



Hospital Collaborative Initiatives for Inclusion in CHNA Implementation Strategies

Throughout 2018, the Central Ohio Hospital Council convened a multi-stakeholder Steering Committee to identify the unmet health needs of Franklin County, consistent with IRS requirements for conducting Community Health Needs Assessments. The Steering Committee worked through a number of facilitated exercises and identified the following (in prioritized order) as the priority health needs for Franklin County:

1. Mental Health and Addiction
2. Poverty and Income
3. Infant Mortality

The Franklin County hospital systems are working to obtain approval by their governing boards of the needs assessment report as well as the strategies that the systems are developing and have implemented to address the identified health needs. Through the Central Ohio Hospital Council, the hospital systems collaborate on a number of initiatives that address the above health needs. As hospitals prepare their implementation strategies for governing board approval, they are encouraged to include descriptions of the following COHC initiatives.

1. Mental Health and Addiction

Community Challenges: Behavioral Health

- 22% of Franklin County residents have been told they have depression.
- The suicide rate in Franklin County is 12.3 per 100,000 population, higher than the Healthy People 2020 goal of 10.2.
- The three largest emergency departments report a combined total of more than 20,595 visits for behavioral health diagnoses, nearly half of the patients have Medicaid.
- Patients stay in the emergency department an average of 12.87 hours, 5 times higher than Ohio's average length of stay.

COHC Initiatives: Behavioral Health

Franklin County Bedboard

Facing higher demand for behavioral health services, central Ohio psychiatric providers are working together to ensure timely access for patients in need of inpatient services. Franklin County's three adult hospital systems are partnering with other inpatient psychiatric providers to communicate

psychiatric bed availability and match open beds with patients in need of inpatient placement. Working with the Central Ohio Hospital Council, the group has developed a web-based, secure Bedboard listing all psychiatric patients needing admission in the county as well as all open beds. Representatives from each entity then communicate daily to place the right patient in the right bed at the right time. This collaborative effort has reduced the wait time for patients in the emergency departments and medical/surgical beds, and it has led to a better working relationship with psychiatric care providers in the community.

Psychiatric Crisis and Emergency Services Task Force

With an interest in improving the psychiatric crisis and emergency services system in Franklin County, the Central Ohio Hospital Council approached other community partners to develop the PCES Task Force.

With meetings beginning in late 2014, the Task Force, comprised of over 30 community organizations, developed a set of objectives including:

- Identify best practice strategies and build agreement to ensure Franklin County has a system that is well-prepared to meet the demand for services;
- Facilitate community discussion among leaders from the major providers of psychiatric crisis and emergency systems in Franklin County and other interested parties;
- Identify and understand the community need for psychiatric emergency services in Franklin County and existing services available;
- Review evidence-based approaches for the delivery of psychiatric emergency services;
- Develop report to share findings and recommendations to improve the system, and the proper next steps to implement them.

The work of the Task Force has led to community discussions around the construction of a new mental health facility to provide a complete crisis care continuum for adult consumers by 2021. The new facility will be designed to provide 24/7 access to care through the first responder system, law enforcement, community care providers and self-referrals providing a safe, therapeutic setting which stabilizes the consumer and links them to the least restrictive treatment options that lead to recovery.

Community Challenges: Opiate Addiction

- In 2017, there were 520 overdose deaths in Franklin County, a 47% increase from the previous year.
- Two-thirds of those deaths were attributed to fentanyl, 36% to cocaine, 16% to heroin, 14% to carfentanil, and 5% to methamphetamine.
- Overall, opiate-related deaths accounted for 80.8% of overdose deaths compared to 75.3% in 2016.

COHC Initiatives: Opiate Addiction

The Franklin County hospital systems are working together to implement a set of strategies assigned to COHC under the Franklin County Opiate Action Plan. This plan was developed by ADAMH Franklin

County and is supported by the Columbus Mayor, City Council and the County Commissioners as the community plan to address and combat the opiate crisis. COHC is working to implement the following activities assigned to the hospital systems under the Action Plan.

Community overdose education and prevention programs

Representatives from all 4 hospital systems are presenting opiate overdose education and prevention information at events held throughout the community. Last year, the hospital systems presented at 23 community education sessions, with 732 residents attending, and distributed 709 Naloxone kits.

Treatment and referral of opiate overdose patients presenting in the ED

ED leaders from the hospital systems are working to better assess opiate-overdose patients presenting in the ED and refer them in a timely manner to Maryhaven for treatment. ADAMH Franklin County has established the RREACT program (Rapid Response Emergency Addiction and Crisis Team), which is available to respond and provide brief outreach and engagement services with patients in the ED. If the patient is open to treatment, RREACT will transport the patient to the Maryhaven Addiction and Stabilization Center (MASC). COHC convenes meetings with RREACT representatives and hospital ED directors and distributes monthly reports to hospital ED directors to improve RREACT referrals so that more patients are accessing timely treatment.

Opiate prescriptions dispensed to individuals in Franklin County

The four hospital systems are working to reduce the number of opiate prescriptions dispensed to patients. The systems have developed a quality improvement project around reducing opiate prescriptions for outpatients undergoing outpatient gastrointestinal surgeries. The hospitals are considering a similar project around reducing prescriptions written for women undergoing C-sections.

2. Poverty and Income

Community Challenges: Poverty and Income

- Franklin County's poverty rate stood at 15.9 percent in 2017, higher than the state's rate of 14 percent and the nation's rate of 12.3 percent.
- The number of Franklin County children who lived in poverty in 2017 was 66,891 more than the population of Worthington, Groveport, Hilliard and Grandview Heights combined.
- 10.8 percent of white Franklin County residents lived in poverty in 2017; the rate among black residents was 27.3 percent.
- Nationally, the health care supply chain lags behind other industries in minority/diversity contracting.
- The complexity of the health care supply chain can create unique challenges for small and diverse companies.

COHC Initiatives: Supplier Diversity

The past 3 years, the four Franklin County hospital systems have hosted a number of industry-specific Meet-and-Greet events, where local women- and minority-owned businesses learn about each systems' immediate purchasing needs and how to successfully contract with the hospital systems. In addition, the hospitals have developed a guide to assist business owners in navigating the hospital contracting process. In this guide, diverse businesses learn how to:

- Register a company using each systems' registration process
- Obtain certification through an official certification agency
- Research the purchasing needs of the hospital systems

The four hospital systems annually sponsor and jointly staff a booth at the Ohio Minority Supplier Development Council's Job Opportunity Fair. Last fall, the four systems hosted a roundtable, where representatives from leading general contractors met with hospital facility directors to discuss ways to increase diversity in hospital construction projects.

COHC Initiatives: Employing Central Ohioans with Disabilities

The four hospital systems are working with the State of Ohio's Opportunities for Ohioans with Disabilities to develop a program that assists candidates with disabilities in obtaining specific education, skills and abilities necessary for employment in the hospital setting. Hospital talent acquisition representatives from the four hospital systems have developed the program, which will provide an opportunity for qualified job seekers with disabilities to meet minimum requirements and earn a credential recognized by the four hospital systems.

The hospitals have identified an initial area of focus – environmental services -- and has agreed on key components of the program: candidate pre-screen requirements, basic job functions, and occupational and soft skills training and support required for employment. After implementation of the environmental services training, the group will pursue training in the following high-demand positions:

- Patient Services
- Nutrition Services
- Sterile Processing

3. Infant Mortality

In 2014, the Greater Columbus Infant Mortality Task Force, comprised of community and business leaders, released a set of strategies to reduce Franklin County's high infant mortality rate. The strategies were assigned to lead entities, which were charged with successfully implementing the strategies and ensuring progress is made. Several strategies were assigned to the Central Ohio Hospital Council including:

Safe Sleep Education

Since September 2016, all Franklin County birthing hospitals are showing a video to women and families before discharge highlighting the importance of safe sleep practices (alone, on the back, in a crib). The video also educates parents on the importance of breastfeeding and on things they can do to stay calm when babies cry (to reduce shaken baby syndrome). In addition, all Franklin County hospitals conduct quarterly internal audits to ensure that infants are in safe sleep environments (alone in their crib, sleeping on their backs and always in a crib) during their hospital stay. Also, each winter the birthing hospitals distribute sleep sacks to all infants discharged between December and March. Sleep-related deaths tend to increase during the cold months due to blankets and other warm items being placed in cribs.

Medical Legal Partnership

Since 2017, pregnant women who receive care in hospital prenatal clinics are being screened to assess if they have a legal issue that needs addressed. If a legal need is identified, the women is referred to the Columbus Legal Aid Society, which helps to resolve the legal issues. The goal of the initiative is to improve the health of pregnant women by addressing social conditions, such as housing, benefits and job-related issues, that could result in a negative pregnancy outcome.

Tobacco Cessation

Franklin County birthing hospitals are identifying women who currently smoke tobacco and referring them to Franklin County Public Health for cessation counseling. Under the program, staff ask post-partum patients about her smoking status, advise her on the impact of tobacco on the mother and infant and assess the patient's willingness to make a quit attempt within the next 30 days. Those women who are likely to make an attempt to quit are referred to Franklin County Public Health for assistance.

Very Low Birth Weight Infants

Since 2017, the three adult hospital systems have implemented policies to ensure that mothers at risk of delivering a very low birth weight infant deliver at a facility with higher volumes of VLBW deliveries. This work comes from a recommendation of GCIM Task Force, which considered national studies showing that infants delivered at less than 1500 grams are more likely to survive if they are born in hospitals with higher volumes of VLBW infants.