



**DELAWARE VALLEY HOSPITAL
COMMUNITY SERVICE PLAN
2013-2015**





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1. Hospital Mission Statement

The mission of UHS Delaware Valley Hospital is to serve our patients with compassion and in an efficient and patient-focused manner and offer a range of acute, outpatient, diagnostic, rehabilitative, primary care and wellness services.

2. Definition and brief description of the community served:

UHS Delaware Valley Hospital's (DVH) service area is centered in Delaware County, with 79% of the patients coming from the western half of Delaware County, and another 15% from northern Sullivan, Broome, Otsego, and Chenango counties. DVH's 85% zip code service area includes the communities of Walton, Downsville, Oneonta, Roscoe, Hancock, Delhi, East Branch, Sidney, Sidney Center, Binghamton, Unadilla, Long Eddy, and Hamden. Since the last filing, Delancey, Bainbridge and Franklin were removed from the list, with Oneonta and Binghamton added in.

3. Public Participation

a. UHS Delaware Valley Hospital worked closely with the Delaware County Public Health Department in several planning sessions to coordinate efforts to conduct a Community Needs Assessment. Planning sessions were held on February 21, 2013 and April 9, 2013 at UHS Delaware Valley Hospital with representatives from UHS Delaware Valley Hospital, O'Connor Hospital, Margaretville Hospital and Delaware County Public Health attending. It was decided that two focus groups would be held. One would be geared for the public while the other would be geared for service agencies that serve the Delaware County residents.

b. Community Focus Group was held on Saturday, May 4, 2013

The Community Focus group consisted of 15 participants ranging in age from 19-73 years. 4 were male and 11 female and resided in 9 of the 17 towns located in Delaware County. In addition, the county public health department shared surveys they conducted at WIC sites, and over the internet and by phone.

According to the Community Focus Group Report, issued by Delaware County Public Health, when participants were asked to identify risky behaviors in the community 28% of participants identified alcohol and drug abuse, followed by lack of exercise and poor eating habits at 20% and tobacco use at 17%. When the question was posed to identify health problems in Delaware County, chronic disease and domestic violence tied for first place with 19% of the responses; aging problems was close behind at 17% and mental health at 15%.

The Professional Stakeholders Focus group meeting was held on May 22, 2013 and was conducted as a nominal group technique to assist in identifying the disparate populations and issues, resources and possible solutions to problems regarding chronic disease and mental health

and substance abuse. 29 representatives of agencies serving Delaware County residents attended. Attendees included:

Delaware County Government Agencies: Delaware County Public Health, Mental Health, Office for the Aging, Dept of Social Services, Sheriff's Department, Alcohol and Drug Abuse Council, Planning Department, Emergency Services, Drug Treatment Court, Watershed Affairs

Hospital and Health Services: UHS Delaware Valley Hospital, Bassett Healthcare-O'Connor Hospital and Tri-Town, Margaretville Hospital, Catskill Area Hospice.

Education: Roxbury Central School

Nursing Homes: Robinson Terrace

Alliances: Rural Health Network of South Central NY

Other Human Service Agencies: Cornell Cooperative Extension, Rural 3 for Tobacco Free Communities, Cancer Services Program of Delaware, Otsego and Schoharie Counties, Delaware Opportunities, NY Connects, Family Resource Network and Catholic Charities

When asked their opinions regarding population disparities 16 disparities were identified including: Behavioral issues, addictions, chronic illness sufferers, children, disabled, elderly, living alone and/or with limited resources, felons, pregnant and breastfeeding women, seniors without benefits, those with unreliable or without transportation, uneducated, veterans, northeastern county residents and part-time residents.

Two however stood out: Rural population and low socio-economic status. Both had several sub-categories also identified. In terms of the rural nature of the population, the group identified a lack of insurance or underinsured as being an issue; a non-metropolitan mortality penalty- as all cause mortality increases in non-metro areas; limited access to care due to distance and less availability of services; a larger proportion of elders and young in rural areas. Regarding low socio-economic status, sub-categories included low income, unemployment, underemployment and the working poor.

The next directive was for the group to identify existing and needed resources. The list of existing resources was generally unsurprising but did underscore the reality that many organizations do operate in a silo and the population would benefit from more interaction between agencies to address issues.

Resources that were identified as needed included affordable child care centers, rehabilitative resources, telemedicine, telepsychiatry, viable economy, linked health information systems, improved interface with providers and partnership with private providers, interface with the local media, linked resources to promote better health habits and access to healthy food, exercise programs, transportation and access to transportation, additional insurance companies available to residents. However it was obvious that there is a need for professional providers of services including psychiatrists, psychiatric nurse practitioners, physicians, licensed social workers, mental health resources in schools, school based health centers, alternative providers to allow choice in managed Medicaid, health care advocates and family court judges.

The final directive of the session was for each participant to identify possible interventions. Each participant had the ability to cast 5 votes for their preferences. The intervention to have the most

votes (13) was to increase the collaboration of all agencies and organizations; second (12) was to correlate programs with affordable day care i.e. if parent seeing mental health provider or social services have day care available; third (11) was technology to bridge geography i.e. telemedicine and tele-psychiatry, fourth (9) was to co-locate multiple services with primary care i.e. mental health; fifth (8) parenting and/or life skills classes; sixth with 7 votes each were transportation system/services and sober houses; seventh with 6 votes each included decentralization of services i.e. mobile units and collective collaborative grants and partnership grants. The eighth place was a 4 way tie with 5 votes each and included more choice for who is doing managed Medicaid, case management for transition substance abuse and recovery, community building and programs that benefit the community, creation of satellite offices for substance abuse and mental health; the ninth place was a 2 way tie with 4 votes to increase mental health services in schools, and multi-disciplinary taskforce to look at opiate addiction; tenth place was a 2 way tie with 3 votes and included wrap around process for children and adults in two or more systems and warm lines for mental health. The rest of the list ranged from 2-0 votes. However out of the 57 possible interventions 24 related to mental health and/or substance abuse.

c. The community focus group was comprised of individuals who responded to newspaper and radio ads, public service announcements, Facebook and word of mouth. Interested parties were screened by the county Public Health Dept and participants were selected that would be representative of the county population.

The professional focus group was comprised of those responding to an email invitation to participate. The list of those to receive emails was developed in a planning meeting of the hospitals and Public Health.

4. Assessment and Selection of Public Health Priorities

Follow up meetings were held on August 9 and August 27 at Public Health Dept to discuss the outcome of the focus groups. The decision was made that the disparate population would be low income children and adults of rural areas in Delaware County.

It was also decided that while we all may have some differing focuses we could all agree to focus on two priority areas: Prevent Chronic Diseases and Promote Mental Health and Prevention of Substance Abuse.

Another meeting was held on September 11, 2013 to identify the stakeholders that would be instrumental in helping us achieve our goals. This was in direct response to the professional focus group's top choice of possible interventions: increase collaboration of agencies and organizations. It was decided to hold two sessions. One would focus on Prevention of Chronic Diseases and invite those stakeholders that would have a vested interest in working on these types of issues, while the other would include stakeholders regarding mental health and substance abuse.

The meetings were held on October 15, 2013 in the Delaware County Public Safety building. Stakeholders attending the Mental Health/Prevent Substance Abuse included: Delaware County Public Health Services, UHS Delaware Valley Hospital, UHS Delaware Valley Hospital Addiction Treatment program staff, Margaretville Hospital, members of the Margaretville Hospital Wellness Committee, Rehabilitation Support Services, Delaware County Mental Health, Delaware County Social Services, Alcohol and Drug Abuse Council of Delaware County and Veteran Services.

The Health Impact pyramid was explained and each NYSDOH goal was reviewed. An excellent discussion took place and it was identified that there are many areas that need work within Delaware County. Baseline quantitative data is not easily available. Mental Health of Delaware County is in the process of obtaining information from Delaware County Emergency Services regarding patients being taken to Emergency Departments for mental or substance abuse conditions. A Youth Behavioral Risk Assessment was done in 2012 but the findings have not yet been received. One objective that was unanimously agreed upon was to form a core group of stakeholders that will commit to meet regularly to assess resources currently available, prioritize the issues identified, evaluate the obstacles and formulate a plan of action. Delaware Valley Hospital will serve on this coalition and will focus on working to support collaboration to eventually strengthen the infrastructure for MEB health promotion and MEB disorder prevention. This was decided based on multiple factors. Primary care physicians are increasingly seeing more patients with mental health issues, many with the added challenge of being substance abusers. Because the hospital has an inpatient addiction treatment program and an outpatient Suboxone clinic it seems a natural fit to work with other county agencies to address these serious issues. However, a major stumbling block that faces the entire community is the serious lack of mental health professionals to deal with the demand. This will have to be a priority discussed by the coalition so possible solutions can be found.

The second meeting included stakeholders who have an interest in the Prevention of Chronic Diseases priority. Attendees included: Delaware County Public Health, UHS Delaware Valley Hospital, O'Connor Hospital, Margaretville Hospital, Margaretville Hospital wellness committee members, Delaware Co. Planning Dept., Cornell Cooperative Extension, Delaware County Healthcare Alliance.

This meeting helped identify potential partners in carrying out activities that have already been requested of Delaware Valley Hospital, which includes cooking classes for both adults and children and a 5/2/1 program in area schools. The schools, (school nurses and wellness committee members) have spoken with the hospital about their frustrations in trying to get parents and administrators to commit to more stringent guidelines regarding snacks, class parties and school offerings. It was felt that the cooking classes and 5/2/1 programs would be a good start to introduce the kids to a healthier lifestyle.

5. Three Year Plan of Action

Promote Mental Health and Prevent Substance Abuse

Focus Area 3.1 Support collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.

Objectives:

3.1.1 Identify and strengthen opportunities for sharing data on access to care, identify service gaps, study cost effectiveness strategies for integration and coordination and impact of interventions.

- In 2014, the hospital will work with Delaware County Public Health to insure the core group of stakeholders form a coalition to assess existing resources and needed resources; determine how and what data can be collected; identify and prioritize opportunities to collaborate based on needs of the community; evaluate any obstacles and plan a course of action to address issues.

3.14 Support efforts to integrate MEB disorder screening and treatment into primary care.

- In 2014, the hospital will begin work to assist appropriate stakeholders in training primary care givers on ways to integrate prevention, screening and treatment into their practice to enhance their comfort level.
- Work with the UHS system to determine how screening and treatment done in primary care settings can be measured through the existing electronic medical record will be completed by mid 2015.
- By the end of 2015, UHS Delaware Valley Hospital primary care physicians will have integrated prevention, screening and treatment into their practice.
- UHS Delaware Valley Hospital anticipates it will have other objectives it will want to focus on within this Priority based on the findings and work of the coalition.

Prevent Chronic Diseases

Focus Area 1: Reduce Obesity in Children and Adults

Objectives:

1.0.1 By 12/31/17, reduce the % of children who are obese by 5% in public school children.

By 12/31/15 10% of elementary school children in grades 2-4 in the Walton, Roscoe, Downsville and Livingston Manor school districts will participate in the UHS Stay Healthy! “Taking Small Steps Together” program, which encourages children to eat 5 servings of fruits and vegetables per day, have 2 hours or less of screen time and 1 hour or more of physical activity.

- Working with the school nurses at Roscoe, Downsville and Livingston Manor schools, children will be enrolled in the program during 2014.
- Working with the Townsend School PTA Walton elementary school children will be enrolled in the program during 2014.
- Working with each school, children will be encouraged to complete at least 2 rounds of the 5 week program. Children completing each round will receive a “charm” to put on a bracelet.
- The program will be repeated each year of the Community Service Plan.

By 12/31/15 at least 100 children in Walton, Roscoe, Downsville and Livingston Manor schools will participate in an after school cooking class learning how to make and choose healthy snacks.

- In 2014-15, UHS Delaware Valley Hospital will work with the 21st Century RISE program to offer after school cooking classes to Roscoe, Downsville and Livingston Manor students so they can identify and make healthy snacks. Students will prepare snacks; receive recipe cards to take home and healthy snack tip sheets for parents.

- In 2014-15, UHS Delaware Valley Hospital will work with the Walton Central School Wellness Committee to offer after school cooking classes to students as above.

1.0.2 By 12/31/17, reduce the % of adults 18 and over who are obese.

- Due to requests from community members, by 12/31/15 at least 20 adults will participate in healthy cooking classes. Each participant will receive recipe cards to take home and the classes will feature a meat, poultry, fish and vegetable dishes.

Focus Area Goal 1.1: Create community environments that promote and support healthy beverage choices and physical activity.

1.1.3 By 12/31/17, increase the number of towns and villages that have passed complete streets policies from 23-46. Complete streets are designed to allow easy and safe travel by walking, riding and biking. (Tri-States Transportation Campaign)

Objectives:

By 12/31/17 50% of Delaware County towns will have one trail mapped and/or marked.

By 12/31/17 25% of primary care practices will utilize the Prescription Trail program in their practices to encourage patients to be physically active.

- Working with Delaware County Public Health, O'Connor Hospital, Margaretville Hospital, the Catskill Mountain Club, and Delaware County Chamber of Commerce existing trails will be identified, their difficulty level assessed. Possibilities of creating new trails will be explored.
- A website will be developed to encourage use of the trails, and make more people aware of their existence and any activities that may be held on the trails.
- Primary Care providers will be educated about the Prescription Trails program and the existing trails.

Focus Area Goal: 3.2 Promote use of evidence-based care to manage chronic diseases.

Objectives

3.2.4 By December 31, 2017, increase the percentage of patients, ages 18-85 years who have controlled their blood pressure (below 140/90)

3.2.6 By December 31, 2017 increase the percentage of patients with diabetes whose blood glucose is in good control (hemoglobin A1c less than 9%).

- UHS is currently working to provide UHS Delaware Valley Hospital with baseline data so that targets can be established for these 2 objectives. This is a system focus that is tied to Patient Centered Medical Home status.

6. Dissemination to the Public

The Community Service Plan is made available to the public through a link on the website <http://www.uhs.net> in the “About Us” section. The report is downloadable in Adobe Acrobat format (PDF) and information is provided regarding how to obtain a free hard copy.

7. A brief description of the process that will be used to maintain engagement with local partners over the three years of the Community Service Plan, and the process that will be used to track progress and make mid-course corrections.

UHS Delaware Valley Hospital will play a lead role with Delaware County Public Health Services to insure the Mental Health/Substance Abuse Coalition meets regularly, and makes inroads into the issues that are currently challenging the stakeholders in providing services for an increasingly larger problem. The plan is to meet on at least a monthly basis during the first year of the plan.

The hospital will also serve on the team to develop, promote and educate providers on the Prescription Trails program.

Working with the school nurses and coordinator of the 21st Century RISE program, the hospital’s Community Relations Director and Certified Dietitian-Nutritionist will develop and provide the programming for the students. The UHS Stay Healthy staff will also serve as a resource as they have conducted such programs in the past.

The measures for the hospitals focus on managing chronic diseases are reviewed monthly by all department managers and the senior management team and action plans are developed when the measure fall out for more than one month.