children's Hospital Close to HomeSM Center, providing pediatric urgent care, laboratory and radiology services. Being a joint venture between Mount Carmel Health System and Fairfield Medical Center allows Diley Ridge to share x-rays and other test results with highly specialized physicians and technologist at affiliated facilities ensuring exceptional patient care. If not experiencing an extreme medical emergency, patients have the option to notify the Emergency Department of their arrival through an app called *iTriage*. For those who receive treatment but are unable to be released, Diley Ridge utilizes its inpatient unit for emergency and inpatient/observation purposes.

Diley Ridge Medical Center is located in 43110. This zip code has the following priority needs according to HealthMap 2016:

- Chronic Conditions
 - Stroke
- Infectious Disease
 - Pertussis
 - Sepsis

Also highlighted in HealthMap 2016 were hotspots located in primary and secondary service areas of Diley Ridge. These hot spots along with the top health needs of these zip codes are:

43068

- Mental Health and Addiction
- Chronic Conditions
 - Alzheimer's Disease
 - Cardiovascular disease
 - Diabetes
 - Stroke
- Infectious Disease
 - Sepsis

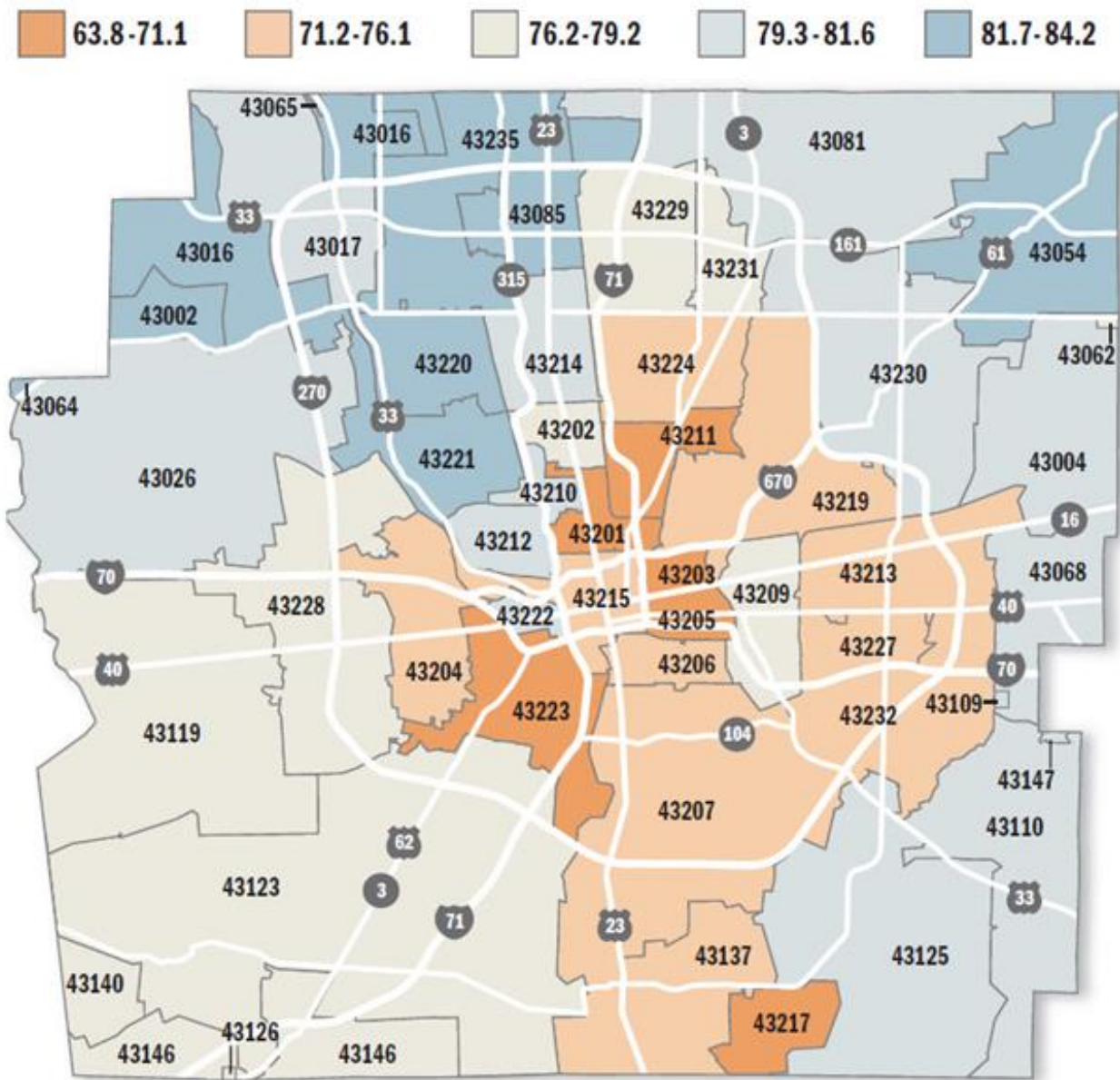
43207

- Obesity
- Infant Mortality
- Access to Care
 - Dental Care
- Mental Health and Addiction
- Chronic Conditions
 - Alzheimer's Disease
 - Asthma
 - Cardiovascular Disease
 - Diabetes
 - Stroke
- Infectious Disease
 - HIV
 - Pertussis
 - Sepsis
 - Syphilis

43232

- Obesity
- Infant Mortality
- Access to Care
 - Dental Care
- Mental Health and Addiction
- Chronic Conditions
 - Alzheimer's Disease
 - Asthma
 - Cardiovascular Disease
 - Diabetes
 - Stroke
- Infectious Disease
 - Chlamydia
 - Gonorrhea
 - HIV
 - Pertussis
 - Sepsis
 - Syphilis

Life course perspective looks at how an individual’s lifestyle choices and health outcomes are affected by their family history. It connects past family, social, economic, and health history to individual behavior and outcomes in the present. Beyond health history, where one lives has an impact on life expectancy. According to the Kirwan Institute report cited in The Columbus Dispatch, life expectancy can range from 63.8 years to 84.2 years depending on which zip code you live in Franklin County. The zip codes with the shorter life expectancy tend to correlate with the hot spots identified in the Franklin County HealthMap 2016.



Source: Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University
The Columbus Dispatch

Diley Ridge Medical Center Implementation Plan

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016-2018			
HOSPITAL FACILITY:	Diley Ridge Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Access to Care		
CHNA REFERENCE PAGE:	14 - 16, 46 – 47 (HM2016); 9,30,97 – 99, 162 (2016 Fairfield County CHSA)	PRIORITIZATION #:	3
<p>BRIEF DESCRIPTION OF NEED: 62% of adults went outside Fairfield County for healthcare services within the past year. 17% cited this reason for services not being available locally, 14% claimed higher quality of care, and 13% cited insurance restrictions. Although 92% of Fairfield County adults have health insurance, 3% believe their deductibles, premiums (23%), or co-pays (20%) are too high. 27% of adults had not visited a dentist or dental clinic in the past year, 25% named cost as the primary reason (2016 Fairfield County CHSA).</p> <p>Emergency Departments (EDs) in Franklin County experience higher utilization, when comparing rates per population, than EDs across the state. Similarly, EDs in Franklin County are utilized more often for less severe cases when comparing rates per population than EDs across the state. In terms of specific conditions where access to care poses a problem, Franklin County adults have more difficulty in accessing dental care when compared to adults across Ohio (HealthMap 2016).</p>			
GOAL: Improve access to comprehensive, quality health services (HP2020 Access to Health Services goal).			
<p>OBJECTIVE:</p> <ol style="list-style-type: none"> Increase the proportion of persons who have specific source of ongoing care (AHS-5). 			
<p>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ol style="list-style-type: none"> 100% patients screened for financial assistance. 			
<p>ANTICIPATED IMPACT OF THESE ACTIONS:</p> <ol style="list-style-type: none"> Providing care to the poor and vulnerable populations. 			
PLAN TO EVALUATE THE IMPACT: Number of patients screened for financial assistance.			
<p>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Financial Counselors, Case Management, and possible referral to S.O.A.R. (Supplemental Security Income /Social Security Disability Insurance, Outreach, Access & Recovery)</p>			
COLLABORATIVE PARTNERS: Coalition on Homelessness and Housing in Ohio (COHHIO)			

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016-2018			
HOSPITAL FACILITY:	Diley Ridge Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Mental Health and Addiction Adult and Youth Substance Abuse Adult, Youth and Child Mental Health		
CHNA REFERENCE PAGE:	17, 58 – 59 (HM2016); 13, 23, 67 – 71, 95, 162 (2016 Fairfield County CHSA)	PRIORITIZATION #:	4
<p>BRIEF DESCRIPTION OF NEED: In 2016, 4% of Fairfield County adults considered attempting suicide. 11% of adults felt sad or hopeless almost every day for two weeks or more and they stopped doing usual activities. Fairfield County adults reported they or a family member were diagnosed with or were treated for depression (16%) or an anxiety disorder (9%). 9% of adults used medication not prescribed to them or took more to feel good or high. 56% of clients admitted in treatment in Fairfield County was for an opiate-related diagnosis (2016 Fairfield County CHSA).</p> <p>Almost 19% of Franklin County adult residents have been told they have a form of depression, slightly below the statewide percentage, but on par with the national percentage.</p> <p>The rate of suicides (11.6 per 1,000) is down slightly from the last HealthMap (12.4), but hospitalizations due to assault/alleged abuse and attempted suicides are up from HealthMap 2013. The rates of psychiatric admissions (49.1 per 1,000) are also up from the last HealthMap (44.6), but remain below the statewide rate (52.3) (HealthMap 2016).</p> <p>GOAL: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services (HP2020 Mental Health and Mental Disorders goal). Reduce substance abuse to protect health, safety, and quality of life for all, especially children (HP2020 Substance Abuse goal).</p>			
<p>OBJECTIVE:</p> <ol style="list-style-type: none"> 1. Increase the proportion of adults with mental health disorders who receive treatment (MHMD-9). 2. Increase the proportion of adolescents who disapprove of substance abuse (SA-3). 			
<p>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ol style="list-style-type: none"> 1. Provide trauma focus therapy to victims of crime and trauma. 2. For victims to manage their trauma symptoms and become non-symptomatic. 3. Provide a safe environment where victims of crime and trauma can gather, discuss, and receive support. 4. Participate in community planning process to address behavioral health and access to services. 5. Provide education to teens about mental health and addiction. 			
<p>ANTICIPATED IMPACT OF THESE ACTIONS:</p> <ol style="list-style-type: none"> 1. Prevent drug addiction through education for community members. 2. Assist in developing plans to defeat drug abuse. 3. To help victims return to their pre-victimization level of functioning in order to ameliorate the wide-ranging effects of violent crimes on individuals, families and communities. 4. For victims to manage their trauma symptoms and become non-symptomatic. 			
<p>PLAN TO EVALUATE THE IMPACT: Improvement on post-test. Successful use of self-care methods. Increased number of individuals receiving services for drug addiction.</p>			
<p>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Crime and Trauma Assistance Program, Colleague Engagement on Community Task Force, Assistance with Tyler's Light (school program to perform drug testing), Project HOPE</p>			

COLLABORATIVE PARTNERS: Fairfield County Opiate Task Force, Tyler's Light, Sexual Assault Response Network of Central Ohio, Local Mental Health Facilities, Central Ohio Transit Authority, Violence Against Women Act, Judge Advocate General, Victims of Crime Act, Buckeye Region Anti-Violence Organization, all grant partners and collaborative members in the community

CHNA IMPLEMENTATION STRATEGY

FISCAL YEARS 2016-2018

HOSPITAL FACILITY:	Diley Ridge Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Chronic Conditions		
CHNA REFERENCE PAGE:	19 – 21, 62, 66	PRIORITIZATION #:	5
<p>BRIEF DESCRIPTION OF NEED: Heart disease (23%) and stroke (5%) accounted for 28% of all deaths in Fairfield County in 2014. In 2016, 34% of Fairfield County adults have been diagnosed with high blood pressure, and 13% with asthma (2016 Fairfield County CHSA).</p> <p>A slightly higher percentage of Franklin County adults have been told they have high blood pressures (29.1%, compared to 28.5%, as reported in HM2013). Both of these percentages are less than the statewide percentages. About one-third of Franklin County adults (32%) have had their blood cholesterol checked and were told it was high; this is lower than the previous HealthMap (38.6%) and current statewide statistic (38.9%) (HealthMap 2016).</p>			
<p>GOAL: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and stroke; and prevention of repeat cardiovascular events (HP2020 Heart Disease and Stroke goal).</p>			
<p>OBJECTIVE:</p> <ol style="list-style-type: none"> 1. Increase the proportion of adults with hypertension whose blood pressure is under control (HDS-12). 2. Increase the proportion of adults aged 20 years and older who are aware of the symptoms and how to respond to a heart attack (HDS-16). 			
<p>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ol style="list-style-type: none"> 1. Offer no cost blood pressure screenings at community events. 2. Educate individuals on the signs and symptoms of hypertension, heart attack and stroke. 			
<p>ANTICIPATED IMPACT OF THESE ACTIONS:</p> <ol style="list-style-type: none"> 1. Increase knowledge of signs and symptoms of hypertension. 2. Increase knowledge of signs and symptoms of heart attack and stroke. 			
<p>PLAN TO EVALUATE THE IMPACT: Number of people served and referred for additional care</p>			
<p>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Staff, equipment, and educational materials for community health screening events</p>			
<p>COLLABORATIVE PARTNERS: YMCA of Lancaster</p>			

Unaddressed Identified Needs

All priority needs identified by 2016 Fairfield County CHSA and HealthMap 2016 have been addressed by at least one Mount Carmel facility unless otherwise noted due to the need being outside of Mount Carmel's scope of practice or limited resources.

Identified Need	DRMC Addressing Need	Need Addressed By
Adult and Youth Substance Abuse	X	MCSA, MCW
Adult, Youth and Child Mental Health	X	MCSA, MCW
Adult, Youth and Child Obesity		MCE, MCSA, MCW
Obesity		MCE, MCSA, MCW
Infant Mortality		MCE, MCSA
Access to Care	X	MCE, MCSA, MCW
Mental Health and Addiction	X	MCSA, MCW
Chronic Conditions	X	MCE, MCNA, MCSA, MCW
Infectious Disease		MCNA, MCW

MCE Mount Carmel East
 MCW Mount Carmel West
 MCSA Mount Carmel St. Ann's
 MCNA Mount Carmel New Albany
 DRMC Diley Ridge Medical Center

Resources

2016 Fairfield County Community Health Status Assessment: Examining the Health of Fairfield County.

Retrieved from <https://www.dileyridgemedicalcenter.com/community-health-assessments>

Centers for Disease Control and Prevention. NCHHSTP Social Determinants of Health. Accessed 6/17/16.

Retrieved from <http://www.cdc.gov/socialdeterminants/Definitions.html>

CelebrateOne. Accessed 6/17/16. Retrieved from <http://celebrateone.info/>

County Health Rankings. Accessed 4/21/2016. Retrieved from

<http://www.countyhealthrankings.org/app/ohio/2016/county/snapshots/049/exclude-additional>

Franklin County HealthMap2016: Navigating Our Way to a Healthier Community Together. Retrieved

from http://centralohiohospitals.org/documents/HealthMap_2016.pdf

Martin, M., Rogers, C., Dabelko-Schoeny, H., Anderson, K., Sweeney, G., Choi, Y. (November, 2014).

Meeting the challenges of an aging population with success. Retrieved from

<http://kirwaninstitute.osu.edu/wp-content/uploads/2015/03/ki-tcf-senior-study.pdf>

Pyle, E. (2015, March 12). Life expectancies vary widely within Franklin County, new report says. The

Columbus Dispatch. Retrieved from

<http://www.dispatch.com/content/stories/local/2015/03/11/more-senior-services-needed.html>

The Health Effects of Overweight and Obesity. Accessed 6/6/2016. CDC. Retrieved from

<http://www.cdc.gov/healthyweight/effects/index.html>

United States Census Bureau. American Fact Finder. Retrieved from

http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

The community health needs assessment and the implementation strategy are based on data supporting the health needs and resources available for a certain period of time. These needs and resources may change, and therefore, the implementation strategy must also change to remain relevant to the community and hospital system.