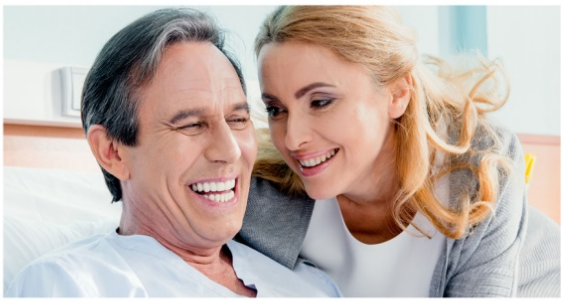

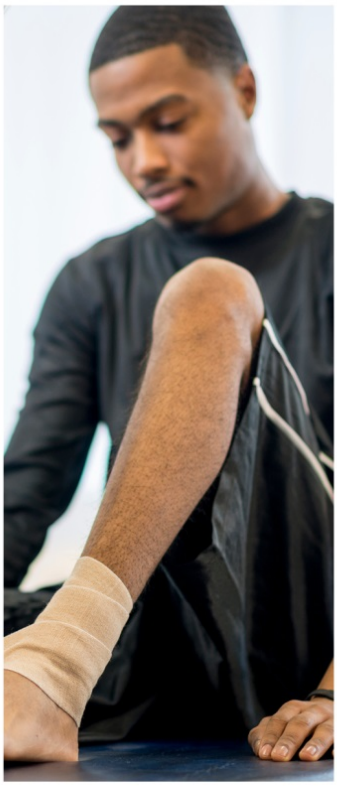

NMC Community Health Needs Assessment

Fiscal Year 2019

Implementation Strategy Summary Report

Newton Medical Center

Family friendly. First class.

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Newton Medical Center

Newton Medical Center is an award-winning medical care system focused on improving health throughout Newton, Kan., and Harvey and surrounding counties. Featuring a 103-bed hospital located at the intersection of I-135 and Highway 50, and 10 primary care and specialty clinics, Newton Medical Center's services and specialties include emergency medicine, surgical services, rehabilitation, occupational medicine, home health and more. Formed in 1988, Newton Medical Center has evolved from an established tradition of excellence.

More than a century ago, Dr. John T. and Lucena Axtell founded Newton's first hospital, Axtell Hospital. For four decades, the Axtell's served the community until they passed on the hospital to the Kansas Christian Missionary Society. At that time, the name was changed to Axtell Christian Hospital, a Christian Church/Disciples of Christ organization.

At the turn of the century, Reverend David Goerz and Sister Frieda Kaufman founded Bethel Deaconess Hospital as a mission of the Mennonite Church. Mennonite deaconesses remained involved with the hospital's operations until 1983. On Jan. 1, 1988, the two hospitals merged to become Newton Medical Center.

Mission: To excel in providing healthcare by understanding and responding to the individual needs of those we serve.

Vision: To improve health

Values: Respect. Excellence. Service. Trust. Transparency.

Our Community

Newton Medical Center defines our community as those residing in Harvey County, Kansas. Our service area includes all residents of Harvey County and does not exclude low-income or underserved populations.

Priority #1: Improve Well-Being , Mental Health, Behavioral Health

1.1 Caregiver Support

Strategy: Reduce Barriers

Activity: Expand Caregiver Support

Resource: Generations Social Worker

Outputs:

- **FY 2018:**
  - **Goal:** Secure a consistent place to meet with easy access for elderly patients
  - **Progress:** Meeting space secured in the South Conference Room of the hospital
- **FY 2019:**
  - **Goal:** Held a minimum of four Caregiver Support Meetings
  - **Progress:** Ten caregiver support group meetings held in FY 2019

Future Plans: The Generations' team of social workers will maintain care and support services to result in 3 – 5 new caregiver support group attendees per quarter and 2-3 community services referrals per session.

1.2 Better Breathers Group

Strategy: Enhance Skills

Activity: Expand Better Breathers Group

Resource: Director of Therapy Services

Outputs:

- **FY 2018:**
  - **Goal:** Investigate methods to increase participation and referrals to Better Breather's Group
  - **Progress:** Engaged Pulmonologist and communicating this with patients. Average number of Better Breather's Group participants was 5.75.
- **FY 2019:**
  - **Goal:** Increased number of participants in Better Breather's Group by 10%
  - **Progress:** Goal met with 7-10 attendees. Respiratory Care served as a resource to Schowalter Villa for COPD support group development.

Future Plans: Increase the number of Better Breathers Club attendance by 10%. (Total of 8 attendees consistently)

NMC Respiratory Therapists will be available to serve as a resource for long term care facilities who are interested in developing a COPD support group.

1.3 Own the Bone® Program

Strategy: Provide Support and Enhance Skills

Activity: Reduce the number of bone fractures through Own the Bone Program

Resource: Chief Medical Officer

Outputs:

- **FY 2018:**
  - **Goal:** Expand participants in Own the Bone Program by identifying potential participants through the Emergency Department.
  - **Progress:** Approximately 50 Own the Bone Program participants.
- **FY 2019:**
  - **Goal:** Increased participants in Own the Bone Program by 5% (to 55 participants).
  - **Progress:** Shifted location of identifying qualified participants from the ED to the Orthopedic Clinic. During May (Osteoporosis Awareness Month) NMC posted Facebook content on "Own the Bone" program

Future Plans: Own the Bone program will increase enrollment by 10% (to 88 participants)

1.4 Palliative Care Program

Strategy: Provide Support and Enhance Skills

Activity: Incorporate a Palliative Care program at Newton Medical Center

Resource: Population Management Advanced Practice RN and Chief Clinical Officer

Outputs:

- **FY 2018:**
  - **Goal:** Investigate models and develop a plan.
  - **Progress:** Palliative Care Consult developed and implemented in the acute care setting. To date 4 palliative-care consults completed 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.
- **FY 2019:**
  - **Goal:** 50% of patients participating in the Right on Track Program and NMC Home Health, identified as not having a Durable Power of Attorney (DPOA) appointed, will appoint a DPOA through the Advanced Care Planning Program.
  - **Progress:** Documentation implemented for Home Health ACP visits. Decision Day held at NMC March 2019. Speaking engagements presenting the importance of DPOA designations were given at Kiwanis, Newton Chamber of Commerce, and Bethel College Lifetime Learning program. These speaking engagements would have reached an estimated 250 persons. Palliative Care screens and consults were submitted by Case Management and providers based on patient need.

Future Plans: ACP will continue to be provided by Karen Lehman, APRN, for patients referred from Case Management. Increase appropriate Palliative Care screens and consults for inpatients by 5% for FY2020. Decision Day will be offered at multiple locations a minimum of two times in FY 2020. Greater than 75% of the Home Health new admissions will have Advanced Directives completed in FY 2020. Increase Palliative Care screens and consults for inpatients by 5% for FY 2020.

1.5 Falls Education Program

Strategy: Provide Education

Activity: Incorporate an education program on falls in our community

Resource: Population Management Advanced Practice RN

Outputs:

- **FY 2018:**
  - **Goal:** Develop and implement a Community Fall Prevention Education Program.
  - **Progress:** Rolled out "Stepping On" program spring 2018, but minimum number of participants (8) to hold program was not met. Partnered with Newton Fire/EMS Fall Prevention Program and offering free home safety inspection for Emergency Department patients. 5.4% of Emergency Department patients seen between 7/1/17 to 5/31/18 were seeking emergency care related to a fall.
- **FY 2019:**
  - **Goal:** Hold at least one "Stepping On" program in FY 2019
  - **Progress:** The "Stepping On" program was scheduled three times in FY 2019 with no attendees therefore, the course was cancelled. In April 2019, a KDHE grant was received directed toward payment of enrollment fees for the "Stepping On" program. Program to be hosted at Trinity United Methodist Church beginning July 19, 2019.

Future Plans: NMC Case Management, Outpatient Therapy and Home Health will utilize fall history assessments to increase referrals to the "Stepping On" program. This is a self-referral process therefore patients who meet criteria will be encouraged to utilize resource.

1.6 Immunization Education for Patients

Strategy: Provide Information

Activity: Make education on the safety and benefit of immunizations available to NMC patients

Resource: Quality and Analytics Department

Outputs:

- **FY 2018:**
  - **Goal:** Find and adopt a current resource for distribution to NMC Patients
  - **Progress:** Influenza and Pneumococcal Vaccine Information Sheets from the Centers for Disease Control and Prevention are provided to all inpatients at the time of vaccination. NMC assessed influenza

vaccination status on 97.7% of inpatients during the 2017-2018 Influenza season, and provided influenza vaccination to patients who wanted to receive it.

- **FY 2019:**
  - **Goal:** NMC assessed 98% of all inpatients for influenza vaccination during the flu season from October 1, 2019 through April 29, 2019 (season extended from March 31, 2019 due to local influenza activity).
  - **Progress:** NMC assessed 98% of all inpatients for influenza vaccination. NMC Clinics documented flu vaccinations for patients whether they were given in an NMC Clinic or at another location (i.e. flu shot clinics)

Future Plans: NMC will assess 98.5% of all inpatients for influenza vaccination during the 2019-2020 flu season. The NMC Family Practice clinics will increase the number of patients assessed for flu vaccination by 10% for the 2019-2020 season.

Priority #2: Prevent & Manage Chronic Diseases

2.1 Vaccination Status

Strategy: Reduce Barriers

Activity: Use new Electronic Medical Record platform to better capture and communicate vaccination status

Resource: Quality and Analytics, Clinical Informatics, Clinics

Outputs:

- **FY 2018:**
  - **Goal:** Share results on capturing vaccination status and providing the vaccination by provider
  - **Progress:** Health eFilings implemented to track and report clinic metrics. Newton Medical Center assessed influenza vaccination status on 97.7% of inpatients during the 2017-2018 Influenza season.
- **FY 2019:**
  - **Goal:** 23% of the NMC Clinic patients received flu immunizations at one of the NMC clinics. Data incomplete due to report malfunction. This percentage does not account for the patients who had flu immunizations given at community settings but recorded in the NMC EMR history.
  - **Progress:** Data mining has not yielded the total number of patients in the clinics who have had a flu vaccination. Data is available for patients who have had their flu vaccination given at one of the NMC Clinics which was 23% as of March 28, 2019.

Future Plans: The NMC Family Practice clinics will increase the number of patients assess for flu vaccination by 10% for the 2019-2020 season.

2.2 No Tobacco Policy

Strategy: Change Consequence

Activity: Implement a “no tobacco” policy before elective surgery

Resource: Chief Medical Officer

Outputs:

- **FY 2018:**
  - **Goal:** Investigate which providers already have a "no tobacco" policy before elective surgery and determine the feasibility of spreading this policy to all Newton Medical Center surgery providers.
  - **Progress:** All Newton Medical Center surgeons have implemented a "smoke-free" policy for elective surgeries during FY18.
- **FY 2019:**
  - **Goal:** 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.
  - **Progress:** A Meditech module has been created to capture smoking status at the time of registration for "planned" surgeries. This data submitted to the CMO.

Future Plans: 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. CMO will consult with surgeons regarding smoking cessation goals for patients prior to "planned" surgeries.

2.3 Smoking Status

Strategy: Reduce Barriers

Activity: Use new Electronic Medical Record platform to better capture and communicate smoking status

Resource: Quality and Analytics, Clinical Informatics, Clinics

Outputs:

- **FY 2018:**
  - **Goal:** Share results on capturing smoking status and using interventions
  - **Progress:** 61% of Inpatients identified as smokers received smoking cessation interventions
- **FY 2019:**
  - **Goal:** Increased percent of patients identified as smokers who received Smoking Intervention by 10%.
  - **Progress:** 93% of Inpatients identified as smokers received smoking cessation counseling

2.4 Tobacco Use Intervention Impact

Strategy: Reduce Barriers

Activity: Increase impact of intervention for Newton Medical Center patients who use tobacco

Resource: Quality and Analytics, Clinical Informatics, Clinics

Outputs:

- **FY 2018:**
  - **Goal:** Begin tracking follow-up with KanQuit to understand impact.

- **Progress:** Initiated tracking system with KanQuit. Initiated reporting of percentage of smoking cessation offerings provided to smokers identified in the acute care setting. 61% (229/378 unique patients identified as smokers) were provided smoking cessation education intervention. 17.7% of those who accepted smoking cessation education agreed to enroll in KanQuit.

- **FY 2019:**
  - **Goal:** Increased referrals to KanQuit for NMC patients identified as smokers by 10%.
  - **Progress:**

Future Plans: Increase the number of patients identified as smokers and offered tobacco counseling to 95% with 20% of those who receive counseling will agree to enroll in KanQuit.

2.5 Pulmonology

Strategy: Enhance Access

Activity: Utilize Pulmonologist to address chronic disease prevention and management

Resource: Director of Therapy Services

Outputs:

- **FY 2018:**
  - **Goal:** Partner with Pulmonologist to define and develop goals
  - **Progress:** Newton Medical Center had a total of 77 admissions related to primary respiratory diagnosis, and Pulmonologist completed 149 inpatient consultations in FY18. Pulmonary Rehabilitation Initial Evaluations FY 18-24.
- **FY 2019:**
  - **Goal:** Increased post-acute care pulmonology services for inpatients at NMC by 10% by December 2019.
  - **Progress:** Pulmonary consultations for FY19-145 through 6/6/19. Pulmonary Rehabilitation Initial Evaluations-39 as of 6/6/19.

Future Plans: Pulmonary Rehabilitation services will host Pulmonary Education Classes for participants at least 6 times per year with presentations by the NMC Pulmonary Rehabilitation Director. Participants in the Pulmonary Rehabilitation program will increase by 5% in FY2020.

2.6 Sepsis Readmissions

Strategy: Reduce Barriers

Activity: Reduce Sepsis readmissions

Resource: Case Management

Outputs:

- **FY 2018:**
  - **Goal:** Include Sepsis discharges in the Right on Track program; Incorporate Sepsis focus into Transitional Care Task Force

- **Progress:** Patients with sepsis were fully integrated into the Right on Track program and the Transitional Care Task Force. Sepsis readmission rate pre-implementation was 21% and post-implementation was 18%

- **FY 2019:**
  - **Goal:** Reduce Sepsis readmissions by 2%
  - **Progress:** Sepsis readmissions have been reduced as follows: Q1-9%, Q2 13%, Q3-2%, Q4 (available after 6/30/2019).

Future Plans: Sepsis survivors will be offered enrollment in the Right On Track Program (ROTP). ROTP will explore addition of social work and volunteer physician involvement for high risk acute care patients by December 2019. ROTP enrollees will increase by 5% for FY 2020.

2.7 Diabetes Education Program

Strategy: Enhance Skills and Provide Support

Activity: Reduce overall Hemoglobin A1C for patients who participate in Newton Medical Center Diabetes Education program from 8.8% to 7.0%

Resource: Diabetes Educator

Outputs:

- **FY 2018:**
  - **Goal:** Focus Diabetes Education on reduction of Hemoglobin A1C.
  - **Progress:** Average A1C for Diabetes Education participants who completed the program and had follow-up lab reported six months post-program was 6.8%.
- **FY 2019:**
  - **Goal:** Maintained average Hemoglobin A1C of 7.0 or below for patients participating in diabetes education program**.**
  - **Progress:** Average A1C for Diabetes Education participants who completed the program and had follow-up lab reported six months post-program was 7.0% (as of Dec 2019, new data as of June 30,2019).

Future Plans: Maintain average Hemoglobin A1C of 7.0 or below for patients participating in diabetes education program. Diabetic Educator will be available for at least two community presentations. Diabetes Support Group will continue to be offered on a monthly basis.

2.8 Newton YMCA Medical Partnership

Strategy: Increase Access

Activity: Newton Medical Center and the Newton YMCA develop a medically-based partnership model

Resource: Chief Operating Officer

Outputs:

- **FY 2018:**
  - **Goal:** Investigate feasibility and existing models, pursue grant funding, and develop a plan

- **Progress:** Progress was made in understanding existing models. There are YMCA guidelines and a definition of what it means and what it takes to offer 'medically-based' programming. This definition and these guidelines will form a basis for one element of a partnership model for the Newton YMCA and Newton Medical Center

- **FY 2019:**
  - **Goal:** A leader from the Newton YMCA and a leader from NMC (or delegates) will conduct two site visits at medically-based YMCAs
  - **Progress:** An on-site visit to a medically based YMCA in Des Moines, IA was conducted in ____2018. The new YMCA director comes from a YMCA that had partnered with a local hospital; he has first-hand knowledge and experience. An analysis of the conversations held with the YMCA director will be completed by 7/30/2019. A Recommendations Report is expected 08/30/2019.

Future Plans: The Recommendations Report to be received by the end of August will achieve the goal of "How best to execute and deliver a medically-based partnership model". By June 2021 NMC will have achieved a portion of a medically-based partnership model.

Priority #3: Develop Viable Transportation Options for Health Needs

3.1 Walking Path Expansion P.1

Strategy: Change Physical Design

Activity: Walking Path Expansion

Resource: Provider Services Manager

Outputs:

- **FY 2018:**
  - **Goal:** Investigate feasibility, pursue grant funding, and develop a plan
  - **Progress:** Met with the city to discuss next steps and ensure compliance with codes and regulations
- **FY 2019:**
  - **Goal:** Pursued grant funding to expand and improve the safety and appearance of Walking Path
  - **Progress:** Pathways grant will be coupled with a recent grant received by NMC's Dr. J. Koontz for exercise equipment along a walking path

Future Plans: Blue Cross Blue Shield (BCBS) Pathways grant and an Exercise path grant received by Dr. Koontz will be combined to improve the pathways around Newton Medical Center.

3.2 Walking Path Usage

Strategy: Change Physical Design

Activity: Improve the appearance of the walking paths to encourage use

Resource: Provider Services Manager

Outputs:

- **FY 2018:**
  - **Goal:** Investigate feasibility, pursue grant funding, and develop a plan
  - **Progress:** Sourcing funding.
- **FY 2019:**
  - **Goal:** Pursued grant funding to expand and improve the safety and appearance of Walking Path
  - **Progress:** A Walking Path plan is in development utilizing grant funding.

Future Plans: BCBS Pathways grant and an Exercise path grant received by Dr. Koontz will be combined to improve the pathways around Newton Medical Center.

3.3 Walking Path Expansion P.2

Strategy: Change Physical Design

Activity: Walking Path Expansion

Resource: Provider Services Manager

Outputs:

- **FY 2018:**
  - **Goal:** Investigate feasibility, pursue grant funding, and develop a plan
  - **Progress:** Provider Services Manager to sit on the Food/Farm Council.
- **FY 2019:**
  - **Goal:** Two acre food plots grown in summer donated to local food pantries
  - **Progress:** Director of Case Management attends Food and Farm Council meetings. Two plots totaling 5 acres have been designated for produce growth and donation to local food pantries during summer of 2019

Future Plans: A minimum of two plots will be planted with the purpose of donation to local food pantries. Fishing from NMC pond delayed until 2020 due to lack of fish maturity.

3.4 Community Partners and Patient Transportation

Strategy: Enhance Access and Reduce Barriers

Activity: Pursue a greater understanding of community partner role(s) in providing transportation for patients if not admitted to the hospital

Resource: Director of Case Management Services

Outputs:

- **FY 2018:**
  - **Goal:** Affordable, secure transportation for patients
  - **Progress:** NMC has established a new contract with a non-emergent, secure transportation company to provide door-to-door transportation beginning 6/18/18.

- **FY 2019:**
    - **Goal:** Reduced 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
    - **Progress:** Newton Medical Center expanded cost effective transportation options for patients by working with local non-emergent transportation provider Simply Safe. Fee for the non-emergent trip demonstrated a 58% reduction in cost for the consumer.

Future Plans: To support ongoing success of the following: Maintain cost per ride reduction, Harvey County Volunteer Transportation-program up and running and serve as a "pilot" site, Newton Private Duty staff provides and will continue to provide transportation for their clients.

New In Fiscal Year 2019

Newton Fire and EMS, Newton Police Department, Newton Medical Center, Newton Home Health and Prairie View are all integrated into the Para-medicine program with criteria established for screening with direct referrals to Prairie View.

The Para-medicine program is running effectively. Goal for Year 3 is to optimize this program and enhance collaboration with the new Chief of Fire and Emergency Management Services.

Thank You

Questions and concerns about Newton Medical Center's Community Health Needs Assessment – Implementation Strategy Summary Report may be directed to the Department of Quality and Analytics via email to Sondra.leatherman@newtonmed.com.