## **Community Health Needs Assessment (CHNA)**

## FY 2023-2025 Implementation Strategy

## **Robert Packer Hospital and Towanda campus**

## One Guthrie Square, Sayre, PA 18840

#### FY 2024

#### **General Information**

Contact Person: Joseph Sawyer, President

Date of Written Plan: May 26, 2022

Date Written Plan was Adopted by Organization's Authorized Governing Body: June 16, 2022

Date Written Plan was Required to be Adopted: November 15, 2022

Authorizing Governing Body that Adopted Written Plan: Robert Packer Hospital Board of Directors

Name and EIN of Hospital Organization Operating Hospital facility: Robert Packer Hospital 24-0795463

Address of Hospital Organization: One Guthrie Square, Sayre, PA 18840

## I. Purpose of Implementation Strategy

This Implementation Strategy has been prepared to comply with federal tax law requirements set forth in Internal revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implantation strategy annually to meet the community health needs identified through the community health needs assessment. This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in proposed regulations released April 2013.

## II. List of Community Health Needs Identified in Written Report

List of Community Health Needs identified in CHNA Written Report, Ranked by CHNA's Priority:

- Primary Care Utilization/Hospitalization
- Mental health
- Cancer Screening
- Drugs and Alcohol
- Tobacco Use

# III. Health needs planned to be addressed by facility

List of significant health needs the facility plans to address include:

- Primary Care Utilization/Hospitalization
- Mental health
- Cancer Screening

Please refer to the attached tables which provide a detailed description of intervention actions (including collaborative efforts), population description, Guthrie resources utilized, and evaluation tools by measurable effectiveness criteria. These tables are stratified by priority health need.

# IV. Health needs facility does not plan to address

List of significant health needs the facility does not plan to address include:

- Drugs and Alcohol
- Tobacco Use

Due to available resources these needs will not be addressed through an implementation strategy in the subsequent fiscal years. However, due to the overlap in disease etiology between the identified priority needs and these needs an impact is anticipated.

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #1	Increase Primary Care Provider (PCP) Compliment in Robert Packer Hospital (RPH) Region by placing 13 Primary Care Providers by FY25	Guthrie PCP network that covers Bradford, PA, Tioga, PA, Chemung, NY, and Tioga NY counties	Increased number of Primary Care Providers in RPH Region; ultimately leading to greater access of PCP	Determine success in increased PCP access by comparing the number of physicians added to network to number of patients previously without a PCP within our system	Annually

Intervention #2	Establish/Maintain Guthrie PCP connection for patient's discharged from emergency department (ED) by developing scheduling algorithm to hardwire PCP appointment scheduling for RPH ED discharges	Guthrie PCP network that covers Bradford, PA, Tioga, PA, Chemung, NY, and Tioga NY counties	Increased amount of discharged ED patients with follow up Guthrie PCP Appointment	Ensure process meets the needs of weekend ED patients. Also, ensure all patients have a scheduled appointment upon discharge	Annually
Intervention #3	Increase primary care access by providing 100% same day access for primary care	Guthrie PCP network that covers Bradford, PA, Tioga, PA, Chemung, NY, and Tioga NY counties	Same day access for primary care at 100%	The decrease in overall wait time to see a PCP in the Guthrie network	Annually

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #5	Decrease cardiovascular disease hospitalizations though annual blood pressure screening events that include: diabetic screening, medication education, and healthy eating tips	All Guthrie patients considered elevated risk for cardiovascular disease related hospitalizations	Provided blood pressure screening services to forty patients per screening event	Overall decrease in high blood pressure diagnosis/hospitalization	Annually Ongoing
Intervention #6	Increase community awareness of local fresh foods through the Guthrie annual Food Farm Festival and Robert Packer Hospital Community Garden	Guthrie PCP network that covers Bradford, PA, Tioga, PA, Chemung, NY, and Tioga NY counties	Number of participants at Food Farm Festival Number of volunteer groups assisting with community garden	# of healthy vendors or education events at festival	Annually

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #1	<ul> <li>Prevent crisis escalation in patients experiencing mental health or substance use disorder emergencies. Increase staff capabilities in providing trauma-informed care and de-escalation techniques to address crisis situations.</li> <li>FY23: Convene Steering Committee</li> <li>FY23-24: Conduct Training to Guthrie Employees on: Identifying mental health needs, responding to someone in a crisis, de-escalation</li> <li>FY25: Continue training, conduct evaluation reviewing number of workplace violence incidence</li> </ul>	All Guthrie patients in the RPH service area (covers Bradford, PA, Tioga, PA, Chemung, NY, and Tioga NY counties) experiencing mental health or substance use disorder emergencies	Number of days away from work for injury related to workplace violence	Number of staff injuries	Annually

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #2	<ul> <li>Evaluate and improve Mental Health (MH) Service provision:</li> <li>Create MH Department and standard set of services</li> <li>Centralize MH services and organize to identify gaps in workflow/service provision</li> <li>Increase crisis coverage onsite at RPH with virtual assessment capabilities in Towanda</li> </ul>	All Guthrie patients in the RPH service area require mental health services.	Combine policies and procedures, as appropriate, related to MH consumers across the Guthrie System Integrate virtual crisis assessments to Troy hospital	Decreased length of ED stays for patients seeking crisis assessment	Ongoing
Intervention #3	<ul> <li>Increase access to Mental Health Care Providers</li> <li>FY23: Hire two psychologists to serve RPH service area</li> <li>FY24: Increase psychiatrist and psychologist advanced practice providers</li> <li>FY25: Address billing obstacles for psych pharmacist</li> </ul>	All Guthrie patients in the RPH service area requiring mental health services	Number of providers hired	Number of patients seen	Ongoing

Intervention #4	Strengthen transition of care from inpatient to outpatient services Strengthen transition of care outreach to patients discharged from behavioral health unit Increase partial hospitalization program to include a second group	All Guthrie patients in the RPH service area requiring mental health services.	Number of follow up contacts post discharge Number of patients seen	The Partial Hospitalization Program will be at full capacity for 15 patients	Annually
Intervention #5	Decrease opioid overdose deaths by increasing Naloxone distribution from the emergency department Increase Naloxone prescription with certain high-dose opioid prescriptions administered from clinic/hospital	All Guthrie patients in the RPH service area at risk for overdose.	% of patients with opioid related ED visit who receive take-home Naloxone Best practice alert tracking for concurrent Narcan prescription with high dose opioid prescriptions	Number of overdose deaths Number of Narcan kits distributed in the ED Number of Narcan kits distributed to inpatients being discharged	Annually

	Decrease opioid overdose deaths	All Guthrie patients	Number of referrals	Number of opioid	Annually
	by increasing access to medication	in the RPH service	to CASA Trinity	overdose deaths	
	assisted treatment (MAT) and	area at risk for			
	substance use disorder (SUD)	overdose.		Number of	
	service			Suboxone	
				prescriptions	
	Increase capacity of SUD treatment				
	resources within the system			Number of Opioid	
	through partnership with			Referral Order Sets	
	CASA/Trinity:			used	
	<ul> <li>Increase provider</li> </ul>				
9#	awareness of internal				
Intervention #6	resources available and				
enti	support for initiating				
S S	buprenorphine				
Inte	management				
	Improve ED provider				
	awareness of updated				
	buprenorphine/Suboxone				
	prescribing guidelines				
	FY24 begin tracking use of the				
	Opioid Referral Order Set				

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #7	<ul> <li>Increase depression screening and referral to treatment by: <ul> <li>Continue tracking PHQ-2 screening rates in primary care and review workflows to include additional provider resources</li> </ul> </li> <li>Implement PHQ-2 screening in specialty practices and develop referral workflow for patients who need depression treatment from specialty care</li> <li>Identify health equity gaps in this data and track by diversity/disparity data</li> </ul>	All Guthrie patients in the RPH service area require mental health services.	Pilot specialty practice offering PHQ-2 screening and evaluating workflow challenges	Number of surveys captured/percent screening completed Number of patients with indicating further assessment or treatment is needed	Annually

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #1	Provide coverage to un/under insured women who need breast and cervical screening through a contract with The Pennsylvania Breast & Cervical Cancer Early Detection Program (PA-BCCEDP)	Under or uninsured Guthrie female patients who fall into the recommended age range for breast and cervical cancer screenings	Number of women using program who fall into the population parameters	Increase usage from prior program by 100 women annually	Annually
Intervention #2	Provide access for mammograms through an annual walk-in mammography event hosted by the Cancer Service Line	All female/female identifying Guthrie patients who should be receiving an annual mammogram.	Number of patients at event via sign in sheet	Compare to previous year's attendance in year one to create baseline goal moving forward.	Annual event, expanding to Towanda campus 2022
Intervention #3	Increase pap smear access by adding Sayre OB/GYN providers starting in Fiscal Year 2023	All female/female identifying Guthrie patients who need/seek OB/GYN services.	80% of patients to be seen within a week	Compare to previous year's data, create baseline in year one for goals moving forward.	Annually Ongoing

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #4	Breast Program Leadership will facilitate standardized Guthrie system screening guidelines across Mammography, Primary Care and Surgical Services to provide clear communication to Guthrie patients	All Guthrie patients affected by screening parameters.	All Guthrie screening guidelines standardized across the system.	All Guthrie screening guidelines standardized across the system.	Annually
Intervention #5	<ul> <li>Provide education about cancer screening and prevention to community members through Wellness Fairs at local businesses</li> <li>Complete outreach survey at wellness fairs to identify opportunities for educational events focused on specific cancer topics</li> <li>Plan and execute educational seminars related to requested cancer topics (breast cancer, colon cancer, cervical cancer, lung cancer, HPV, etc)</li> </ul>	Community members in Bradford, PA, Tioga, PA, Chemung, NY, and Tioga NY counties	Number of wellness fairs attended Number of educational seminars Number of attendees at seminars	Increase screening totals by 5% each year until 2025 for a total increase of 15% from baseline screening totals for colonoscopies, pap smears, and mammograms.	Annually Ongoing

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #6	Increase number of Guthrie patients with a Guthrie PCP through outreach and education in collaboration with the Cancer Service Line and Guthrie Medical Group primary care offices	Guthrie PCP network that covers Bradford, PA, Tioga, PA, Chemung, NY, and Tioga NY counties	Number of patients with Guthrie PCP increasing	Compare to previous year's data, create baseline in year 1	Annually Ongoing
Intervention #7	Continue outreach coordination through the Value Based Reimbursement team to educate and schedule patients for cancer screening (breast, cervical, colorectal)	All Guthrie patients who should be receiving an annual cancer screening.	Increase reimbursement for cancer screenings	Increase screening totals by 5% each year until 2025 for a total increase of 15% from baseline screening totals for colonoscopies, pap smears, and mammograms.	Annually Ongoing

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