2022 Grand View Health Community Health Needs Assessment Implementation Plan

The Patient Protection and Affordable Care Act (ACA) mandates tax-exempt hospitals conduct a Community Health Needs Assessment (CHNA) every three years. This assessment determines the health needs and gaps in our communities and drives planning, strategy, and implementation of initiatives to improve community health. Grand View Health engaged with a regional collaborative to complete the 2022 CHNA.

In 2019, Grand View Health identified four priorities for the hospital's three year implementation and improvement plan:

- Behavioral health diagnosis and treatment
- Substance use and abuse
- Chronic disease prevention
- Healthcare and health resources and navigation

The healthcare needs identified during the 2022 CHNA include:

- Mental health diagnosis and treatment
- Chronic disease prevention and management
- Access to primary and specialty care
- Substance use and misuse

1. Mental Health Diagnosis and Treatment

Rationale and Statistics: Mental health needs in our community and region wide have become a top priority. There are county run behavioral health services available to our community. Community members are often not aware or cannot access these services, and so their recourse is to come to the Emergency Department (ED). ED care of mental health patients is seen nationally and is often less than optimal in care delivery. To optimize the care of these patients in the ED and the community, we have established a multi-disciplinary approach.

- Crisis workers are available in the ED from 7 a.m. – 11:30 p.m. seven days per week to facilitate appropriate placement of mental health (MH) patients in MH facilities.
- A tele psych robot is available to provide psychiatric consultation to inpatient and ED providers for MH hearings and high-risk patients.
- An inpatient psychologist is available eight hours per day, Monday - Friday to see inpatients with BH needs and works with hospitalists to screen and triage appropriate referrals in collaboration with the crisis workers and tele psych.
- Suicide risk assessments / depression screenings are conducted in the ED, inpatient acute care and maternal / child health on admission and throughout their stay.

- Home care staff conduct suicide and depression screening; home care will call Montgomery and Lenape Valley Foundation mobile crisis with referrals.
- Primary care practices conduct depression screening PHQ-2 (patient health questionnaire) and PHQ-9 and coordinate the next best level of care for the patient if their screening is positive.
- Primary care providers have the option to refer patients to outpatient MH providers as needed. Relationships with these groups allow patients to obtain behavioral health care that is embedded within their primary care's office. Primary care providers will also refer to open access hours at Penn Foundation Healthy Connections.
- Inpatient case management and social workers refer patients in the ED and inpatients to outpatient mental health and social services including food banks and shelters. A list of resources is available on the Grand View Health Insider to all staff to refer patients with food or housing insecurity and other services.
- Case management facilitates and assures referral to Medicaid payers for coverage of needed treatment.
- Social determinant assessments are conducted in primary care, inpatient, and post-acute including food, housing insecurity and transportation. Appropriate referrals are made. Staff have access to Findhelp.org to access additional services.
- Home care staff conducts assessments of social determinants and environment of care issues for referrals to the Office of Aging and protective services social workers.

2. Chronic Disease Prevention

The prevention and management of chronic diseases continues to be a priority of our community. Ongoing education in the prevention, screening, and management of the following diseases is a Grand View Health priority across the continuum. Education in the prevention and management of these diseases is paramount to engaging our patients and community in helping themselves to be as healthy as they can be.

COPD – Grand View Health has the following services to support COPD patients:

- Pulmonary specialists and inpatient / outpatient respiratory therapists are available for referral for specialty care.
- To optimize education, screening, and care of the COPD patient, Grand View Health offers pulmonary function studies on site, pulmonary rehabilitation, outpatient sleep lab, and the "Better Breathers" support group for outpatient referrals by specialists and primary care providers.
- Dietary consults are conducted for malnutrition screening, oral intake, and BMI monitoring.
- A new Grand View Health interventional pulmonologist started in 2020, to provide more interventional and ongoing care of pulmonary patients.

- COPD order sets in acute care optimize evidence based practice and care.
- Early palliative care consults are conducted for optimal symptom management.
- Hospice referrals are made for end of life care.

Diabetes / Obesity – Grand View Health offers the following services to support obese and diabetic patients:

- An online class at Grand View Health called 50/50 is a class for coaching and counseling for nutritional health and wellbeing. Obesity support groups for diet counseling and teaching meet every Monday and Wednesday to optimize teaching and quality of life for outpatients.
- Diabetic classes for outpatient self-management are available.
- PCP, Case Management, inpatient providers and care givers refer to outpatient dietary programs.
- Grand View Health offers a surgical bariatric and new medical bariatric program.
- Inpatient diabetic teaching by nurses and outpatient teaching by home care and PCP care coordinators is conducted with additional referrals to nutrition and online classes.

Cardiovascular – Grand View Health provides services for the following acute and chronic conditions: CHF, MI, AFib and stroke with cardiac specialists and an affiliation with a tertiary system for stroke robot access and neurological care of acute and post strokes.

- Grand View Health is a primary stroke center of excellence.
- Stroke / heart failure coordinators conduct outreach presentations and classes to local independent living centers.
- Primary care providers and acute care providers and care givers refer to cardiac specialists, Grand View Health cardiac rehabilitation, home care, palliative care, hospice, and nutrition for cardiac patients.
- The Grand View Health Cardiac Catheterization Lab opened 24 hours a day in November of 2019 to serve the cardiac catheterization needs of our community.

Cancer – The Grand View Health Cancer Center cares for more than 500 patients per year. The services provided include:

- Nutrition screenings and counseling, conducted by a dietician.
- Four navigators for general, breast, radiation oncology, and financial services are available for teaching and navigation.
- Low dose CT lung scans are conducted by PCPs for early detection screening and treatment.
- Mammograms and Colo-rectal screenings are conducted for early screening and early detection.
- Cancer prevention classes are held throughout the year for the community and listed on the Grand View Health website.

- Grand View Health recently affiliated with the University of Pennsylvania Cancer Network for referrals for advanced cancer care and treatment.

3. Navigation and Access

Grand View Health addresses navigation and access with care coordinators in acute care, ED, primary care practices, and the Integrative Delivery Network (IDN).

- Inpatient transitional care handoffs from the ER to PCP and the IDN assures patients are seeing a primary care physician within a week of discharge.
- ED nurses call patients at risk for readmission after discharge to assure the patients follow up with prescribed plan of care.
- Inpatient care coordinators conduct transitional care hand offs from inpatient to outpatient primary care providers and specialists.
- Cardiac rehab nurses call CHF patients after discharge and follow up for 30 days with regular calls and navigation through referrals to primary care and specialty care practices and diagnostics.
- Pulmonary rehab respiratory therapists follow at risk patients after discharge to assure navigation through primary and specialty practices, diagnostics and pulmonary rehabilitation.
- Navigators in the cancer center follow patients before, during, and after appointments and treatments to assure ready access to all diagnostics and appointments.
- A one call patient access number is available on the Grand View Health website to facilitate community access to Grand View Health providers.
- The Grand View Health patient portal is available, and patients are assisted with accessing this portal for quick access to their provider as well as access to test results.
- Grand View Health initiated offering Telehealth services to enhance access for our patients. This service is available in our practices and ED. The use of telehealth by providers and patients has increased dramatically since the pandemic was announced in March of 2020.
- The move to increase availability of online classes via the Grand View Health website has also been catalyzed by the pandemic and will be an ongoing part of the CHNA implementation plan.
- The Grand View Health call center acted as the COVID-19 hotline and further developed the call center to refer patients and our community to available Grand View Health services across the continuum.

4. Substance Misuse

Substance abuse including alcohol and opioid abuse is an ongoing top priority in our community, regionally, and nationally. Grand View Health addresses this top health priority across the continuum by offering the following services:

- The ED and inpatient services assess patients on admission and refer patients to Bucks County Connect Assess Refer Engage Support (BCARES), an organization that provides a warm handoff collaboration between the Grand View Health ED, inpatient units, and an assigned Certified Recovery Specialist (CRS). The CRS provides assistance and referrals to services for opioid overdose survivors who are offered direct connection from the ED and inpatient areas to treatment and recovery services outside Grand View Health.
- The Maternal / Child Health service line has implemented a new intervention called "Eat, Sleep and Console" to care for babies born with neonatal abstinence syndrome. This practice has reduced the prescribing and administration of opioids to infants, decreases length of stay and facilitate babies spending more time with parents.
- The Opioid Stewardship committee is a Grand View Health multi-disciplinary committee which collaborates with the Hospital and Health System Association of Pennsylvania (HAP) opioid learning network to look at HAP recommendations and initiatives for both inpatient and outpatient care of patients with substance abuse disorder. This committee looks at opioid prescribing across the continuum and works with providers and care givers to decrease utilization of controlled substances.
- Primary care providers and other providers across the continuum make referrals to Penn Foundation for opioid and substance abuse recovery.
- BCARES resources are available to primary care providers and home care for referral.
- Grand View Hospital has a drug collection box for public secure disposal of medications in the lobby and periodically partners with law enforcement to provide access.