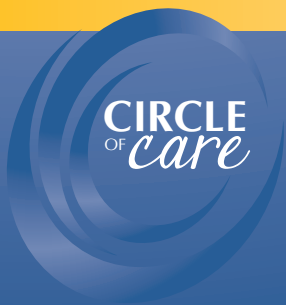




2015 Community Service Plan Summary



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COMMUNITY SERVICE PLAN SUMMARY- 2015

INTRODUCTION

Oneida Healthcare is a 101-bed acute care hospital and a 160-bed skilled nursing facility licensed by the State of New York and operated by Oneida Health Systems, Inc., a New York not-for-profit corporation. The hospital is Joint Commission accredited.

Pursuant to New York State Public Health Law section 2803-1, each voluntary hospital must develop a Community Service Plan (CSP). Hospitals are required to submit a comprehensive CSP every four years to the New York State Department of Health. In each of the three following years, an annual Summary Report is required. This is the second Summary Report reflecting those sections that have realized some specific activity or change since the original CSP was filed.

MISSION STATEMENT

As a healthcare organization, Oneida Healthcare is guided by a mission of excellence:

"The mission of Oneida Healthcare is to plan, provide and coordinate the highest quality progressive and comprehensive health care services for the greater Oneida area and surrounding communities."

SERVICE AREA

The organization's service area includes approximately twenty-six zip codes in northern Madison county and western Oneida county, with a population of approximately 75,000 residents. The primary service area includes the City of Oneida, City of Sherrill, Town of Vernon, Town of Verona, Village of Canastota & Town of Lenox, Chittenango, Town of Sullivan, Munnsville, Durhamville and Camden.

PUBLIC PARTICIPATION

The process for public input into this CSP derives from the Madison County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

A CHA Steering Committee comprised of representatives from 18 organizations in Madison County, representing community organizations, healthcare and government, was convened in October 2012 to review the current CHA and CHIP and to develop and oversee the implementation of the 2013 Community Health Assessment and Community Health Improvement Plan. (Oneida Healthcare was represented by its CEO and Director of Community Relations)

The Steering Committee met bi-monthly during 2013 to monitor the progress of community focus groups, review current data and define priority areas and disparities to be addressed.

Community focus groups met in February/March 2013 to solicit community input regarding five distinct demographic groups representing so-called "Life Stages":

- Infants & Toddlers Ages 0-3
- Children Ages 4-11
- Adolescents Ages 12-19
- Adults Ages 20-49
- Adults ages 50+

A sixth group met on the topic of Economic Development and Health.

These focus and work groups were populated by representatives of almost 50 organizations in Madison County including healthcare, government, social services, colleges and universities, philanthropic foundations, aging and long term care services, health insurers, and other interested parties.



This process was coordinated by the Madison County Health Department which organized public input by setting up work group meeting schedules, issuing invitations to participants and providing regular communication and feedback to participants.

Workgroup and other discussions were facilitated by HealtheConnections from Syracuse, NY, which compiled and wrote the Community Health Improvement Plan.

These groups reconvened in June 2013 to review the data from the CHA and determine priority areas of focus. The groups also began discussion of strategies and identified the key stakeholders who must be involved to successfully implement the strategies. Topic-specific work groups then met in July to finalize goals and strategies within each priority area.

Framework for the Madison County Community Health Improvement Plan 2013-2017					
	Infant/Toddler (ages 0-3)	Children (ages 4-17)	Adolescent (ages 11-18)	Adult (ages 19-49)	Older Adult (ages 50+)
Tier I Priorities					
Prevent Chronic Disease	Physical Activity and Healthy Eating				
	Promotion of Breastfeeding	Healthy Weight	Decrease stroke related mortality by 2% per year until 2017		
Promote Mental Health and Prevent Substance Abuse	Increase access to and awareness of mental health services* and prevent substance abuse				
Tier II Priorities					
Promote Healthy Women, Infants and Children	Increase the percent of births with adequate prenatal care in Madison County to at least 78.8% by 2017				
Tier III Priorities					
Access to primary and preventive services†	Improve access to dental services for individuals with Medicaid*				
Access to long term care†				Increase availability of long term care options* (including increased access to non-medical supportive services for non-Medicaid eligible individuals)	
Promote a Healthy and Safe Environment	Improve access to health and wellness services through increased transportation options and awareness*				

* Economic development priorities
† Not a NIS Prevention Agenda priority area

ASSESSMENT AND SELECTION OF PUBLIC HEALTH PRIORITIES

The development of Madison County’s CHA and CHIP resulted from a coordinated, comprehensive development effort on the part of many stakeholders in the county. The process yielded the high need health priorities and Oneida Healthcare subsequently selected its Community Service Plan priorities by adopting the highest areas of need identified in Madison County’s CHIP.

The priorities on which Oneida Healthcare will be focusing are:

1. Prevent Chronic Disease
2. Promote Mental Health
3. Prevent Substance Abuse

Chronic Disease Prevention goals include:

- ✓ Promotion of Breastfeeding
- ✓ Reach and Maintain a Healthy Weight for Children/ Adolescents Ages 4-18
- ✓ Reduce Stroke Related Mortality - (Disparity)

Promotion of Mental Health Services and Substance Abuse Prevention goals includes:

- ✓ Increase Access to and Awareness of Mental Health Services

OUR THREE YEAR PLAN OF ACTION

Promotion of Breast Feeding

There are two levels of lactation consultants. Oneida Healthcare has two CLC (Certified Lactation Consultants) and one IBCLC (International Board Certified Lactation Consultant). All of the nurses in the Maternity Unit have training in lactation support to provide the basic education and support to our breastfeeding mothers.

The nation benefits overall when mothers breastfeed. Recent research shows that if 90% of families breastfed exclusively for 6 months, nearly 1,000 deaths among infants could be prevented. The United States would also save \$13 billion per year medical care costs are lower for fully breastfed infants than never-breastfed infants. Breastfed infants typically need fewer sick care visits, prescriptions, and hospitalizations. Breastfeeding also contributes to a more productive workforce since mothers miss less work to care for sick infants and employer medical costs are also lower.

The percentage of WIC mothers who were breastfeeding at 6 months in Madison County decreased between 2004-2006 and 2008-2010. The New York State Public Health Council set an objective to increase the percent of infants exclusively breastfed in the hospital to 48.1% and increase the percent of WIC mothers breastfeeding at 6 months to 50.0%.

2014 Goals:

- Have at least 1 more of the Maternity staff nurses take the CLC training course and exam and, possibly, one to take the IBCLC exam in 2014.

UPDATE: Added 1 RN that took the CLC training course in September, 2014.

- Include a member of our Women's Health Associates staff in the lactation training so patients would be able to talk to a consultant during their pregnancy. Having them meet with a lactation consultant during their prenatal care could help them make a more informed decision and possibly be more receptive to the in-hospital lactation counseling. This could result in a less stressful and more successful breastfeeding experience for the mothers and babies.

UPDATE: Held a CLC course in conjunction with The Gorman Foundation in June of 2015 with a total of 5 Oneida Healthcare employees in attendance: two from night shift, two from day shift and one from Women's Health Associates.

The Baby Weigh Station and "Breastfeeding Café" offerings are each available 2-4 times a month on different days and sites. We will continue to increase awareness and encourage participation in these "Breastfeeding Connections" programs.

Breast pumps and accessories are available for purchase through Oneida Health Support, a division of Oneida Healthcare.

One of the new initiatives Madison County suggests is to:

Implement the NYSDOH "Great Beginnings" initiative in Oneida Healthcare and Community Memorial Hospitals.

The goal of *Great Beginnings NY* is to increase hospitals' support of mothers who want to exclusively breastfeed during their hospital stay and after discharge. The initiative recommends four evidence-based strategies for hospitals to put into place within their facilities. They include:

- Ensure breastfeeding infants do not receive supplementation (infant formula, water, glucose water) unless medically indicated or at the request of the mother, and documented in the infant's medical chart.
- Educate mothers on the impact of non-medically indicated supplementation on breastfeeding success.

UPDATE: Continues to be a priority in 2015.

- Discontinue the distribution of free infant formula including discharge packs, and the provision of infant formula promotional materials in any hospital location and as part of patient education
- Provide all breastfeeding mothers with post-discharge lactation support and referrals
UPDATE: Implemented in 2014.

Oneida Healthcare is currently reviewing existing vendor contractual obligations and will continue to actively explore the possibilities of implementing a “New Beginnings” program at the hospital.

Reach and Maintain Healthy Weight for Children /Adolescents/Ages 4-18

Goal: Reduce the percent of children that are overweight by 5% by 2017. This is the equivalent of 68 children going from overweight or obese to a healthy weight.

UPDATE: Enrolled 22 children in Fit Kids in 2015.

Strategies: Implement a “Fit Kids of Madison County Program” based on the Fit Kids of Arizona template and the Madison County Pilot Program, initiated in 2013 by Oneida Healthcare, and The YMCA of the Greater Tri-Valley, in partnership with The Central New York Community Foundation, Excellus Blue Cross Blue Shield and the Madison County Department of Health.

UPDATE: Held a summer program in 2014 to bridge current and former participants – six students enrolled.

The current program model is designed to serve 10 participating pre-teen individuals per 12-week series. Plans are underway to expand the program to include a greater number of children within the same age range (7 & 8th graders) for continuity and sustainability of successful outcomes. The program is 100% grant and sponsor funded and is subject to that continuation.

Tactics: Implement a continuing series of 12 week Fit Kid Programs for children referred by their physicians based on a BMI at or greater than the 85th percentile for weight consistent with the global definition of obesity.

- Provide a 12 month free membership to the Oneida YMCA
- Create a health assessment for each participant with a 3-generation genogram to document family health issues and provide a specific focus for health improvement
- Complete behavioral, nutritional and fitness baseline assessments for each participant
- Set goals for each component with baseline measures
- Document weekly, midpoint and ending measures for the nutritional and fitness components for each participant
- Assign a personal trainer to work with each participant 3 times a week for 12 weeks
- Provide nutrition and behavioral education to participant families at the beginning, middle and end point of the program
- Conduct weekly nutritional and behavioral sessions in group and 1:1 formats to address weekly targets and goal review



Measurements:

- BMI results based on the Arizona Fit Kids model
- USDA Tool-Super Tracker to track and graph daily and weekly weight results
- High Intensity Interval Training Fitness Test to measure changes in participants’ fitness levels

Reduce Stroke Related Mortality

- **Madison County's stroke mortality is almost double the state average (43.7 vs. 27.5 per 100,000)**
 - Cerebrovascular disease (commonly referred to as stroke) is a result of the damage of blood vessels supplying the brain.
 - Hypertension is a leading contributor as it causes damage to the blood vessel lining. Sustained hypertension permanently damages blood vessels making them more vulnerable to changes in blood pressure.
 - Cerebrovascular disease primarily affects the elderly or those with a history of diabetes, smoking, or ischemic heart disease.
- The previous Prevention Agenda (2008-2012) set the goal of reducing cerebrovascular disease mortality from 32.6 (based on 2003-2005 Vital Statistics) to 24.0 deaths per 100,000.
- There is evidence of decline in mortality on a state level, but rates in Madison County remain high. Cerebrovascular disease was not specifically included in 2013-2017 indicators but should still be considered a priority area for Madison County.
 - Healthy People 2020 have set the objective of reducing stroke deaths from 42.2 to 33.8 per 100,000.

Goal: Reduce the number of stroke related deaths by at least 10%

Strategy:

Initiate a Community Education Campaign, involving Neurology Specialists of Oneida, Oneida Healthcare operated and area private primary care practices, Madison County Department of Health and other community partners.

UPDATE: Still ongoing in 2015.

Tactics:

- Develop collateral materials - posters, rack cards, etc. with information about contributing factors and warning signs - for distribution throughout the service area communities
- Solicit the cooperation of primary care practice physicians and staff in distributing educational materials and patient engagement
- Distribute materials at area health fairs and other community events
- Sponsor community education event featuring expert presenters.

Increase Access to Mental Health Services

Data suggests that there are significant mental health issues among adults in Madison County as evidenced by higher than average percentage of adults with activity limitations because of physical, mental or emotional problems and higher suicide mortality rates.

- Suicide mortality rates have consistently been higher in Madison County than upstate New York.
- The New York State Office of Mental Health (OMH) reported that in 2012, 2,863 unduplicated individuals received OMH licensed services in Madison County. Of these, 1,105 received outpatient services, 54 received residential services, and 1,601 received other behavioral health services.
- The New York State Prevention Agenda aims to reduce the percent of adults with 14 or more days of poor mental health and reduce suicide mortality rate.
- The capacity to meet these goals and provide more mental health services in Madison County is likely to increase over the next few years as additional agencies seek to introduce or expand services.
- Currently, there are limited treatment options for adults suffering from mental health issues in Madison County. Madison County Mental Health provides the majority of mental health services supplemented only by a few local practitioners.

- Consumer Services, an organization that is already providing supportive services to adults with mental illness, is seeking to expand on the services they currently provide and Family Counseling Services (located in Cortland County) seeks to bring in additional services for children into Madison County.

Strategies:

- Develop a Telepsychiatry program with St. Joseph’s Hospital Health Center in Syracuse
UPDATE: Will go live in first quarter of 2016.
- Explore establishing an inpatient short stay Mental Health unit for 55+ individuals with acute behavioral issues:

2014

- ✓ Conduct an analysis of the programmatic and financial feasibility and viability
- ✓ Evaluate conversion of Residential Health Care Facility (RHCF) beds to acute mental health beds
- ✓ If financially and programmatically feasible, submit Certificate of Need (CON) application

2015 (subject to the above contingencies)

- ✓ Close RHCF beds
- ✓ Renovate space to create mental health unit
- ✓ Recruit mental health providers and professional staff
- ✓ Open unit late 2015

UPDATE: Options being explored and coordinated through our work with the DSRIP program in New York State.

ADDITIONAL INITIATIVES

In addition to the Prevention Agenda items discussed in this progress report, Oneida Healthcare is actively engaged in numerous other population health initiatives that impact accessibility to quality care and improve the quality of life in our local communities.

- We continue to focus on primary care access for Medicaid and underinsured patients and we are adding resources to our hospital-based clinics to accommodate that growth.
UPDATE: Still an ongoing initiative.
- The move towards Medical Home certification is another initiative that we are spending a considerable amount of time and financial resources on. The Medical Home is a model for achieving primary care excellence so that care is received in the right place, at the right time, and in the manner that best suits a patient’s needs.
UPDATE: Achieved Medical Home status at our Verona Health Center in 2015.
- We are currently exploring a joint venture with St. Joseph’s Hospital Health Center to open a wound care program with hyperbaric care in 2015, bringing this needed service to the local community.
UPDATE: Still ongoing, will continue to pursue as a 2016 initiative.
- Implementing the community’s first 3D Mammography system, which will help identify issues in woman with dense breasts and provide them with ongoing comparative assessments.
UPDATE: Installed and began offering 3D Mammography at our Gorman Imaging location on 139 Fields Dr. in October of 2015.
- Pursuing the 340B program which will help patients get their medications at a lower cost.
UPDATE: Going live on 12/30/15.
- Looking at a joint venture with a pulmonary group to open a practice in Oneida to serve patients locally.
UPDATE: Still ongoing.

- As part of the CNY Care Collaborative, Oneida Healthcare is involved in determining how the DSRIP (Delivery System Reform Incentive Payment Program) will reduce the cost of care and improve the quality of care in our region.

UPDATE: Continuing to work with DSRIP and New York State.

- Providing more transparency and education regarding hospital costs, billing procedures and payment options.

UPDATE: Initiated and still ongoing.

- We also continue to participate in community programs and school events to engage children and adults in educational opportunities while promoting wellness activities.

UPDATE: Still ongoing – engaged with the YMCA, VVS Community Day and Canastota Health Fair.

DISSEMINATION OF THE PLAN

This Community Service Plan and the subsequent Executive Summary Reports are available in all Oneida Healthcare facilities and is also available by request via phone or e-mail. Additionally, this document is available on the Oneida Healthcare website at <http://www.oneidahealthcare.org>.

Oneida Healthcare invites public comment on this report, as well as on our organization, services and community involvement. Comments and inquiries can be submitted to:

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E-mail: kjprosser@oneidahealthcare.org
Website Contact Form: <http://www.oneidahealthcare.org/contact/form>
Facebook: <https://www.facebook.com/OneidaHealth>

PROCESS TO MAINTAIN ENGAGEMENT WITH LOCAL PARTNERS OVER THE THREE YEARS

Oneida Healthcare will remain engaged with local partners primarily through our involvement with the Madison County Health Department (MCHD). Oneida Healthcare has a close ongoing relationship with the Madison County Health Department regularly communicating with the Department and collaborating with it on joint projects. We anticipate that relationship will continue and be strengthened through the implementation of the CHIP.

Oneida Healthcare is designated as a co-lead agency with other key players in leading efforts to implement key elements of the CHIP. Oneida Healthcare also has representation on the Board of Directors of the Madison County Rural Health Council which will play a key role with the Health Department in implementing strategies identified in the CHIP. During the four year timeline of this CSP we expect to report to MCHD and to the community on our organization's pertinent progress in achieving the stated goals discussed in this Community Service Plan.

We expect to again be equally involved in the Health Department's 2017 update of its Community Health Assessment and Community Health Improvement Plan.