## Promote HEALTHY & SAFE ENVIRONMENT

## FOCUS AREA: Injuries, Violence and Occupational Health

**Objectives:** By December 31, 2018, reduce the number of hospitalizations among older adults.

- Decrease falls and fall-related hospital admissions among older adults (age 65 and older)
- By December 31, 2018, decrease the number of hospitalizations from falls among older adults (age 65+) from 244/10,000 to 224/10,000
- By December 31, 2018, increase the number of provider sites screening older adults using evidence-based Fall Risk Assessments by 50%
- By December 31, 2018, increase to two, the number of hospital-based home care physical therapy programs that integrate evidence-based exercise and fall prevention activities
- By December 31, 2018, increase the number of community sites providing evidence-based intervention programs for older adults: Tai Chi Moving for Better Balance, Matter of Balance and Stepping On

**Interventions/Strategy/Activities:**

- Oversee and implement falls prevention work plan within the organization
- Conduct fall risk assessments and prepare plan of care with CPT codes
- Identify number of Medicare patients found to be at risk for falls
- Identify # of patients referred to physical therapy and community programs
- Identify # of patients admitted for fall related injuries
- Number of provider sites meeting QA metrics

***Results:***

- ***All UHS Primary Care Providers are completing Fall screenings on patients 65 and older.***
- ***Based on results of screening, appropriate patients referred to Tai Chi Moving for Better Balance, Matter of Balance and Stepping On Programs in the community.***
- ***UHS Fall Risk Program recognized by CDC and also reported in US News and World Report.***

## Prevent Chronic Disease

## FOCUS AREA: Goals 1, 2 & 3 - Reduce Obesity in Children and Adults, Increase Breastfeeding, Prevent childhood obesity through interventions in early childcare

**Objectives:**

- By December 31, 2018, increase by 10% the number of children, ages 3-17 years, who receive a BMI screening in Broome County
- By December 31, 2018, increase by 10% WIC infants who continue to be breastfed until 6 months
- By December 31, 2018, hospital systems will make progress toward designation as a baby friendly hospital with 25% of private providers in the community adopting breastfeeding policies

**Interventions/Strategies/Activities/Activities:**

- Identify & track children at risk for obesity
- Use changes in BMI to identify need for nutrition consult
- Increase % of children with a nutrition assessment
- Modify EMR screens
- Measure % of children who are overweight & obese via BMI
- Identify # of children counseled on nutrition and physical activity
- Identify # of children referred to Stay Healthy Kids program
- Identify % of adults who are overweight & obese
- Identify # of adults referred to nutritional counseling
- Identify # of WIC infants that are breastfed till 6 months

***Results:***

- ***UHS EMR automatically updates BMI when patient's height and weight and entered.***
- ***UHS Providers document in EMR if patient referred for Nutritional Counseling.***
- ***Total of 222 children participated in UHS's Stay Healthy Kids on Track or Stay Healthy Kids Program and 12 children and their parents met with the Stay Healthy Kids Coordinator for individual counseling.***
- ***The Stay Healthy Kids Coordinator is providing education at 6 Head Start schools in the region for children 3 – 5 years of age. Education includes age appropriate exercises and nutritional counseling based on 5-2-1-0 Let's Go! Program. Over 180 children participate in this program.***

- ***UHS Stay Healthy provides free lactation counseling for all Breastfeeding Moms at the Stay Healthy center. 223 Moms were provided with free lactation counseling by Stay Healthy center Lactation Specialists.***
- ***361 women registered for Childbirth classes in 2018, which include Baby Safe, Breast Feeding, and Getting Ready for Baby.***

## Prevent Chronic Disease

## FOCUS AREA: Increase access to high quality chronic disease preventive care and management in both clinical and community settings

**Objectives:**

- Increase screening rates and treatment for cardiovascular disease and diabetes, especially among disparate populations
- By December 31, 2018, increase the percentage of adults in Medicaid Managed Care, age 45 years and older, who had a test for high blood sugar or diabetes within the past three years by 5%
- By December 31, 2018, reduce the age-adjusted hospitalization rate for heart attacks by 10% from 15.5 per 10,000 residents to 14.0 per 10,000
- By December 31, 2018, increase the percentage of Medicaid Managed Care plan members with diabetes who receive all four screening tests (A1c testing, lipid profile, dilated eye exam and nephropathy monitoring)

**Interventions/Strategies/Activities/Activities:**

- Population Health nurses to reach out to patients who are out of compliance for BP, A1C, Lipids, dilated eye exam, & cholesterol screenings
- Offer free Tobacco cessation classes to the community
- Refer patients with high BMI to nutritional counseling & weight management program
- Increase provider quality metrics related to patient screenings for BP, A1C, Lipids, etc. by 5%
- Promote and hold free Adult Wellness classes in the community related to nutrition, exercise and healthy living

***Results:***

- ***Provider patient compliance data reported on monthly basis via Quality metrics.***
- ***UHS Population Health Nurse Care Managers and Wellness Coordinators reached out to over 116,000 patients to help facilitate testing, appointments, screenings, etc. for patients with chronic conditions and those in need of Preventative Cancer Screenings.***
- ***Over 7,700 patients with CHF, COPD, AMI and recent Cancer Diagnosis were followed by Nurse Navigators to assist patients in adhering to treatment plans, medication regime, follow-up appointments, nutritional plans, and also help identify social/financial needs that require additional resources for the patient.***
- ***55 individuals attended free Tobacco Cessation classes at Stay Healthy.***
- ***207 individuals attended free Adult Wellness Classes at Stay Healthy.***
- ***Over 150 patients called UHS Stay Healthy center to be screened for Low Dose CT of lung.***
- ***UHS Stay Healthy participated in several Health Fairs and free Community dinners in the region and had contact with over 10,000 individuals where they gave out information to promote wellness, preventative care and provided information on community health resources.***
- ***> 1,050 Blood Pressures were taken at these events .***
- ***> 4,700 individuals visited the UHS Stay Healthy Center to have Blood Pressure checks.***
- ***> 3,582 individuals contacted UHS Stay Healthy for Health Counseling and information.***
- ***> 1,450 individuals contacted UHS Stay Healthy for Nurse Triage services.***
- ***> 2577 Care Transition Calls were made to Medicaid patients discharged from a UHS Hospital by a UHS Stay Healthy Nurse.***
- ***> 5146 Transition Care Management Calls were made to patients discharged from UHS Hospitals by UHS Stay Healthy Nurses.***
- **Also our Mammography Coordinator outreached to 992 women in 2018, to help remind and facilitate the scheduling of their mammograms.**

## Promote Mental Health & Prevent Substance Abuse

## FOCUS AREA: Strengthen infrastructure across system

**Objective:**

By December 31, 2018, complete pilot of integration of behavioral health into primary care and develop an implementation plan supportive of: expanding integration of evidence-based recovery and the medical model; a uniformed approach to provider education and patient education; the development of tools to engage patients; and addressing social determinants with an emphasis on transportation and continue expansion of behavior health into primary care throughout the Broome County's Health Care Systems and community continuum of care.

**Interventions/Strategies/Activities/Activities:**

The Steering Committee recognizes the opioid epidemic as an emerging threat to the health and well-being of Broome County residents. A task force, the Broome Opioid Abuse Council (BOAC), was formed in December of 2014 to formally coordinate efforts directed toward addressing the opioid abuse crisis. The coalition is led by the Medical Director of the Broome County Health Department, Dr. Christopher Ryan, MD and comprised of multi-disciplinary team members who serve on four sub-committees: community education, treatment and prevention, law enforcement, and education of medical professionals. They are tasked with identifying critical priorities, developing a unified plan, and implementing solution-oriented strategies that will have a substantive impact. BOAC reports are available on the Broome County Health Department website.

***Results:***

- ***UHS continues to collaborate with community resources to fight the opioid abuse problem.***
- ***Additional UHS Providers were trained to prescribe Suboxone to patients who are in recovery for Opioid addiction.***
- ***UHS Primary care providers screened over 26,000 patients for depression using the PHQ2 tool from 9/24/18 - 11/10/18. 2768 went on to have the PHQ9 tool completed and out of those 263 went on to have the Suicidal/Homicidal Screening tool completed.***
- ***On June 2nd, 2018 UHS collaborated with the Southern Tier Independent Center to conduct a free Narcan training seminar to the community at the UHS Stay Healthy Center. In addition to the seminar on this day, UHS and Senator Akshar's office also held a "Shed the Meds" event where over 300 individuals dropped off expired and unwanted medications in the parking lot outside the UHS Stay Healthy Center.***
- ***Though not selected as a priority for this interim Community Health Assessment, it is anticipated that opioid abuse will be a prominent issue when next full assessment is conducted.***