

Newton Medical Center Implementation Strategy

Fiscal Year 2019



Newton Medical Center

Family friendly. First class.

PRIORITY	STRATEGIES	INPUTS	ACTIVITIES	OUTPUTS			IMPACT
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
Improve Well-Being/ Mental Health/ Behavioral Health	Reduce Barriers	Generations Social Worker	Expand Caregiver Support (FY18)	Secure a consistent place to meet with easy access for elderly patients Meeting space secured in the south conference room. Plans to hold meeting once a quarter led by Generations Social Worker	Hold a minimum of 4 Caregiver Support meetings during FY19.		Decrease the percentage of adults reporting physical or mental health kept them from doing usual activities (self-care, work, recreation) in the past 30 days from 25.8% to 24.8% as reported by the Kansas Behavioral Risk Factor Surveillance System.
			Develop survey tool for Caregivers who participate in Caregiver Support meetings to provide feedback on impact on stress related to Caregiver Role and support needs to drive meeting agendas (FY19).				
	Enhance Skills	Director of Therapy Services	Expand Better Breather's Group (FY18)	Investigate methods to increase participation and referrals to this program Engaged Pulmonologist and communicating this with patients. Developing marketing strategies and community events to increase awareness. Average number of participants for FY18 was 5.75.	Increase number of participants in Better Breather's Group by 10%.		
			Implement marketing strategies & community events to increase awareness (FY19).				

PRIORITY	STRATEGIES	INPUTS	ACTIVITIES	OUTPUTS			IMPACT
				Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	
		Resources People					By June 30, 2020,...
Improve Well-Being/ Mental Health/ Behavioral Health	Provide Support and Enhance Skills	Chief Medical Officer	Reduce the number of bone fractures through Own the Bone Program (FY18).	Expand participants enrolled by identifying potential participants through the ED Approximately 50 Own the Bone participants for FY18. Screening and reporting modalities developed for patients that present to the Emergency Room with diagnosis of falls. Developing follow up process related to screening through the orthopedic clinic	Increase participants in Own the Bone Program by 5% in FY19.		Define Community Wide Falls program and develop meaningful metrics and targets.
			Utilize screening reports for patients that present to the Emergency Room with diagnosis of fall to identify patients who may benefit from participation in Community Fall Prevention Program (FY19). Implement follow-up process related to screening through the orthopedic clinic & expand to Outpatient Clinics (FY19). Expand community and provider education about the Own the Bone Program				
	Provide Support and Enhance Skills	Population Management APRN and Chief Clinical Officer	Incorporate a Palliative Care program at our hospital (FY18).	Investigate models and develop a plan Palliative Care Consult developed and implemented in the acute care setting. To date 4 palliative care consults completed	50% of patients participating in Right-On-Track and Home Health identified as not having a Durable Power of Attorney appointed will appoint a Power of Attorney through the Advanced Care		
			Host Decision Day 2019 for community (FY19). Implement				

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<p>Improve Well-Being/ Mental Health/ Behavioral Health</p>		Resources People	documentation and reporting for Advance Care Planning visits now being done in Home Health patient population (FY19).	<p>by Dr. Spurlock or Karen Lehman ARNP. Case Management provided 813 patients with Advance Care Planning information and 21% of these have completed their Advanced Care Plan or named a Durable Power of Attorney. Advance Care Planning visits developed and implemented in home health setting. FY18 Baseline rate 0% due to lack of process in place to address this need for Home Health patients. Finalizing documentation and reporting modalities.</p>	Planning Program.		By June 30, 2020,...
	Provide Education	Population Management APRN	Incorporate an education program on falls in our community (FY18).	Develop and implement a community falls education program Rolling out	Hold at least one (1) "Stepping On" program in FY19.		

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			Continue to identify patients and/or community members who would benefit from participation in "Stepping On" program to meet minimum participant requirement (8). Develop and implement "Stepping On" referral process for patients receiving care in the ED and therapy department related to a fall (FY19). Investigate resource funds to assist participants with start up costs of the program (FY19).	"Stepping On" program spring 2018. Partnering with Newton Fire/EMS fall prevention program and offer free home safety inspection for ED patients. Minimum number of participants needed to conduct "Stepping On" program for Spring 2018 was not met. 5.4% of ED patients seen between 7/1/17 to 5/31/18 were seeking emergency care related to a fall.			
Prevent & Manage	Provide Information	Quality and Analytics	Make Education on the safety and benefit of influenza and pneumococcal immunizations available to our NMC inpatients (FY18)/ NMC Family Practice Clinics (FY19)	Find and adopt a current resource for distribution to our patients Vaccine Information Sheets for Influenza and Pneumococcal vaccinations are provided to all	Newton Medical Center will assess 98% of all inpatients for influenza vaccination during the flu season from October 1, 2018 to March 31, 2019 Newton Medical Center clinics will document flu		

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Chronic Disease		Resources People	<p>Identify percent of inpatients who have not received the seasonal influenza vaccination upon assessment that were then provided the flu vaccination during their acute inpatient admission</p> <p>Identify patients who have visits in the Family Practice clinics, who upon intake interview, have not had the seasonal Influenza vaccination and were provided the flu vaccine at that visit.</p>	<p>inpatients at the time of vaccination. Newton Medical Center assessed influenza vaccination status on 97.7% of inpatients during 2017-2018 Influenza vaccination and provided influenza vaccinations to patients who wanted to receive the vaccination.</p>	vaccination at each visit either by administering the vaccine to those patients who choose to receive it or by documentation in the patients immunization history (if administered elsewhere) during the 2018-2019 flu season		By June 30, 2020,...
	Reduce Barriers	Quality and Analytics, Clinical Informatics, Clinics	Use new EMR platform to better communicate and capture vaccination status (FY18).	Share, by provider, how we do on capturing and providing the vaccination			Increase the percentage of adults who get an annual flu vaccination from 46.9% to 48.9% as reported by the Kansas

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Prevent & Manage Chronic Disease			Roll out surveillance to pilot group to identify inpatients in need of assessment & vaccination (FY19).	Health eFilings implemented to track clinic metrics, still working on accurate reports. Surveillance ready to roll out to pilot group identifying inpatients in need of assessment & vaccination.			Behavioral Risk Factor Surveillance System.
	Change Consequence	Chief Medical Officer	Implement "no tobacco" policy before elective surgery (FY18) Provide KanQuit or smoking cessation materials to patients having elective surgery with history of smoking for continued cessation support. Develop reporting mechanism to assess compliance with cessation by evaluating smoking status at post-operative follow-up appointment. (FY19).	Investigate who is currently doing this and feasibility of spread Orthopedic Clinic applies prior to elective orthopedic surgery. All NMC Surgeons have implemented a "smoke-free" policy (intent) for elective surgeries during FY18. Newton Medical Center Surgical Department advocates for smoking cessation prior to any "planned" surgery. Two surgeons currently have firm no-smoking	NMC Surgical Department will report a 1-2% increase in patients who are reported tobacco users and have not used tobacco within 30 days of their "planned" surgery		Decrease the rate of smoking from 13.1% to 12.1% as reported by the Kansas Behavioral Risk Factor Surveillance System. **6/11/18 Update from Healthy Harvey Coalition Coordinator: The Tobacco work group is being led by Kaeylie Regier, Prairie View Tobacco Grant Coordinator, and has established a partnership with the YMCA and Mirror to conduct tobacco cessation courses at the Y.

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		Resources People		policies with accompanying testing for Cotinine.			By June 30, 2020,...
Prevent & Manage Chronic Disease	Reduce Barriers	Quality and Analytics, Clinical Informatics, Clinics	Use new EMR platform to better communicate and capture smoking status and intervention (FY18).	Share, by provider, how we do on capturing smoking status and using interventions Health eFilings implemented to track clinic metrics, still working on accurate reports. Hospital patient data is being collected in new EMR reporting will need to be developed. 61% (229/378 unique patients identified as smokers) were provided smoking cessation education intervention.	Increase percent of patients identified as smokers who receive Smoking Intervention by 10%.		
	Provide Support	Respiratory Therapy and Quality and Analytics	Increase impact on NMC patients of intervention for tobacco users (FY18).	Begin tracking follow-up with KanQuit to understand impact	Increase referrals to KanQuit for NMC patients identified as smokers by 10%.		Decrease the rate of smoking from 13.1% to 12.1% as reported by the

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Prevent & Manage Chronic Disease			Continue to track NMC patient referrals who contacted KanQuit following smoking intervention (FY19).	Initiated tracking system with KanQuit. Initiated reporting of % of smoking cessation offerings in the acute care setting;	Increase the number of patients identified as smokers who receive smoking education intervention by 10%.		Kansas Behavioral Risk Factor Surveillance System.
	Enhance Access	Director of Therapy Services	Utilize Pulmonologist to address chronic disease prevention and management (FY18). Develop marketing strategy to increase community and provider awareness of pulmonology services available at Newton Medical Center.	Partner with pulmonology services to define/develop goals Therapies working with Pulmonology Medical Director to develop marketing strategy of pulmonology acute and chronic services. NMC had a total of 77 admissions related to primary respiratory diagnosis, and Pulmonologist exhibited 116 inpatient consults FY18 (through April 3rd, 2018).	Increase post-acute care pulmonology services for inpatients at NMC by 10% by December 2019		Decrease the rate of smoking from 13.1% to 12.1% as reported by the Kansas Behavioral Risk Factor Surveillance System.

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		Resources People		Short-term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)	By June 30, 2020,...
Prevent & Manage Chronic Disease	Reduce Barriers	Manager of Case Management	Reduce Sepsis Readmissions (FY18).	Include Sepsis discharges in the Right On Track program Sepsis patients are fully integrated into the ROTP Pre-implementation Sepsis readmissions 21%. Post- implementation Sepsis readmissions 18%.	Reduce Sepsis Readmissions by 2% in FY19.		Reduce Sepsis Readmissions to Newton Medical Center from 19% to 13% as reported by NMC Case Management
			Continue to reduce Sepsis Readmissions (FY19).				
	Reduce Barriers Enhance Skills and Provide Support	Manager of Case Management	Reduce Sepsis Readmissions (FY18).	Incorporate Sepsis focus into Transitional Care Task Force Sepsis patients are fully integrated into the Transitional Care task force Sepsis Readmission Rate: Pre-implementation 21% and Post- implementation 18%.	Reduce Sepsis Readmissions by 2% in FY19.		
Continue to reduce Sepsis Readmissions (FY19).							
		Diabetes Educator	Reduce overall Hemoglobin A1C (FY18)	Focus Diabetes Education on reductions of hemoglobin A1C Average A1c 6.8%	Maintain average Hemoglobin A1C of 7.0 or below for patients participating in diabetes education program		Decrease average follow- up Hemoglobin A1C for patients who participate in our diabetes education program from 8.8% to

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Prevent & Manage Chronic Disease			Continue to monitor average follow-up Hemoglobin A1C levels for patients participating in NMC's Diabetes Education Program (FY19).	for 6 months post-program on patients who completed and had follow-up lab reported. Next bi-annual reporting period will be end of June, 2018.			7.0% as reported by our Diabetes Educator
	Increase Access	Chief Operating Officer	NMC and YMCA to develop a medically-based partnership model (FY18).	Investigate feasibility and existing models, pursue grant funding and develop a plan Progress was made in understanding existing models. There are YMCA guidelines and a definition of what it means and what it takes of offer "medically-based" programming. This definition and	A leader from the Newton YMCA and a leader from NMC (or delegates) will conduct two site visits at medically-based YMCAs. An on-site visit to the YMCA located in Des Moines, IA to be completed by 12/31/18, and a virtual site visit via conference call with one other medically-based YMCA to be completed by 12/31/18. An		Increase the percentage of adults meeting the weekly physical activity recommendation from 17.1% to 19.1% as reported by the Kansas Behavioral Risk Factor Surveillance System. **6/11/18 Update from Healthy Harvey Coalition Coordinator: ReNewton Bike Initiative changed to "Walk & Roll Coalition" to address increasing physical activity and safety

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		Resources People	On-site and virtual tours of medically-based YMCA to understand: 1) What constitutes medically-based programming; 2) Role of a medical center and the role of the YMCA in delivering the programming; and 3) How best to execute and deliver it.	these guidelines will form a basis for one element of a partnership model for the YMCA and NMC.	analysis of findings is to be completed by 2/28/19 and a summary of findings with report of recommendations to be completed by 4/30/19.		By June 30, 2020,...
Develop Viable Transportation Options for Health	Change Physical Design	Provider Services Manager	Walking Path Expansion (FY18) Partner with Eagle Scouts to build nesting boxes for geese to improve path maintenance (FY18) Improve the appearance of the walking paths to encourage use (FY18) NMC Farmland use to support patient therapies (FY18)	Investigate feasibility, pursue grant funding and develop a plan Meeting with city to discuss next steps ensure compliance with codes & regulations. To be developed after walking path expansion is started. Provider Services	Pursue grant funding to expand and improve the safety and appearance of Walking Paths.		Increase the percentage of adults meeting the weekly physical activity recommendation from 17.1% to 19.1% as reported by the Kansas Behavioral Risk Factor Surveillance System. *Decrease gaps in wellness Opportunities for those covered by our insurance from 58% to the Norm as reported by our third-party insurance administrator.

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Needs			Continue to pursue grant funding for expansion and improvement of walking paths (FY19).	Manager to sit on Food/Farm Council			
	Enhance Access & Reduce Barriers (New in FY19)	Manager of Case Management	Pursue a greater understanding of community partner role(s) in providing transportation for patients if not admitted to the hospital. Work towards developing collaborative agreements, as appropriate. Affordable, secure transportation for patients needing transferred for additional mental health services has been a significant challenge. Because of this, Newton Medical Center has established a new contract with a non-emergent, secure transportation company to provide door-to-door transportation beginning 6/18/18 for patients needing transportation to and		Reduce costs of non-emergent, secure transportation for Newton Medical Center patients requiring transfer to another healthcare facility or provider by 10% in Fiscal year 2019.		**6/11/18 Update by Health Harvey Coalition Coordinator: Robert Carlton of Harvey County Dept on Aging and Toby Harkins, Health Department Assistant Director/Director of Nursing, have held meetings with many stakeholders and are advancing to possible solutions with NMC being a first spot to pilot transportation options.

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		Resources People	from health care appointments or hospital departments to ensure safe, secure, reliable medical transport for this patient population.				By June 30, 2020,...

*By measuring our insured population, we plan to see a reflection of any community-wide efforts.

Questions and concerns can be directed to Quality and Analytics at Sondra.leatherman@newtonmed.com.