Community Health Needs Assessment (CHNA)

Implementation Strategy

Corning Hospital

1 Guthrie Drive, Corning, NY 14830

FY2019

General Information

Contact Person: Garrett Hoover

Date of Written Plan: June 1, 2018

Date Written Plan Was Adopted by Organization's Authorized Governing Body: June 15, 2018

Date Written Plan Was Required to Be Adopted: July 1, 2018

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.

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #1	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 continuous feedback. 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 Tip Sheets" handout which is a resource guide summarizing various electronic food journaling phone applications.	Population recruited by community notifications. Chemung, NY, and Steuben, NY	After completing the course, participants should be able to identify the objectives as outlined in each educational session	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	Bi-Annually

Location: Corning, NY Intervention #2: Provide standardized education to healthcare provides 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 (adult and pediatric) b. Dietary therapy for the obese patient c. Pharmacotherapy for the obese patient d. Common medications and their effect on weight loss		Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program
Intervention #2: Provide standardized education to healthcare providers regarding ways to treat and counsel overweight and obese patients. network that covers as described including develop progress note templates to be incorporated in EPIC and continue to provide outcome measures clinical (patient) and provider outcome measures 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. Clients receive intervention the community. Clients receive intervention the community. continue to provide counsel in EPIC and counsel in the community. 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 common medicatric) b. Dietary therapy for the obese patient common medications and their effect on weight loss						
f. Including obesity management in your clinical practice- including reimbursement g. Coding and billing for obesity related services	Intervention #2	 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 (adult and pediatric) b. Dietary therapy 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 	Population: Guthrie PCP network that covers Chemung, NY, and Steuben, NY Clients receive intervention within the PCP office or in the community. Sample Size per class may vary dependent upon outreach facility and	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	Evaluate protocol specified clinical (patient) and	Frequency

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Lintervention to execution The Fit an Hospital i work with nutritious sponsor an 1. "Cool second gr home. Se usual food about read tastings an 2. Pursue Schools to and access 4. Contin elements modules p teachers in involving scale) foc program s 5. Evalua students in future test 6. Contin	Corning, NY and Bath, NY on #3: Reduce childhood obesity through a multidisciplinary approach ag and evaluating local programs that focus on obesity prevention. d Strong Together coalition which meets monthly at Corning is a multidisciplinary team of individuals. Their primary mission is to the community to teach and motivate young people to be fit, choose food, and achieve a healthy weight. Initiatives they continue to ad support include: 2B Fit" nutrition education program with 2nd and 4th graders. Each adder will receive "An Apple A Day Nutrition Tracker" for use at cond graders will also have periodic tastings of nutritious but less ls. Fourth graders will have a trip to Wegman's supermarket to learn ing food nutrition labels and making wise food choices. The food ad visits to Wegmans will continue. external grants in collaboration with the Corning-Painted Post o secure funding that would improve Physical Education Programs is to such programs in the Corning Schools. ue and evaluate expanding the program to teach third graders the of a healthire lifestyle. Embody the message in 16 instructional rovoided by a Guthrie bariatric physician. Work with the third grade the chosen school to create lesson plans and implementation plans parents. Measure results using body composition analysis (a Tanita using on percent body fat. Measure results and determine whether the hould be expanded to the other five elementary schools. te the continuation of "Know Your Health Numbers" testing day for n 10 th grade Health classes in the Corning High School. Consider ing if results so indicate. ue to sponsor Kids Fun Run to help improve children's fitness and e about healthy lifestyle choices.	Population includes overweigh and obese children along with their parents and/or guardians from Schuyler and Steuben counties NY.	The total number of participants in each program is tracked.	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.	Monthly- Ongoing

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

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #5	Location: Corning, NY Intervention #5: Collaborate with local food pantries to improve community access to healthier food options.	Population: Community members from Chemung, NY, and Steuben, NY	Count of healthy food options that become available	Evaluate Community use of healthy food options from the food pantry	
Intervention #6	Location: Corning, NY Intervention #6: Implement modified food labels in Corning Hospital to facilitate healthy eating choices. The Guthrie Clinic will begin using labels to identify heart healthy, gluten friendly and other guidance tools to promote health food alternatives within the Hospital cafeteria and vending machines. 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.	Population: Community members from Bradford, PA, Tioga, PA, Chemung, NY, and Tioga, NY counties	Count of food labels used throughout the Hospital	Evaluate the consumption pre and post labeling effort of labeled healthy alternatives	

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #1 (Lung Cancer)	Location: Corning, NY Intervention #1: Increase Public Awareness about Lung Cancer including preventative measures. In November, 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.	Population recruited by community notifications. These notifications will be sent to community members in Steuben, NY and Chemung, NY	The number of participants attending program will be documented	Program evaluation will be distributed to all attendees and comments will be summarized	Annually

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #2 (Lung Cancer)	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.	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	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	The number of participants who are successful in quitting smoking for six or more months will be collected	Annually- Ongoing

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #3 (Lung Cancer)	Location: Corning, NY 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.	Population: Patients who see a Guthrie provider	The number of patients referred through the EHR will be tracked	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	Annually- Ongoing
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	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #4 (Breast Cancer)	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, annual employee rounds and public education through commercials and print media.	Population: All Guthrie employees and general public in Steuben, NY and Chemung, NY	The number of commercials and print ads will be monitored	Mammogram appointments will be monitored throughout the month of October to examine effectiveness of screening education	Annually- Ongoing

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #5 (Breast Cancer)	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.	Population: All existing Guthrie mammogram patients, high risk patients	Percentage of female Guthrie patients that receive the annual mammogram Percentage of high risk female Guthrie patients that receive the annual mammogram	Comparison of mammogram rates to pre- reminder letter benchmark prior to implementation	

Corning Hospital Implementation Strategy- Priority Need General Cancer In	cidence6
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	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #6 (Colon Cancer)	Location: Corning, NY Intervention #6: Continue Colon Cancer Awareness initiatives throughout the year including: public education through commercials and print media.	Population: General Public	The number of commercials and print ads will be monitored	Calls for Colonoscopy appointments will be monitored throughout the month of March to examine effectiveness of screening education	Annually- Ongoing

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
	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.	Population: All Guthrie colon screening patients	Percentage of Guthrie patients that receive a Screening Colonoscopy	Continue to monitor Tissue/Adenoma Review of screening colonoscopies	Ongoing monitoring
Intervention #7 (Colon Cancer)	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.				

Corning Hospital Implementation Strategy- Priority Need Poor General Health

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
	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.	Populations served include community members from Chemung and Steuben, NY.	Continue to track the number of individuals seen in the ED as compared to the number of individuals seen within the ACT clinic.	Continue to track the total number of unique individuals seen by a primary care provider.	Annually
Intervention #1					
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	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #2	 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 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 orthopedic surgeons (AAOS), and American College of Emergency Physicians (ACEP). 	Population includes regional and national primary care providers.	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.	Continue to track the total number of unique primary care patients from year to year within the EHR.	Annually- Ongoing

Corning Hospital Implementation Strategy- Priority Need Poor General Health

Corning Hospital Implementation Strategy- Priority Need Poor General Health

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #3	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.	Populations served include community members from Chemung and Steuben, NY.	Continue to track the number health screenings, informational sessions and educational seminars given	Track attendance at each public educational event	Annually- Ongoing
Intervention #4	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.	Populations served include community members from Chemung and Steuben, NY.	Track the number of new eGuthrie participants enrolled from Chemung and Stueben, NY	Evaluate patient understanding and use of tool during visits	Annually- Ongoing
Intervention #5	Intervention #5: Promote diabetes wellness with continuation of support group and expanded diabetes education Continue to offer programs like the HealthWorks 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).	Populations served include community members from Chemung and Steuben, NY.	Track the number of community members present during support Group Track number of educational seminars given	Track attendance at each public educational event	Annually- Ongoing