



2014-16 Community Health Plan

May 15, 2014

Florida Hospital Apopka 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 populationsⁱ. 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 Apopka. The hospital Board approved the priorities and the full Assessment.

1. Obesity
2. Chronic Disease Management

With a particular focus on these priorities, the Council helped Florida Hospital Apopka 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 Apopka'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.

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															
	Provide funding to increase opportunities for health education	Pre-K students 3-5 years old enrolled in Head Start program	Community Garden curriculum implemented through Head Start Program	Number of students who utilize program	0	20		25			30		\$10,000	0	Support 5-10 Farm Daddy containers
	**Increase opportunities for leisure time physical activity in a social setting	Residents of the primary service area	Annual Healthy 100-sponsored community Run for Rescues, SPCA 5k	Participation in 5k	0	300		350			400		In-kind support		Staffing and promotion
	Increase opportunities for leisure time physical activity in a social setting	Residents of the primary service area	Let's Move 5k	Participation in 5k race	148	160		175			190		\$5,000		
	**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 the availability of fruits to the diets of the population aged 2 and older	Residents of defined communities in Apopka	Work with Hebni Nutrition Counselors to deploy Mobile Farmer's Market to provide fresh fruits and vegetables alongside education opportunities	Report of increased consumption by persons aged 2 and older	0-0.5 cup equivalent per 1,000 calories	0.5 cup equivalent per 1,000 calories		0.7 cup equivalent per 1,000 calories			0.9 cup equivalent per 1,000 calories		\$329,050 over 2 years	\$550,000 over 3 years	Hebni Nutrition Consultants

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	**Reduce household food insecurity by introducing low cost, SNAP eligible, fresh fruit and vegetable options to the community	Residents of defined communities in Apopka	Mobile Farmer's Market to stop at two sites in Apopka once per week	# of individuals who purchase produce from Mobile Farmer's Market	0	2,000		4,000		6,000				Hebni Nutrition Consultants
	**Reduce household food insecurity by introducing low cost, SNAP eligible, fresh fruit and vegetable options to the community	Residents of defined communities in Apopka	Mobile Farmer's Market to stop at two sites in Apopka once per week	Value of support donated to operate the Mobile Farmer's Market	0	\$218,850		\$110,200		TBD			\$550,000 over 3 years	Hebni Nutrition Consultants
	**Increase the availability of total vegetables to the diets of the population aged 2 and older	Residents of defined communities in Apopka	Mobile Farmer's Market offering food and education to stop at 2 sites in Apopka once per week	Report of cup equivalent total vegetables consumed by persons aged 2 and older	0-0.8 cup equivalent per 1,000 calories	0.8 cup equivalent per 1,000 calories		1.0 cup equivalent per 1,000 calories		1.1 cup equivalent per 1,000 calories				Hebni Nutrition Consultants
	Participate in pilot aimed at increasing awareness of and opportunities for physical activity for patients of the Florida Hospital Medical Group (FHMG)	Patients of FHMG providers	Promote Nature Prescription Pad pilot to FHMG physicians so they may "prescribe" exercise via free admissions for up to 8 persons to a state park	Number of exercise proscriptions given	0	100		Developmental		Developmental				Pilot project through Florida Department of Health
	Engage 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	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				
	**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 employee participation in the annual Heart Walk	Number of FH walkers	500	600		650		675				

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Chronic Disease Management	Create opportunities to increase Stanford Chronic Disease Self-Management Program (CDSMP) course enrollment	Residents in the primary service area (PSA) with a chronic condition or a caretaker	Increase sites where CDSMP course is held from 2 to 4	Number of sites where CDSMP course is offered	5 sites	5 sites		6 sites		7 sites		\$6,000		Amount needed for materials and to train facilitators	
				Number of CDSMP graduates	64	75		85		100		\$20,000	Donated books		
	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	\$23,293	\$23,500		TBD		TBD					
	** 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%		\$394,000 over 2 years	\$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%		\$394,000 over 2 years	\$390,000		
	** Improve access to 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		\$394,000 over 2 years	\$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		\$394,000 over 2 years	\$390,000		

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	** 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	Increase inpatient and emergency department (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%		\$394,000 over 2 years	\$390,000	
	**Support and create opportunities for increased quality of life for residents of Orange County	Residents of Orange County	Healthy Central Florida to support, draft, and influence policy changes that support community development such as smoke-free resolutions	Number of adopted policies that support community health	5	Continue to support the implementation of resolutions already passed		Continue to support the implementation of resolutions already passed		TBD		Leadership and support		
Mental Health	**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	
	**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 (ED) visits by Outlook Clinic patients	600	432		400		400			Space donated by Orange County Government Health Services	
		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	Inpatient admissions from the emergency department (ED) by Outlook Clinic patients	191	118		95		95			Space donated by Orange County Government Health Services	

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Heart Disease	**Increase capacity for accessing services for congestive heart failure	Uninsured and underinsured residents with congestive heart failure	Continue to fund and improve Congestive Health 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
	Support efforts to reduce heart related conditions through the funding of research and programs	Residents of the primary service area	Provide support and board membership to the American Heart Association	Value of support	\$100,000	\$100,000		\$100,000		\$100,000		\$100,000		
Access to Care	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	\$234,501	\$234,500		TBD		TBD		In-kind staff in addition to medication		Case Management
	Work with community partners to expand school-based clinics	Students including uninsured and underinsured	Evaluate expanding health professional coverage in Orange County Public Schools	Developmental	TBD	TBD		TBD		TBD				Nemours, Orlando Health, Winter Park Health Foundation, Orange County Public Schools
	**Support services that provide care to the uninsured and underinsured	Uninsured and underinsured residents of Orange County	After Hours Clinic	Value of Support	\$95,000	\$103,000		TBD		TBD		Clinical space provided		
	Support continuum of care and coordination of services	Members of the 3 enrolled churches	Install a faith nurse in 3 churches	Number of members enrolled	0	400		520		800		\$106,216	\$108,887	
	** Support capacity expansion for Shepherd's Hope primary and secondary care services	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

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			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 at cost	\$345,870	Support to continue as appropriate		Support to continue as appropriate		Support to continue as appropriate				
	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			TBD		TBD		TBD		
	Support the education and training of medical practitioners in the tri-county region	UCF, VC, SSC, Vo-Tech, Technical Education Center of Osceola County (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		
	**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
	Support efforts to provide IDs for individuals who do not have identification	Homeless and precariously housed residents of Central Florida	iDignity	Financial support	\$25,000	\$25,000		TBD		TBD		\$25,000		

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	**Continue to support maternal and child health initiatives in Orange County	Pregnant women in Orange County	Provide financial support to the Healthy Start Coalition	Value of donation	\$15,000	\$15,000		\$15,000		\$15,000		\$15,000 for Orange County		
			Provide office space to the Healthy Start Coalition	Value of office space subsidized	\$3,620	\$3,620		\$3,620		\$3,620				
	Continue to support access to primary care for uninsured and underinsured residents of Orange County	Uninsured and underinsured patients	Provide financial support for operations and case management to 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		
	Continue to support access to primary and secondary care for uninsured and underinsured residents of Orange County	Uninsured and underinsured patients	Provide financial support for operations and case management to Grace Medical Home	Financial Support	\$100,000	\$100,000		\$100,000		\$100,000		\$100,000	Orlando Health	
	Continue to support operations that increase primary care access for the underserved	Uninsured and underinsured residents	Operate the After Hours Clinic	Financial support to operate the clinic	\$96,367	\$85,970		TBD		TBD				
	Support and expand the PCAN (Primary Care Access Network) integrated system of care for the medically underserved	Uninsured and Underinsured residents of Orange County	Continue leadership of PCAN integrated leadership for uninsured and underinsured (21 partners)	Serve as board chair	\$6m in IGT	\$6m in IGT		\$6m in IGT		\$6m in IGT		Low-Income Pool/IGT funds	\$12.9m from Orange County	Maureen Kersmarki, Verbelee Nielsen-Swanson, Lewis Seifert
			Support the capacity and network expansion of Federally Qualified Health Centers (3 FQHC entities)	Number of FQHC primary care medical homes	13	13		14		15		Low-Income Pool/IGT funds	FQHCs	PCAN FQHCs
			Support the capacity and network expansion of Federally Qualified Health Centers (3 FQHC entities)	Number of FQHC primary care patients	92,000	95,000		97,000		98,000		Low-Income Pool/IGT funds	FQHCs	PCAN FQHCs

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			Support the capacity and network expansion of Orange County Medical Clinic	Number of secondary care patients	10,000	10,200		10,300		10,400		Low-Income Pool/IGT funds	\$30m from Orange County Health Services	
			Continue to provide donated medical services to the Orange County Medical Clinic	Value of support	TBD	TBD		TBD		TBD				
	Actively participate in health planning efforts in Orange County	Uninsured and underinsured residents of Orange County	Continue leadership role with Healthy Orange Florida	Meeting attendance	8 meetings	8 meetings		8 meetings		8 meetings				Verbelee Nielsen-Swanson, Atalie Ashley-Gordon
			Health Summit	Attendance and support	0	1		TBD		TBD				Health Summit every other year
			Other activities/events developed by Healthy Orange	Number of activities/events	0	1		1		1				
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	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 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		

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	Develop CCN (Community Care Network) Team	Specific diagnosis-related groups (DRGs)/ Readmissions Conditions	Focus on specific DRGs 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		
Violent Crime	**Increase access to and awareness of domestic violence resources in Orange County	Residents of Orange County	Screen for domestic violence and offer resources	# of employees trained to recognize signs of abuse	0	300		1,000		5,000		\$50,000		Staff training
	**Continue to support domestic violence initiatives in Orange County	Residents of Orange County	Support Harbor House through board membership and donations	Value of support donated to Harbor House	\$5,000	\$5,000		\$5,000		\$5,000		In-kind support		Board membership; physicians serving in advisory capacity; and donations
			Provide space for the Sexual Assault Treatment Center for Orange County	Value of donated space	\$39,892	\$39,892		\$39,892		\$39,892				

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