Community Health Needs Assessment (CHNA) Implementation Strategy

Corning Hospital

1 Guthrie Drive, Corning, NY 14830

FY2017

General Information

Contact Person: Garrett Hoover

Date of Written Plan: June 1, 2016

Date Written Plan Was Adopted by Organization's Authorized Governing Body: June 15, 2016

Date Written Plan Was Required to Be Adopted: July 1, 2016

Authorizing Governing Body that Adopted the Written Plan: Corning Hospital Board of Directors

Name and EIN of Hospital Organization Operating Hospital Facility: Corning Hospital 16-0393490

Address of Hospital Organization: 176 Denison Pkwy E Corning, NY 14830

I. Purpose of Implementation Strategy

This Implementation Strategy has been prepared in order 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 implementation strategy 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:

- Obesity
- Cancer Incidence- General
- Prevention and Management of Chronic Disease
- Access to Primary Care
- Diabetes

III. Health Needs Planned to Be Addressed By Facility

List of Significant Health Needs the Facility Plans to Address include:

- Obesity
- Cancer Incidence- General
- · Prevention and Management of Chronic Disease

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 Intend to Address

List of Significant Health Needs the Facility Does Not Plan to Address include:

- · Access to Primary Care
- Diabetes

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.

<u> </u>	Frequency	Bi-Annually																		
Evaluation of Intervention		Completion of Healthy	Eating Basic Nutrition 101	Form. This form will document the course	objectives		Will plan to evaluate using NCR (no carbon required)	format												
Effect Measure		After completing the	course, participants should	be able to identify the objectives as outlined in	each educational session															
Population Description		Population recruited by	community notifications.	Chemung, NY, and Steuben, NY																
Intervention Description		Location: Corning, NY		Intervention #1: Provide standardized education to community members regarding basic nutrition.		Continue the basic nutrition class, which is offered to	community members as a 2 hour face-to-face, hands-on learning forum which focuses on making healthy eating	choices. The class is led by a Guthrie Registered Dietician from Healthworks. The nurse will further work with	participants through a series of objectives and provide	COLUMNOUS ICCUDACK.	During the class, participants will be provided with educational materials and information on topics such as (but	not limited to): Body Mass Index (BMI), Macronutrients	(Carbohydrates, Proteins, and Fats), Basic Food Groups, Building, Reading and Interpreting Food Labels, and	Identifying Healthy Choices that will contribute to better	overall health.	At the conclusion of the class, participants will receive a	"Quick Reference 11p Sheets" handout which is a resource onide summarizing various electronic food iournaling whone	applications.		
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Program Frequency	Amually
Evaluation of Intervention	Evaluate protocol specified clinical (patient) and provider outcome measures
Effect Measure	Continue core curriculum as described including develop progress note templates to be incorporated in EPIC and continue to provide counseling materials/meal plans to be incorporated in EPIC.
Population Description	Population: Guthrie PCP network that covers Chemung, NY, and Steuben, NY NY Clients receive intervention within the PCP office or in the community. Sample Size per class may vary dependent upon outreach facility and provider involvement.
Intervention Description	Location: Corning, NY Intervention #2: Provide standardized education to healthcare providers regarding ways to treat and counsel overweight and obese patients. This 7-8 hour program will be offered face to face by a Guthrie Bariatrician. The purpose of this program will be to provide primary care providers with resources to successfully counsel patients about their weight. Suggested Core Competencies for the Primary Care Providers (PCP) will include: a. Evaluation and treatment of the obese patient c. Pharmacotherapy for the obese patient c. Pharmacotherapy for the obese patient d. Common medications and their effect on weight loss e. Writing an exercise prescription f. Including obesity management in your clinical practice- including reimbursement g. Coding and billing for obesity related services
	1 notinevention #2

Program Frequency	Monthly- Ongoing
Evaluation of Intervention	Monthly at the Fit and Strong committee meeting total participation, budgetary requirements, and suggested improvements or additional partnerships are discussed and documented with the minutes.
Effect Measure	The total number of participants in each program is tracked.
Population Description	Population includes overweigh and obese children along with their parents and/or guardians from Schuyler and Steuben counties NY.
Intervention Description	Location: Coming, NY and Bath, NY Intervention #3: Reduce childhood obesity through a multidisciplinary approach to executing and evaluating local programs that focus on obesity prevention. The Fit and Strong Together coalition which meets monthly at Corning Hospital is a multidisciplinary team of individuals. Their primary mission is to work with the community to teach and motivate young people to be fit, choose nutritious food, and achieve a healthy weight. Initiatives they continue to sponsor and support include: 1. "Cool 2B Fit" nutrition education program with 2"d and 4th graders. Each second grader will receive "An Apple A Day Nutrition Tracker" for use at home. Second graders will also have periodic tastings of nutritious but less usual foods. Fourth graders will have a trip to Wegman is supermarket to learn about reading food nutrition labels and making wise food choices. The food tastings and visits to Wegmans in 2016 & 2017 will continue. 2. Pursue external grants in collaboration with the Coming-Painted Post Schools to secure funding that would improve Physical Education Programs and access to such programs in the Corning Schools. 4. Continue and evaluate expanding the program to teach third graders the elements of a healthier lifestyle. Embody the message in 16 instructional modules provided by a Guthrie bariatric physician. Work with the third grader teachers in the chosen school to create lesson plans and implementation plans involving parents. Measure results using body composition analysis (a Tanita scale) focusing on percent body fat. Measure results and determine whether the program in FY2015 – FY2016. 5. Evaluate the continuation of "Know Your Health Numbers" testing day for students in 10 th grade Health classes in the Coming High School. Such testing was done in April 2014 and April 2015. Consider future testing in FY2016 if results so indicate. 6. Continue to grossor Kids Fun Run to help improve children's filmess and knowledge about healthy lifestyle choices.
	Intervention #3

Program Frequency	Amually
Evaluation of Intervention	Assessment of community concern of food insecurity throughout the summer of Fiscal Year 2017.
Effect Measure	The number of families that receive food from the Community Garden.
Population Description	Population: Community members from Chemung, NY, and Steuben, NY.
Intervention Description	Intervention: Corning, NY Intervention #4: Provide a Community Garden Food insecurity remains a concern for the community served Corning Hospital. A pilot community garden will be evaluated for implementation in order to provide families with fresh produce during the Fiscal Year 2017.
	Intervention #4

	Intervention Description	Ponulation Description	Effect Measure	Evaluation of Intervention	Program
					Frequency
	Location: Corning, NY	Population: Community members from Chemung,	Count of healthy food options that become	Evaluate Community use of healthy food options	
ention #5	Intervention #5: Collaborate with local food pantries to improve community access to healthier food options.	NY, and Steuben, NY	available	from the food pantry	
Interv					
	Location: Corning, NY	Population: Community	Count of food labels used	Evaluate the consumption	
		members from Bradford,	throughout the Hospital	pre and post labeling effort	
	Intervention #6: Implement modified food labels in Corning Hospital to facilitate healthy eating choices.	PA, 110ga, PA, Chemung, NY, and Tioga, NY		of labeled healthy alternatives	
		counties			
9#	The Guthrie Clinic will begin using labels to identify heart				
tro:	healthy, gluten friendly and other guidance tools to promote				
i3ua	health tood alternatives within the Hospital cateteria and				
GLAC	Vending machines.				
)uI	In addition to this effort, Corning Hospital will continue to				
	evaluate and reduce sodium content in meals served in				
	Corning hospitals' cafeteria and to inpatients. Moreover,				
	Corning Hospital will provide more healthy snack food				
	choices and reduce sugar sweetened beverages, replacing				
	them with lower sugar alternatives.				

Program Frequency	Annually								
Evaluation of Intervention	Program evaluation will	attendees and comments will be summarized							
Effect Measure	The number of	partetpants attending program will be documented							
Population Description	Population recruited by	These notifications will be sent to community	and Chemung, NY						
Intervention Description	Location: Corning, NY	Intervention #1: Increase Public Awareness about Lung Cancer including preventative measures.	In November 2016 Guthrie again in collaboration with the Lung Cancer Alliance will help host the "Shine a Light on Lung Cancer" community forum to promote lung cancer awareness. The purpose of this forum will be to educate the community on the lung cancer facts, prevention and screening. The speakers will include Guthrie providers, survivors and invited lecturers.	After the speakers present an open discussion regarding lung cancer prevention, smoking cessation and lung cancer screening will occur.	Throughout the year, a highly visible and interactive educational exhibit will travel to local schools, businesses and other public events to educate the public on the effects of smoking such as:	•Asthma •Bronchitis •Lung cancer •Emphysema	The exhibit will include disease specific prevention and screening brochures.		
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	Program Frequency	Annually-	Ongoing			
· · · · · · · · · · · · · · · · · · ·	Evaluation of Intervention	The number of	participants who are	successum in quitting smoking for six or more months will be collected		
THEOREM	Effect Measure	The number of staff	completing the	be tracked. Additionally, the number of community	members completing the smoking cessation sessions will be tracked	
	Population Description	Population: Guthrie	Respiratory Therapists or	employees in Coming. The smoking cessation classes will be available	for community members from Steuben, NY and Chemung, NY	
WHO THE PROPERTY OF THE PROPER	Intervention Description	Location: Corning, NY	Intervention #2. Provide standardized education through	group and individual smoking cessation methods through certified Guthrie counselors.	Identify and educate Guthrie employees to become certified smoking cessation facilitators through the American Lung Association. Group or individual smoking cessation sessions will be available throughout the year after facilitators are trained.	
						Intervention #2 (Lung Cancer)

Program Frequency	Annually-Ongoing
Evaluation of Intervention	The number of patients who completed any program will be tabulated along with the number of participants who are successful in quitting smoking for six or more months
Effect Measure	The number of patients referred through the EHR will be tracked
Population Description	Population: Patients who see a Guthrie provider
Intervention Description	Intervention #3: Encourage providers to talk with their patients about tobacco cessation. Re-evaluate the implementation of an automated referral through the electronic health record (EHR) for patients who are still smoking and want to quit. The referral would schedule an appointment with a smoking cessation counselor or provide resource information regarding the state quit line.
	Intervention #3 (Lung Cancer)

Program Frequency	Amually- Ongoing
Evaluation of Intervention	Mammogram appointments will be month of October to examine effectiveness of screening education
Effect Measure	The number of Mammogram commercials and print ads appointments will be will be monitored monitored throughou month of October to examine effectiveness screening education
Population Description	Population: All Guthrie employees and general public in Steuben, NY and Chemung, NY
Intervention Description	Location: Corning, NY Intervention #4: Continue Breast Cancer Awareness initiatives throughout the year including: Breast Cancer Awareness Week campaign for Guthrie employees, Pink Night at Massis Garden Center, Susan B Coleman event, amual employee rounds and public education through commercials and print media.
	Intervention #4 (Breast Cancer)

Program	Frequency	
Evaluation of	Intervention	Comparison of mammogram rates to pre- reminder letter benchmark prior to implementation in Fiscal Year 2016
Effect Measure		Percentage of female Guthrie patients that receive the amual mammogram Percentage of high risk female Guthrie patients that receive the amual mammogram
Population Description		Population: All existing Guthrie mammogram patients, high risk patients
Intervention Description		Location: Corning, NY Intervention #5: Continue Mammogram Reminders throughout the year. Continue patient and provider reminder letters for annual mammogram (set of five letters: one letter to remind patient for upcoming annual mammogram, three letters to remind the patient and provider of overdue mammogram and one to thank the patient and to prompt the patient to proactively schedule their next mammogram). Also, continue High Risk patient phone calls by a Women's Health Registered Nurse.
		Intervention #5 (Breast Cancer)

Program Frequency	Annually-Ongoing
Evaluation of Intervention	t the
Effect Measure	The number of Calls for Colonoscop commercials and print ads appointments will be will be monitored monitored throughou month of March to examine effectiveness screening education
Population Description	Population: General Public
Intervention Description	Location: Corning, NY Intervention #6: Continue Colon Cancer Awareness initiatives throughout the year including: public education through commercials and print media.
	Intervention #6 (Colon Cancer)

Program	Frequency	Ongoing monitoring		
Evaluation of	Intervention	Continue to monitor Tissue/Adenoma Review of screening colonoscopies		
Effect Measure		Percentage of Guthrie patients that receive a Screening Colonoscopy		
Population Description		Population: All Guthrie colon screening patients		***************************************
Intervention Description		Location: Corning, NY Intervention #7: Continue Automatic rescheduling for Colonoscopy screenings and initiate pilot program to increase patient compliance with best practice for preventative screenings.	Currently, Guthrie patients that require a colon screening are called to schedule their preventative screening. This practice will continue, however a pilot for other scheduling practices will be evaluated. The goal of this pilot is to increase patient compliance with the best practice for colon screening.	
			Intervention #7 (Colon Cancer)	

Program Frequency	Annually								1
Evaluation of Intervention	Program evaluation will be distributed to all	attendees and comments will be summarized							7 17 1000 1000 1000 1000 1000 1000 1000
Effect Measure	The number of narticinants attending	program will be documented							
Population Description	Population recruited by community notifications	These notifications will be sent to community	memoers in Steuben, IN Y and Chemung, NY						7 3 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7
Intervention Description	Location: Corning, NY	Intervention #1: Increase Public Awareness about Lung Cancer including preventative measures.	In November 2016 Guthrie again in collaboration with the Lung Cancer Alliance will help host the "Shine a Light on Lung Cancer" community forum to promote lung cancer awareness. The purpose of this forum will be to educate the community on the lung cancer facts, prevention and screening. The speakers will include Guthrie providers, survivors and invited lecturers.	After the speakers present an open discussion regarding lung cancer prevention, smoking cessation and lung cancer screening will occur.	Throughout the year, a highly visible and interactive educational exhibit will travel to local schools, businesses and other public events to educate the public on the effects of smoking such as:	•Asthma •Bronchitis •Lung cancer •Emphysema	The exhibit will include disease specific prevention and screening brochures.		
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	Frequency	Annually-Ongoing
Perolination of	Evaluation of Intervention	The number of participants who are successful in quitting, smoking for six or more months will be collected
Fffort Mossure	Litect Measure	The number of staff completing the certification course will be tracked. Additionally, the number of community members completing the smoking cessation sessions will be tracked
Ponulation Description		Population: Guthrie Respiratory Therapists or other Guthrie healthcare employees in Corning. The smoking cessation classes will be available for community members from Steuben, NY and Chemung, NY
Intervention Description	100000000000000000000000000000000000000	Intervention #2: Provide standardized education through group and individual smoking cessation methods through certified Guthrie counselors. Identify and educate Guthrie employees to become certified smoking cessation facilitators through the American Lung Association. Group or individual smoking cessation sessions will be available throughout the year after facilitators are trained.
		Іптегчептіоп #2 (Гипд Сяпсег)

The state of the s	Frequency	Annually-Ongoing	
Marol works of	Evaluation of Intervention	The number of patients who completed any program will be tabulated along with the number of participants who are successful in quitting smoking for six or more months	
Ffoot Moosure	EARCH INCASUIC	The number of patients referred through the EHR will be tracked	TO THE PARTY OF TH
Population Description	mondification restaining a	Population: Patients who see a Guthrie provider	
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		Intervention #3 (Lung Cancer)	

Program Frequency	Amually- Ongoing
Evaluation of Intervention	Mammogram appointments will be monitored throughout the month of October to examine effectiveness of screening education
Effect Measure	The number of Mammogram commercials and print ads appointments will be monitored throughou month of October to examine effectiveness screening education
Population Description	Population: All Guthrie employees and general public in Steuben, NY and Chemung, NY
Intervention Description	Location: Corning, NY Intervention #4: Continue Breast Cancer Awareness initiatives throughout the year including: Breast Cancer Awareness Week campaign for Guthrie employees, Pink Night at Massis Garden Center, Susan B Coleman event, amnual employee rounds and public education through commercials and print media.
	Intervention #4 (Breast Cancer)

Program Frequency	
Evaluation of Intervention	Comparison of mammogram rates to pre- reminder letter benchmark prior to implementation in Fiscal Year 2016
Effect Measure	Percentage of female Guthrie patients that receive the amnual mammogram Percentage of high risk female Guthrie patients that receive the amnual mammogram
Population Description	Population: All existing Guthrie mammogram patients, high risk patients
Intervention Description	Location: Corning, NY Intervention #5: Continue Mammogram Reminders throughout the year. Continue patient and provider reminder letters for annual mammogram (set of five letters: one letter to remind patient for upcoming annual mammogram, three letters to remind the patient and provider of overdue mammogram and one to thank the patient and to prompt the patient to proactively schedule their next mammogram). Also, continue High Risk patient phone calls by a Women's Health Registered Nurse.
	Intervention #5 (Breast Cancer)

Program Frequency	Annually- Ongoing
Evaluation of Intervention	t the
Effect Measure	The number of Calls for Colonoscog commercials and print ads appointments will be will be monitored month of March to examine effectiveness screening education
Population Description	Population: General Public
Intervention Description	Location: Corning, NY Intervention #6: Continue Colon Cancer Awareness initiatives throughout the year including: public education through commercials and print media.
	Intervention #6 (Colon Cancer)

Drogram	Frequency	Ongoing monitoring)				
Evaluation of	Intervention	Continue to monitor Tissue/Adenoma Review	ςς.				
Effect Measure		Percentage of Guthrie patients that receive a	Screening Colonoscopy				
Ponnlation Description		Population: All Guthrie colon screening patients					
Intervention Description		Location: Corning, NY	Intervention #7: Continue Automatic rescheduling for Colonoscopy screenings and initiate pilot program to increase patient compliance with best practice for preventative screenings.	Currently, Guthrie patients that require a colon screening are called to schedule their preventative screening. This practice will continue, however a pilot for other scheduling practices will be evaluated. The goal of this pilot is to increase patient compliance with the best practice for colon screening.			
				on Cancer)	orvention #7 (Cold	şu <u>T</u>	

Corning Hospital Implementation Strategy- Priority Need Poor General Health

Program Frequency	Annually
Evaluation of Intervention	Continue to track the total number of unique individuals seen by a primary care provider.
Effect Measure	Continue to track the number of individuals seen in the ED as compared to the number of individuals seen within the ACT clinic.
Population Description	Populations served include community members from Chemung and Steuben, NY.
Intervention Description	Intervention #1: Increase Public Awareness about individual ways to obtain appropriate health care services. The hours for the Walk-In Urgent care clinic were extended during the week and additional hours were added on the weekends. Availability of hours are posted on the guthrie.org public website.
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Corning Hospital Implementation Strategy- Priority Need Poor General Health

	Frogram Frequency	Annually- Ongoing
The land of the form	Evaluation of Intervention	Continue to track the total number of unique primary care patients from year to year within the EHR.
Totant Money	EALECT INTERSUFE	Continue to track the number of staff recruitment fairs specifically marketed to PCPs which Guthrie attended, direct mailings were sent, and hits to social media sites.
Population	r optuation Description	Population includes regional and national primary care providers.
Intervention Description		Intervention #2: Actively recruit additional primary care providers to the region. The Physician Recruitment and Retention group within Guthrie participates in numerous national and regional recruitment efforts including but not limited to: 1. Doximity 2. Direct mail campaigns targeted at primary care providers across the country. 3. Utilization of social media including NEJM, facebook, linkedin, twitter, google plus and doximty to advertise opportunities. 4. Sponsorship of Guthrie residency recruitment social event and career planning day. 5. Sponsorship of a residency career guide which is dedicated to assisting physicians in residency learn about their life and practice post training. The guide is provided to all residents within their final year of training in the North East. 6. Sponsorship of recruitment job boards through NEJM, MDPathfinder, Career MD, Healthecareers, MDPathways, Doc Caffé, Elsevier, Physician Pathfinder/AIM 7. Sponsorship of an internal recruitment website accessible on guthrie.org. 8. Initiation of physician bonus referral program. 9. Annual attendance at American Academy of Family Physicians (AAFP), American Academy of Family Physicians (AAFP), American Academy of Family Physicians (AAFP). Physicians (ACEP).
		Intervention #2

Corning Hospital Implementation Strategy- Priority Need Poor General Health

Program Frequency	Annually- Ongoing	Annually- Ongoing	Annually- Ongoing
Evaluation of Intervention	Track attendance at each public educational event	Evaluate patient understanding and use of tool during visits	Track attendance at each public educational event
Effect Measure	Continue to track the number health screenings, informational sessions and educational seminars given	Track the number of new eGuthrie participants enrolled from Chemung and Stueben, NY	Track the number of community members present during support Group Track number of educational seminars given
Population Description	Populations served include community members from Chemung and Steuben, NY.	Populations served include community members from Chemung and Steuben, NY.	Populations served include community members from Chemung and Steuben, NY.
Intervention Description	Intervention #3: Promote self-care and best screening protocol for chronic disease. Increase the availability, accessibility and use of evidence-based interventions in self-care management in clinical and community settings. Offer health screenings targeted to specific populations, as well as informational presentations, educational seminars on important health topics.	Intervention #4: Increase eGuthrie Awareness Implement awareness campaign in Guthrie facilities and on guthrie.org to encourage patients to use eGuthrie, the patient portal to Guthrie EHR, for individualized health maintenance screening reminders. This information is also provided in print in each After Visit Summary.	Intervention #5. Promote diabetes wellness with continuation of support group and expanded diabetes education Continue to offer programs like the Health Works Diabetes Support Group, which meets monthly providing speakers on a variety of topics and health issues related to diabetes. Expand diabetes awareness opportunities into the community. Offer educational seminars to help those with chronic and/or serious health issues, like diabetes, heart disease, cancer, lung disease (tobacco use).
	Intervention #3	Intervention #4	Intervention #5