

Bertrand Chaffee Hospital
Springville, NY (Erie County)

New York State 2016 Community Health Assessment and
Improvement Plan and Community Service Plan

1. Identify (county/counties) or service area covered in this assessment and plan

Bertrand Chaffee Hospital's service area includes portions of southern Erie, northern Cattaraugus and western Wyoming counties in western New York.

2. Participating Local Health Department(s) (LHDs) and contact information

Our Local Health Department (LHD) is the Erie County Department of Health, 95 Franklin St, Buffalo, NY 14202.

3. Participating Hospital/Hospital System(s) and contact information

Bertrand Chaffee Hospital is an independent facility. We have an affiliation with the Catholic Health System, 144 Genesee Street, Buffalo, NY 14203

4. Name of coalition/entity, if any, completing assessment and plan on behalf of participating counties/hospitals

N/a

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Executive Summary

1. What are the Prevention Agenda priorities and the disparity you are working on with your community partners including the local health department and hospitals for the 2016-2018 period?

BCH selected preventing chronic diseases as a priority under the New York State Department of Health prevention agenda. This was a priority when we developed our Community Service Plan, and it remains so now. Our work with this encompasses strategies to reduce obesity in adults and children; prevent heart disease and coronary illness; smoking cessation; and, diabetes education.

Our priority #2 topic was promoting a healthy and safe environment (patient falls prevention).

2. What has changed, if anything, with regard to the priorities you selected since 2013 including any emerging issues identified or being watched?

Bertrand Chaffee Hospital continues to address the priorities selected in 2013: prevention of chronic disease and promotion of a healthy and safe environment. This selection was based on our available services and organizational resources. Over the past three years, our services and resources have remained stable. In some cases, like our primary care center, they have even grown in size and strength.

We consider our work to address these priorities to be on schedule.

As with many hospitals in New York State, we have noted the higher recorded incidences of opioid overdoses and the medical and social harms created by the use and abuse of opioids. This

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is a public health issue that we are seeing expressed in our emergency department and primary care center. Our hospital is part of a coalition of non-profit social and human service agencies in Springville that is looking at facets of this issue including prevention, treatment and recovery.

3. What data did you review to identify and confirm existing priorities or select new ones?

While compiling materials for a New York State grant funding opportunity (Statewide Health Care Facility Transformation Program) in fall 2016, Bertrand Chaffee Hospital collected and examined internal and external data about the health needs, health status and health outcomes of residents in the communities that we serve. Bertrand Chaffee Hospital reviewed data from countyhealthrankings.com, national and statewide data about health provider shortages, and internal statistics about the use of our services, among other sources. Given continued above-average incidences of obesity, heart disease and diabetes, our facility has a role in addressing those conditions in the population of patients that seek care here.

Based on our inpatient acuity levels and the outpatient services that we are committed to providing as a rural healthcare facility, we are satisfied that the priorities we have selected for our community service plan remain relevant and important for our patients and our community.

4. Which partners are you working with and what are their roles in the assessment and implementation processes?

Bertrand Chaffee Hospital has a set of internal committees with medical staff, administrative and board involvement to review quality processes and procedures.

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We have a Diabetes Mellitus Clinic within our Primary care Center and Heart Center offices to address these issues.

5. How are you engaging the broad community in these efforts?

Chronic Disease: Bertrand Chaffee Hospital is a site for a diabetes education program that is accredited through the American Association of Diabetes Educators.

Bertrand Chaffee Hospital offers a monthly diabetes support group that is free and open to diabetics, pre-diabetics and their family members.

BCH offers smoking cessation programs; specifically, the American Lung Association's Freedom From Smoking. This program is offered three times each year and is presented by an ALA-certified instructor.

Bertrand Chaffee Hospital is a host site for a local TOPS (Taking Off Pounds Sensibly) group, which is a support group for weight loss.

6. What specific evidence-based interventions/strategies/activities are being implemented to address the specific priorities and the health disparity and how were they selected?

Our Primary Care Center, acute care floor, and local providers send referrals to our Diabetes Education program and nutritional therapy.

As a chronic disease, substance abuse was not explicitly listed in our initial CSP but we are looking for ways to address it in our patient population.

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Related to opioid use and abuse, Narcan (naloxone) and educational resources are available through our Emergency Department to patients and families. These are provided for free from the Erie County Department of Health.

We collaborate with Brylin Hospital/Rehab for transfers and scheduling of appointments within 24 hours of a visit to our Emergency Department.

Through our collaboration with the Springville Regional Services Coalition, BCH coordinated a Narcan training for nearly 100 people in September 2016. We anticipate that we will continue this on a bi-annual basis for our community.

7. How are progress and improvement being tracked to evaluate impact? What process measures are being used?

Within our Diabetic Education Program, measures such as weight, HbA1C, and lipid levels are taken at the beginning and end of their course.

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Report

1. Provide a short description of the community being served and how the service area has been defined. This could be one county or several counties or parts of several counties. If this is a regional assessment and plan, the plan must describe each county's health issues and identify the process each county used to identify its priorities and how it will contribute to addressing them.

Bertrand Chaffee Hospital's service area includes portions of southern Erie, northern Cattaraugus and western Wyoming counties in western New York. Our service area has traditionally been defined by looking at the surrounding zip codes from which approximately 85% of our discharges come. We also consider geographic proximity, which define our service area as approximately a 15-mile radius, centered on the village of Springville.

Primary towns and municipalities include Concord/Springville, Sardinia, Otto, Ashford, Yorkshire, Machias/Delevan, Freedom, Collins, Colden, and Arcade. We estimate that this area includes about 50,000 residents.

2. Provide a short summary of health and other data that was reviewed to identify health issues of concern in the community. This could include the Prevention Agenda Dashboard, County Health Rankings and/or other sources of data on demographics and health issues facing the community and the underlying conditions that contribute to their health.

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We benefit from the production of Community Health Assessments by Erie County [Erie CHA] and Cattaraugus County [Catt CHA] for 2014-2017. These counties are now in the process of compiling new assessments for 2017-2020. Bertrand Chaffee Hospital has been involved with the dissemination of the Erie County Community Health Assessment in 2016. That report will be based on surveys of nearly 2,000 respondents and community conversations. Springville was the site of a well-attended community conversation where a facilitator elicited much feedback from local residents and BCH employees about the health issues that this area faces. Cattaraugus County has begun collecting survey data from an online instrument (September 2016) and its results are not available.

Obesity in Cattaraugus County is also higher than the New York State average, at 33.4 percent versus 24.9 percent. Given that obesity is a contributing factor for heart disease, diabetes, high blood pressure, Bertrand Chaffee Hospital can address obesity through primary care and our accredited diabetic education program. BCH is fortunate to be one of eight diabetic education sites in WNY that is accredited by the American Association of Diabetic Educators. We have a team-approach to regular classes and outreach to the diabetic and pre-diabetic population in our service area.

Broadly, Cattaraugus and Erie Counties are in the very bottom of New York counties for length of life and health outcomes according to CountyHealthRankings.com and CDC data. Particularly of note in the Primary Care Physicians data, Cattaraugus County has one provider per 2,080

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residents, which is a significantly higher ratio than the 1,200 to one statewide ratio. Our Primary Care Center has the potential to fill that gap and contribute to improved health outcomes.

3. Identify the two Prevention Agenda priorities and the health disparity being addressed with community partners including LHDs and hospitals and provide a description of the community engagement process that was used to select or confirm existing priorities.

The five New York State Prevention Agenda priorities for 2013-2017 are:

- Prevent Chronic Disease
- Promote Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections

Our service area is predominantly rural. As stated in response 2, our facility benefits from the collection, analysis and distribution of data from survey instruments in use by county and state sources. We reaffirm that our selected priorities for prevention of chronic disease and promotion of a healthy and safe environment are appropriate for our facility, patient needs and available resources.

4. For each of at least two Prevention Agenda priorities, identify the goal(s) and objectives, the interventions/strategies/activities you are or will implement, and process measures with measurable and time-framed targets that will be used to track progress over the three-year

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period. Interventions should be evidence-based or promising practices. They can include activities currently underway and/or new strategies to be implemented. Process measures must be selected to track progress in implementing the strategies. For each health priority that is or will be addressed: a) Describe the actions the hospital intends to take to address the health issue and the anticipated impact of these actions b) Identify resources the hospital will commit to address the health need c) Describe the actions the LHD intends to take to address the health need and the anticipated impact of these actions d) Identify resources the LHD will commit to address the health need e) Describe the roles of other participants, stakeholders, other local governmental agencies, or other community based organizations including business, academia, etc. in addressing the priority f) State whether the action(s) will address a health disparity and if so, how.

To provide this information, use a work plan chart like the one below. The roles and contributions of LHDs and hospitals must be explicitly identified, either on one chart or separate charts for each organization.

Goal	Reduce Obesity in Children and Adults
Outcome Objectives	
Interventions/Strategies/Activities	Diabetes Support Group; Diabetes Education Courses; TOPS group; provider referrals to these resources
Process Measures	Weight, lipid levels, HbA1C
Partner Role	TOPS is a nationwide program that provides structure to the

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	<p>group that meets in our facility.</p> <p>The American Association of Diabetes Educators has accredited our program.</p>
Partner Resources	<p>Certified Diabetic Educator; dietician, nutritionist, pharmacist and community representative on the education team; provider referrals from on-site primary care practice and local providers.</p>
By When	Ongoing
Will action address disparity?	Yes

Goal	Falls Prevention
Outcome Objectives	Reduce incidences of patient falls
Interventions/Strategies/Activities	<p>Safety Committee looks for improvements to patient care environment and in employee work flow to avoid patient falls.</p> <p>We work with our Homecare agencies to assess needs at home from our Primary Care Center.</p> <p>New policies are being evaluated and implemented as a result of our committee work to comply with the Safe Patient Handling Act. We are shifting to be a no-lift facility.</p>
Process Measures	10 patient charts are reviewed monthly to assess for proper

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	protocols. Follow-up is done with the nurse manager and hospitalist providers.
Partner Role	n/a
Partner Resources	Homecare agencies
By When	Ongoing
Will action address disparity?	Yes

5. Briefly describe the process that will be used to maintain engagement with local partners over the next three years, and the process that will be used to track progress and make mid-course corrections.

Bertrand Chaffee Hospital is an active member of the Springville Regional Services Coalition, which brings together social and human services agencies who work with clients in the most heavily populated part of our service area.

We also maintain relationships with service providers, the Catholic Health System of WNY (as an affiliated hospital), a local rural health network, the Erie County Department of Health and the Cattaraugus County Public Health Department. These are continuous opportunities to share information about health needs, health status, and health outcomes. This information comes back to our medical staff, finance committee and administration as decisions and investments are made in hospital services and programs.

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6. Briefly describe plans for the dissemination of the executive summary to the public and how it will be made widely available to the public including providing the website where it can be located.

The executive summary of this document for Bertrand Chaffee Hospital will be posted on our web site at www.bertrandchaffee.com on a page dedicated to our Community Service Plan information. A note about its availability and a link to the document will be shared with our board of directors, staff, and to external audiences through our email newsletter and Facebook presence once it is submitted to the New York State Department of Health and published on our web site.