FLORIDA HOSPITAL
Altamonte

2014-16 Community Health Plan

May 15, 2014

Florida Hospital Altamonte conducted a tri-county Community Health Needs Assessment (CHNA) in 2013 in collaboration with Orlando Health, Aspire Health Partners (formerly Lakeside Behavioral Health Center), the Orange County Department of Health, and the Health Council of East Central Florida. With oversight by a community-inclusive Community Health Impact Council that served as the hospital's Community Health Needs Assessment Committee, the Assessment looked at the health-related needs of our broad community as well as those of low-income, minority, and underserved populations[i]. The Assessment includes both primary and secondary data.

The community collaborative first reviewed and approved the Community Health Needs Assessment. Next, the Community Needs Assessment Committee, hospital leadership, and the hospital board reviewed the needs identified in the Assessment. Using the Priority Selection processes described in the Assessment, hospital leadership and the Council identified the following issues as those most important to the communities served by Florida Hospital Altamonte. The hospital Board approved the priorities and the full Assessment.

1. Obesity
2. Access to Care

With a particular focus on these priorities, the Council helped Florida Hospital Altamonte develop this Community Health Plan (CHP) or "implementation strategy[ii]." The Plan lists targeted interventions and measurable outcome statements for each effort. Many of the interventions engage multiple community partners. The Plan was posted by May 15, 2014 at the same web location noted below.

Florida Hospital Altamonte's fiscal year is January – December. For 2014, the Community Health Plan will be deployed beginning May 15 and evaluated at the end of the calendar year. In 2015 and beyond, the Plan will be implemented and evaluated annually for the 12-month period beginning January 1 and ending December 31. Evaluation results will be posted annually and attached to our IRS Form 990.

If you have questions regarding this Community Health Plan or Community Health Needs Assessment, please contact Verbelee Nielsen-Swanson, Vice President of Community Impact, at Verbelee.Nielsen-Swanson@flhosp.org

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[i] The full Community Health Needs Assessment can be found at www.floridahospital.com under the Community Benefit heading.

[ii] It is important to note that the Community Health Plan does not include all Community Benefit efforts. Those activities are included on Schedule H of our Form 990.

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OUTCOME GOALS						OUTCOME MEASUREMENTS								
CHNA Priority	**Outcome Statement**	**Target Population**	**Strategies/Outputs**	**Outcome Metric**	**Current Year Baseline**	**Year 1 Outcome Goal - #**	**Year 1 Actual**	**Year 2 Outcome Goal - #**	**Year 2 Actual**	**Year 3 Outcome Goal - #**	**Year 3 Actual**	**Hospital $**	**Matching $**	**Comments**
Obesity														
	**Increase opportunities for leisure time physical activity in a social setting	Residents of the primary service area (PSA)	Annual Healthy 100 sponsored community Run for Rescues, ASPCA 5k	Participation in 5k	0	300		350		400		In-kind support		Staffing and promotion
	Continue to support opportunities for physical activity in social settings	Residents of tri-county area	Provide financial assistance to the City of Altamonte's Cranes Roost Park, a mile long, waterfront walking path	Value of support	$15,000	$15,000		$15,000		$15,000				
	**Offer education program aimed at increasing energy via nutrition, stress management, and exercise	Spouses of Florida Hospital Employees (who are not also employed by the system)	Energy for Performance 4-hour workshop	Number of non-employees who attend class	173	180		200		220		In-kind staff support and materials		
	** Provide education to increase knowledge of and positive behaviors toward healthy eating and exercise	Children in the primary service area (PSA)	Mission FIT Possible Program for children	Number of children who have completed program	3,461	3,600		3,650		3,700		$130,000	$170,00	Staffing and operational support
	** Provide education and clinical care to increase knowledge of and positive behaviors toward healthy eating and exercise	Families in the primary service area (PSA) with children who are overweight or obese	Healthy 100 Kids service line and education program	Number of children who have participated in the program	429	430		430		430		$130,000	$170,000	Staffing and operational support
	Increase knowledge of nutrition and physical activity and improve biometric results	Independent living youth -individuals 18-24 who are supported by the Department of Children and Families but ineligible to be placed in foster care	Provide health education and support services to independent living youth	Total number of youth enrolled	0	21		30		50		$10,000		Staff support and gift cards

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				Percentage of youth whose biometrics are improved	0	20%		30%		40%				In-king diagnostic testing
	**Support efforts to reduce heart related conditions through the funding of research and programs	Residents of the primary service area (PSA)	Provide support and board membership to the American Heart Association	Value of support	$100,000	$100,000		$100,000		$100,000		$100,000		
			Encourage emplo9yee participation in the annual Heart Walk	Number of FH walkers	500	600		650		675				
	Continue to support "walking school bus" program through Healthy Central Florida .	Children from schools enrolled in interventions	Promote through Winter Park Consortium schools via "Walk and Roll" every Monday and Wednesday	Number of children who participate in program	412	450		500		550		$290,000	$290,000 (Winter Park Health Foundation)	Staff support and promotion/ marketing
	Facilitate walking programs that aid in increasing leisure time physical activity	Eatonville, Maitland, and Winter Park residents	"Walk and talk with the Mayor", "Walk with a doc," "Mayors Sole Challenge" and, "Maitland Walks"	Number of residents who participate in walking interventions	490	705		820		925				Staff support and promotion/ marketing
	Engage Florida Hospital Medical Group (FHMG) providers to continue meaningful use measures and create CERNER automation to refer obese patients into weight management practice	Patients of the 5 FHMG primary care practices in the primary service area	Build an automated flag into the medical record that prompts referral into weight management program for all patients with BMI over 30	Proportion of patient encounters that include a referral into weight management	0	10% increase from baseline		10% increase from year 1		10% increase from year 2				
	Work with the Florida Department of Health at Seminole County and community organizations to expand programming for the purpose of reducing obesity in Seminole County	Residents of Seminole County	Provide leadership and expertise to Healthy Seminole Collaboration and evaluate funding based on program needs	Interventions implemented in a community	0	2		1 additional post year 1		1 additional post year 2				

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Access to Care														
	**Encourage medical home enrollment	Uninsured and underinsured residents of Seminole County	Refer uninsured and underinsured emergency department (ED) and inpatients to new Federally Qualified Health Center (FQHC) operated by the Health Care Center for the Homeless (HCCH) in Longwood	Total number of uninsured and underinsured patients enrolled in the FQHCs	0	300		500		650			$325,000 HCCH Health Resources & Services Administration (HRSA) grant split between Altamonte and East Orlando	
	Increase the likelihood of medication adherence among uninsured patients	Uninsured and underinsured patients	Provide prescription medications at little to no cost to the patient	Total cost of prescription medications disbursed to patients	$70,386	$70,400		TBD		TBD				
	** Support capacity expansion for secondary care services and maintain primary urgent care	Uninsured and underinsured residents	Provide financial support to aid in recruitment of secondary care providers and case management at Shepherd's Hope Clinics	Financial support provided	$100,000	$100,000		$100,000		$100,000		$100,000 annually	Physician, nursing, and clerical operations are donated annually via volunteer providers	
			Provide access to services in the form of volunteer physician recruitment to Shepherd's Hope	Number of physicians recruited	18	20		30		40				
			Provide employee support in the form of volunteer recruitment to Shepherd's Hope	Number of employees who volunteer time	118	130		140		150				
			Support efforts to begin and continue electronic medical records integration and information sharing with Shepherd's Hope	Number of sites that have established an electronic medical record system	0	1		4		4				
			Continue to donate clinical services to Shepherd's Hope Patients	Amount of in-kind support donated in clinical services	$345,870	Support to continue as appropriate		Support to continue as appropriate		Support to continue as appropriate				
			Continue to donate clinical services to Shepherd's Hope Patients	Value of donated diagnostic services	$2,382,355	Support to continue as appropriate		Support to continue as appropriate		Support to continue as appropriate				

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	Support the mission and efforts of the Kids House of Seminole to prevent child abuse and aid child abuse victims and their families	Children who have been abused	Continue to provide leadership in the form of board membership and financial support to the Kids House of Seminole, Children's Advocacy Center	Value of support	$110,238	$99,995		$95,238		TBD		Donations include clinical staffing, laundry services, and materials		
	**Support the education and training of medical practitioners in the tri-county region	Nursing and medical students of Valencia College, Seminole State College, University of Central Florida, Florida State University, and Adventist University of Health Sciences	Financially support the professional development and education of medical and nursing students	Value of support	$28 million	$28 million		TBD		TBD		TBD		
	**Support the education and training of medical practitioners in the tri-county region	UCF, VC, SSC, Vo-Tech, TECO and additional schools	Provide sites for clinical rotations and residency sites for graduates of medical education programs	Number of sites	100 academic contracts	100 academic contracts		TBD		TBD		TBD		
	**Support services that provide care to the uninsured and underinsured	Uninsured and underinsured residents of Orange and Seminole Counties	Florida Hospital Community After Hours Clinic	Value of Support	$95,000	$103,000		TBD		TBD			%65,000/year from Orange County Health Services	
	**Increase capacity for accessing services for congestive heart failure	Uninsured and underinsured residents with congestive heart failure	Continue to fund and improve congestive Florida Hospital heart failure clinic at Orange County Medical Clinic	Number of patients seen	757	800		850		850	$203,337	$203,337	Space donated by Orange County Government Health Services	
	**Continue to support access to primary care for uninsured and underinsured residents of Seminole County	Uninsured and underinsured patients	Provide financial support for operations and case management to Orange Blossom Family Health Center(Healthcare Center for the Homeless)	Financial Support	$100,000	$100,000		$100,000		$100,000		Value of charity for all homeless causes in the system: $34,492,612		
	**Increase the availability of free or low-cost mammograms	Uninsured and underinsured women in primary service area (PSA)	Women's mobile coach sites and diagnostic centers	Number of women who are screened	3,906	3,980		4,056		4,133		TBD		Staffing and operations

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	** Potentially reduce hospital admissions due to COPD and asthma via providing other clinical options for care	Pulmonary patients in the primary service area	Enroll patients in the Apopka Lung Clinic	Number of patient visits to the Apopka Lung Clinic	400	400		500		600		$394,000 over 2 years	$390,000	
	** Reduce the likelihood of hospital readmissions due to a pulmonary condition	Uninsured, post-discharge patients with a pulmonary diagnosis	Improve the management of chronic symptoms through access to care and medications	Rate of 30-day readmission for patients with a pulmonary condition treated at the Lung Clinic	8%	7%		7%		6%			$390,000	For every $1 donated, $9 worth of services are delivered -mostly in-kind
	** Improve the management and prevention of pulmonary symptoms through increased access to medication and specialty care	Pulmonary patients seen at the Apopka Lung Clinic or Pulmonary Rehab	Enroll patients in pharmaceutical support program	Percent of patients enrolled in pharmaceutical support programs	64%	75%		78%		78%			$390,000	
	** Improve access to pulmonary medications by providing free medications	Uninsured pulmonary patients	Increase the amount of medications donated to pulmonary patients	Value of medications donated	$600,000	$800,000		$1 million		$1.1 million			$36,000 in support beyond pharmaceutical dollars	
	** Provide opportunities to increase activities of daily living in pulmonary patients seen at the pulmonary rehab facility	Pulmonary rehabilitation patients	Enroll patients in pulmonary rehabilitation program	Improve self-reported activities of daily living score by 1 on pose test	4	Improve by 1		Improve by 1		Improve by 1			$390,000	** Provide opportunities to increase activities of daily living in pulmonary patients seen at the pulmonary rehab facility
	** Provide opportunities to decrease the proportion of persons with asthma who miss school or work days due to lack of medication or services	Pulmonary patients in the primary service area (PSA)	Increase inpatient and ED referrals to Apopka Lung Clinic for the purpose of increasing census	Increase the proportion of patients who were referred by a provider	0	78%		83%		88%			$390,000	** Provide opportunities to decrease the proportion of persons with asthma who miss school or work days due to lack of medication or services

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	**Offer comprehensive evaluation, treatment, and case management to improve quality of life for residents with mental health diagnoses	Uninsured residents of the tri-county region with depression, anxiety, and co-morbid medical conditions	Outlook Clinic for Depression & Anxiety – partnership with Mental Health Assn., FH Behavioral Health, Orange County Medical Clinic, UCF School of Social Work and Walgreens	Number of patients seen at the Outlook Clinic	640	700		750		800		$193,340	Space donated by Orange County Government Health Services	**Offer comprehensive evaluation, treatment, and case management to improve quality of life for residents with mental health diagnoses
	**Decrease inpatient and emergency department utilization by the target population	Uninsured residents of the tri-county region with depression, anxiety, and co-morbid medical conditions	Outlook Clinic for Depression & Anxiety – partnership with Mental Health Assn., FH Behavioral Health, Orange County Medical Clinic, UCF School of Social Work and Walgreens	Emergency department visits by Outlook Clinic patients	600	432		400		400			Space donated by Orange County Government Health Services	
			Outlook Clinic for Depression & Anxiety – partnership with Mental Health Assn., FH Behavioral Health, Orange County Medical Clinic, UCF School of Social Work and Walgreens	Admissions from the emergency department (ED) by Outlook Clinic patients	191	118		95		95				
	**Continue to support maternal and child health initiatives in Seminole County	Pregnant women in Seminole County	Provide financial support to the Healthy Start Coalition of Seminole County	Value of donation	$15,000	$15,000		$15,000		$15,000		$15,000	State match	
	Improve patient relationships and patient care as measured by increased hospital provider HCAHPS scores related to Nurse Communication.	Identified patient care units	Pilot diagnosis related CREATION Health patient care model on 1 unit	Nurse communication score for applicable unit/campus	4900: 87.9%; 96th percentile	4900 - 90.5%; 95th percentile		4900 - 90.5%; 95th percentile		4900 - 72.9%; 95th percentile				Based on 3% annual improvement; maintain at 95th percentile

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	Improve patient relationships and patient care as measured by increased HCAHPS scores related to Medication Information	Identified patient care units	Pilot diagnosis related CREATION Health patient care model	Medication communication score for applicable unit/campus	4900: 69.0%; 85th percentile	4900 - 71.1%; 92nd percentile		4900: 95th percentile		4900 - 91.6%; 95th percentile				Based on 3% annual improvement; maintain at 95th percentile
	Improve patient relationships and patient care as measured by increased HCAHPS scores related to Discharge Education	Identified patient care units	Pilot diagnosis related CREATION Health patient care model	Discharge Information score for applicable unit/campus	4900: 87.7%; 73rd percentile	4900 - 90.3%; 90th percentile		4900 - 91.6%; 95th percentile		4900 - 76.6%; 95th percentile				Based on 3% annual improvement; maintain at 95th percentile
	Improve patient relationships and care as measured by increased HCAHPS scores related to *Quietness*	Identified patient care units	Pilot diagnosis related CREATION Health patient care model	Quietness score for applicable unit/campus	4900: 73.2%; 91st percentile	4900 - 75.4%; 94th percentile		4900 - 76.6%; 95th percentile		20% of identified discharges				Based on 3% annual improvement; maintain at 95th percentile
	Discharged patients, families, and caregivers attend CREATION Health seminars	Discharged patients, families, and caregivers	Create CREATION Health and diagnosis related seminar information	Number of patients, family, and caregivers in attendance	0	10% of identified discharges		15% of identified discharges		20% of identified discharges				
	Support coordination of mental health services for children in the county	Pediatric residents of Seminole County	Actively participate in the development of the Seminole System of Care	Provide leadership and support for plan development	Actively participate in the task-force	In-kind leadership		TBD						
	Actively participate in health planning efforts in Seminole County	Uninsured and underinsured residents of Seminole County	Continue leadership role with Healthy Seminole Collaboration	Meeting attendance	8 meetings	8 meetings		8 meetings		8 meetings				
				Health Summit	Attendance and support	0	1		TBD		TBD			
				Other activities/events developed by the Health Leadership Council	Number of activities/events	0	1		1		1			

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Care Management/ Continuum of Care														
	Establish case management nursing and social work teams to enhance care coordination and community referrals	For identified patients	Increase RN ratios in units	Number of RNs hired to achieve 60% RN /40% SW team ratio	0	60% SW / 40% RN		TBD		TBD		TBD		
	Pilot new model of care coordination in the emergency department (ED)	Patients seen in the emergency department	Integrate case management team including social work and nursing dedicated to the ED via engaging and educating ED physicians, RNs, and social workers	Length of stay (LOS) and time to see patient from ED admission	TBD	TBD		TBD		TBD		TBD		
	Establish a more succinct method for tracking and recording resources	All patients	Develop Resource Center to assist patients with discharge planning needs	Number of patients assisted	0	TBD		TBD		TBD		TBD		
	Develop CCN (Community Care Network) Team	Specific diagnosis-related groups (DRGs)/ Readmissions Conditions	Focus on specific DRG(s) related to CHF and pneumonia	Reduce readmissions rate	TBD	TBD		TBD		TBD		TBD		
		Patients identified by CCN Team	Implement Health Coaches program	Number of patients seen, evaluated and followed by Health Coaches	0	TBD		TBD		TBD		TBD		

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