GRACE HOSPITAL

Clinical Excellence + Compassionate Care

2307 West 14th Street

Cleveland, Ohio 44113

COMMUNITY HEALTH NEEDS ASSESSMENT UPDATED 2018

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INTRODUCTION

The Patient Protection and Affordable Care Act (ACA), signed into law on March 23, 2010, created new requirements for not-for-profit hospitals including a requirement for a Community Health Needs Assessment (CHNA) to be completed every three years. This report was prepared for the Grace Hospital a Long Term Acute Care Hospital (LTACH) located inside South Pointe Hospital in Warrensville Heights, Ohio, Bedford Medical Center in Bedford, Ohio to meet the CHNA requirements for 2016.

SUMMARY OF COMMUNITY NEEDS ASSESSMENT (CUYAHOGA COUNTY)

Cuyahoga County
Community Health Assessment

Executive Summary

This executive summary provides an overview of health-related data for Cuyahoga County adults (19 years of age and older) who participated in a county-wide health assessment survey during 2012. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final.

Primary Data Collection Methods

Design

This community health assessment was cross-sectional in nature and included a written survey of both adults and adolescents within Cuyahoga County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

Instrument Development

One survey instrument was designed and pilot tested for this study. As a first step in the design process, health education researches from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults. The investigators decided to derive the majority of the adult survey items from the Behavioral Risk Factor Surveillance System (BRFSS) survey. The decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Cuyahoga County. During these meetings, banks of potential survey questions from the BRFSS survey were reviewed and discussed. Based on input from the Cuyahoga County

planning committee, the Project Coordinator composed a draft of a survey containing 115 items. This draft was reviewed and approved by health education researchers at the University of Toledo.

Sampling

Adults ages 19 and over living in Cuyahoga County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameters, the investigators calculated the population of those 18 years and over living in Cuyahoga County. There were 987,126 persons ages 18 and over living in Cuyahoga County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample size of at least 384 responding adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Cuyahoga County was obtained from American Clearinghouse in Louisville, KY.

Procedure

Prior to mailing the survey to adults, an advance letter was mailed to 2,000 adults in Cuyahoga County. This advance letter was personalized, printed on Cuyahoga County Health Partners stationery and was signed by: Bill Ryan, President and CEO, The Centers for Health Affairs; Terry Allan, Health Commissioner, Cuyahoga County Board of Health; Karen Butler, Director, Cleveland Department of Public Health; and Scott Frank, Director, Shaker Heights Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Cuyahoga County Health Partners stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a $2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the entire mailing, including both groups was 35% (n=620; CI=3.93%). The total number of returned surveys was 1,465. The response rate for the general population survey was 39% (n=354: CI=5.21%). The response rate for the African American mailing was 30% (n=266: CI=6.01%). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Data Analysis

Individual responses were anonymous and confidential. Only group data are available. All data were

analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Cuyahoga County, the data collected was weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii.

Limitations

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Cuyahoga County adult assessment mailings had very high response rates. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Cuyahoga County). In other words, if those who were sent the survey would have answered the questions significantly differently than those who did respond, the results of this assessment would under-represent or over-represent their perceptions and behaviors. If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey.

Finally, like all surveys, the self-reported results are subject to lapses in memory and to responding in a socially desirable manner. If these problems occurred it would be a threat to the internal validity of the findings.

Complete report of "CUYAHOGA COUNTY COMMUNITY HEALTH ASSESSMENT 2016" Is in Appendix on page 16.

ABOUT GRACE HOSPITAL

LTACH – DEFINITION:

A Long Term Acute Care Hospital is a specialty hospital that provides acute care services for patients who are medically complex, critically ill, and require an extended period of hospitalization.

Grace Hospital LTACH resides within South Pointe Hospital in Warrensville Heights, Ohio, Bedford Medical Center in Bedford, Ohio and Marymount Hospital in Garfield Heights, Ohio. The LTACH has 66 beds. The facilities are located on the 9th floor of South Pointe Hospital, the 3rd floor of Bedford Hospital and the 5th floor of Marymount Hospital, and is specifically designed to meet the needs of patients requiring extended acute medical care and rehabilitation. It provides specialized care for patients who suffer from respiratory conditions, cardiac related disorders, trauma, wounds, cancer and other illnesses requiring acute, long-term care. Specific diagnoses using the LTACH include:

- Respiratory failure requiring ventilator management
- Cardiopulmonary or cardiovascular disease
- Respiratory disorders

- Post-surgical complications
- Wound care
- Infectious disease
- Neurological conditions
- Musculoskeletal disease
- Congestive heart failure
- Stroke or a cerebral vascular accident
- Multi-symptom disorders
- Nutrition therapy

The LTACH also works to provide discharge planning that includes patient and family education for home care. The LTACH provides case managers and a social worker that work with the patient, the physician and any family or friend support to prepare the patient for safe discharge to an appropriate setting. A Grace Hospital case manager will conduct and coordinate home health or nursing facilities if the patient requires placement.

COMMUNITY SERVED BY THE GRACE HOSPITAL

LTACH receives patients from hospitals in the community and 99% of admissions are from hospitals as LTACH serve patient who need long term stay in an acute care setting.

Grace Hospital's community and market is as follows:

REFERRALS SOURCES TO GRACE HOSPITAL YTD 6/30/2018				REFERRALS SOURCES TO GRACE HOSPITAL YTD 6/30/2017			
CCF		7	2.5%	CCF		10	3.4%
FAIRVIEW		2	0.7%	FAIRVIEW		4	1.4%
MARYMOUNT		28	9.9%	MARYMOUNT		30	10.3%
HILLCREST		6	2.1%	HILLCREST		7	2.4%
SOUTHPOINTE		137	48.4%	SOUTHPOINTE		128	44.1%
MEDINA		0	0.0%	MEDINA		0	0.0%
EUCLID		4	1.4%	EUCLID		3	1.0%
TOTAL CCHS		184	65.0%			182	62.8%
UNIVERSITY		34	12.0%	UNIVERSITY		27	9.3%
BEDFORD		27	9.5%	BEDFORD		55	19.0%
AHUJA		20	7.1%	AHUJA		14	4.8%
TOTAL UHHS		81	28.6%			96	33.1%
METRO		2	0.7%	METRO		8	2.8%
PARMA		7	2.5%	PARMA		2	0.7%
SNF		0	0.0%	SNF		0	0.0%
OTHER		9	3.2%	OTHER		2	0.7%
OTHER		18	6.4%			12	4.1%
		283	100.0%			290	100.0%

PRIORITY HEALTHCARE ISSUES

To prepare this CHNA report data was gathered from multiple sources in an effort to construct a current and accurate snapshot of the health issues inside the LTACH. Data (**See Appendix Table A**) was obtained from multiple opinions and were solicited from health experts, community leaders, staff caregivers and patients within the community served by Grace Hospital LTACH. This information was summarized for final consideration by a CHNA team consisting of hospital and system personnel, as well as community members. The community health needs identified were as follows:

1. Diabetes Related Education and Support
2. Ventilator Weaning and Results
3. Palliative Care and Advanced Directives

An implementation strategy that will address each of these issues is currently in development. The strategy will seek to leverage valuable partnerships that currently exist, identify novel opportunities for synergy and maximizing programs while deploying specific interventions within the community.

Diabetes Related Education and Support

Grace Hospital provides resources thru the Cuyahoga County Community Health Assessment programs.

Morning, afternoon and evening classes are offered and facilitated by certified diabetes educations. The cost of the classes may be covered by Medicare and most insurance companies. H.E.L.P. funds have been provided by United Way of Cuyahoga for non-insured participants although funds are limited.

Class course content includes:

- Evaluation of diabetes control
- Meal planning – carbohydrate counting, weight management, hyperlipidemia
- Medication – oral diabetes medication (pills) – insulin
- Exercise – new and realistic approach to activity
- Stress – physical and emotional stress; sick day management

An experienced staff of dietitians, and registered nurses help those with diabetes learn to control their diabetes by eating healthy, exercising and taking medications the right way.

Grace Hospital provides this education for inpatients.

To help those with diabetes manage the disease, the Diabetes Partnership of Cleveland (formerly the Diabetes Association of Greater Cleveland) is offering free education classes to help people learn how to manage theirs or a loved one's diabetes and to learn healthy food options. Classes are open to the public and are taught by an experienced team of diabetes health professionals. Classes are free but registration is necessary. To register, please call 216-591-0800. For more information please visit our website at www.diabetespartnership.org.

Ventilator Weaning and results

Grace Hospital admits pulmonary patients directly from acute care hospital Intensive Care Units, but still requires ongoing acute medical and nursing care. On average, our patient spends about 25 days in our inpatient pulmonary program.

Patients typically have respiratory complications resulting from neurological disorder including muscular dystrophy and post-polio syndrome; are currently on a mechanical ventilator and are candidate for ventilator weaning; have respiratory complications resulting from spinal cord injury; have difficulty managing their diagnoses of COPD, emphysema, chronic bronchitis, lung disease and other pulmonary conditions.

Grace Hospital's Ventilator Weaning Program is designed to help patients who have been dependent on a ventilator, learn how to breathe on their own again. The program uses the latest research and technologies, together with multi-disciplinary team approach, to help patients successfully transition from being on a ventilator to breathing independence. Upon arrival to our hospital, the entire care team sees the patient and develops an individualized plan of care. Grace Hospital's ventilator weaning rates have been above 75% for past five years.

Some patients – those with spinal cord injuries or neuromuscular disease, for example - may be unable to be weaned from the ventilator. When that is the case, Grace Hospital works with the family to determine the best course of care after discharge from the hospital. If the patient will be cared for at home, Grace Hospital will train patient and his or her family in "trach" care, suction, home ventilator operation and emergency care, also select home health company, check the environment and assist in making sure the ventilator is properly placed for patient safety and comfort. Grace Hospital also contacts local EMS and utility provider to alert them to the presence of a home ventilator.

Palliative Care and Advance Directives

	FY2018		FY2017
HOME	**77**	**27.2%**	**31.4%**
ACUTE HOSPITAL	**40**	**14.1%**	**15.2%**
SNF	**124**	**43.8%**	**50.0%**
EXPIRED	**32**	**11.3%**	**6.6%**
HOSPICE	**8**	**2.8%**	**3.8%**
REHAB	**2**	**0.7%**	**1.4%**
	283	**100.0%**	**100.0%**

With upon discharge 4% of patients go to Hospice and 10.9% Expiration Rate and also 45% of patients going to Skilled Nursing Facility Palliative Care initiative was chosen

Palliative Care is medical care and treatment that focuses on preventing and relieving suffering brought on by a chronic condition or disease. The goal is to improve patients' quality of life and work with families facing issues associated with life-limiting illness. Grace Hospital makes this possible through early identification, complete assessment and treatment of pain and attending to any physical, psychological and spiritual needs. Grace Hospital Palliative Care team works closed with the patient's doctor to provide coordinated physical, emotional and spiritual care.

Grace Hospital's Palliative Care team provides the following services:

- Reliving pain and other symptoms
- Integrating the psychosocial and spiritual aspects of care
- Using the team approach to address the needs of patients and their families, including bereavement counseling, if needed
- Enhancing the quality of life and positively influencing the course of illness

Palliative Care is available to anyone who is any stage of a chronic or advances illness such as cancer or other serious condition. This type of care helps patients and their families understand their illness and treatment options, as well as address financial and community and resource options.

An Advanced Directive is an important document to complete and keep on hand. It instructs a patient's family about his or her wishes for end-of-life care, so the family won't have to make heart-wrenching decisions later. This is important because a patient may become physically or mentally unable to communicate desires for medical care, if he or she has an accident or become ill. Expressing preferences in writing helps the family and doctor understand the patient's wishes.

To help people understand more about Advance Directives, Grace Hospital has available several resources on the Ohio Advance Directive form on the Grace Hospital units.

Patients in the inpatient, outpatient and clinic setting are asked if they have an advanced directive, and if they do not, if they would like assistance in filling out one.

Anyone interested may also contact the case manager to fill out an Advance Directive and Durable Power of Attorney for health care. The form is notarized onsite and placed in the individual's medical record and a copy is given to the individual to share with his or her family.

Meeting the Needs

How will the needs identified in this assessment be met? The answer involves a two-step process. The first step is identifying what Grace Hospital is doing currently. The second step is to create an action plan to address the needs not fulfilled in those current activities. The following provides an overview of those current activities.

LTACH Community Health needs Assessment Action Plan

HEALTH NEED	PROPOSED ACTIONS
Palliative Care and Advanced Directives	• The first action step Physician coming on board • A palliative care strategic plan is in development; action steps will support the direction of this plan • Continue community-based education events concerning advance directives • Transportable Physician Orders for Patient Preferences • Initiate education (MC Strategy)concerning inpatient palliative care • Continue nursing education consortium on end-of-life care • Initiate end-of-life care education for physicians • Community action steps with physicians through: - Quarterly provider meetings - Board of Governors - Need to Know emails
Diabetes Related Education and Support	• Continue Diabetes management classes through the Diabetes Center • Continue to provide education and self-assessment tool through the web site

Ventilator Weaning and results **Wellness Program**	• Provide family with training and ongoing need of persons with pulmonary disease • Ventilator education and training for vent dependent patients • Training and education for "Trach Care " and suctioning to care givers and patients - Ventilator support groups led by pulmonologist and clinical psychology - Ongoing support and education through Better Breather Club Program started in 2018 and includes following programs:
	• Body Contouring and Micro needling • Injectable and Botox • B12 Shots • IV Therapy/Vitamin Drip • Chemical Peal • Medical Facial • Dermaplaning • Yoga • Mindful Meditation with movement • Waxing • Halotherapy • Swedish Massage • Therapeutic Massage • Stone Massage • Community Education

APPENDIX

Table A

DRG		NO. OF CASES	%
3	ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	1	0.35%
166	Other resp system O.R. procedures w MCC	3	1.06%
177	Respiratory infections & inflammations w MCC	4	1.41%
189	Pulmonary edema & respiratory failure	82	28.98%
190	Chronic obstructive pulmonary disease w MCC	10	3.53%
191	Chronic obstructive pulmonary disease w/o MCC	1	0.35%
207	Respiratory system diagnosis w ventilator support 96+ hours	31	10.95%
208	Respiratory system diagnosis w ventilator support <96 hours	8	2.83%
291	Heart failure & shock w MCC	4	1.41%
299	Peripheral vascular disorders w MCC	2	0.71%
300	Peripheral vascular disorders w /o MCC	1	0.35%
314	Other circulatory system diagnoses w MCC	6	2.12%
371	Major gastrointestinal disorders & peritoneal infections w MCC	2	0.71%
388	G.I. obstruction w MCC	1	0.35%
393	Other digestive system diagnoses w MCC	1	0.35%
539	Osteomyelitis w MCC	4	1.41%
559	Aftercare, musculoskeletal system & connective tissue w MCC	3	1.06%
579	Other skin, subcut tiss & breast proc w MCC	6	2.12%
592	Skin ulcers w MCC	6	2.12%
637	Diabetes w MCC	5	1.77%
682	Renal failure w MCC	10	3.53%
853	Infectious & parasitic diseases w O.R. procedure w MCC	4	1.41%
862	Postoperative & post-traumatic infections w MCC	0	0.00%
871	Septicemia or severe sepsis w/o MV 96+ hours w MCC	30	10.60%
872	Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	2	0.71%
919	Complications of treatment w MCC	2	0.71%
949	Signs & symptoms w/o MCC	0	0.00%
981	Extensive O.R. procedure unrelated to principal diagnosis w MCC	7	2.47%
987	Non-extensive O.R. proc unrelated to principal diagnosis w MCC	2	0.71%
	OTHER	45	15.90%
		283	100.00%

Table B

	FY2018		FY2017
HOME	77	27.2%	31.4%
ACUTE HOSPITAL	40	14.1%	15.2%
SNF	124	43.8%	50.0%
EXPIRED	32	11.3%	6.6%
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Table C

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