



2014-16 Community Health Plan

May 15, 2014

Florida Hospital Orlando 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 Orlando. The Florida Hospital Board approved the priorities and the full Assessment.

1. Heart Disease
2. Mental Health
3. Access to Care

With a particular focus on these priorities, the Council helped Florida Hospital Orlando 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 Orlando'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 also included on Schedule H of our Form 990.

Outcome statements marked with a "***" are system initiatives. Funds are distributed to one central program rather than to each campus

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
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	Spaced donated by Orange County Health Services	
	** 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 school gardens in the Orlando Metro area	Residents of the Orlando Metro area	Expand support of school-based gardens in the Orlando Metro area	# of gardens	1	2		3		4				
	**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	
	**Support and create opportunities for increased quality of life for residents of Eatonville, Maitland, and Winter Park	Residents of Eatonville, Maitland, and Winter Park	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		
	**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		
	**Support efforts to reduce heart related conditions through the funding of research and programs	Residents of the primary service area	American Heart Association Heart Walk	Number of employee walkers	2,733	3,000		TBD		TBD		\$230,000		

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				Amount of dollars raised by employees for the Heart Association	\$253,178	\$300,000		\$325,000		\$350,000				
	**Support and create opportunities for increased quality of life for diabetic and pre-diabetic patients	Residents of Eatonville	Healthy Eatonville Place	Percentage of pre-diabetic patients who do not become diabetic	New program	66%		71%		76%		\$177,000	\$183,000	
				Percent of participants retained	0	65%		70%		75%				
				Percent of pre-diabetic patients who meet goal of ≥ 7% weight loss	New program	50%		55%		60%				
				Percent of pre-diabetic patients who make nutritional and exercise changes	New program	60%		65%		70%				
				Percent of patients with poorly controlled diabetes who have a 0.7% reduction in their A1c	New program	50%		55%		60%				
				Percent of patients with poorly controlled diabetes who reach their BP goal	New program	80%		85%		90%				
				Percent of patients with poorly controlled diabetes who continue with program interventions and support programs	0	75%		80%		85%				
				Percent of patients with poorly controlled diabetes who attend diabetes education that know their ABC goals	0	90%		95%		95%				
	**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
	**Offer educate 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		

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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	Number of patients seen at the Outlook Clinic	640	650		650		650		\$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	Emergency department (ED) visits by Outlook Clinic patients	600	432		400		400			Space donated by Orange County Government Health Services	
				Admissions from the ED by Outlook Clinic patients	191	118		95		95				
	**Continue ongoing assessments of patients with dementia to ensure patient is receiving care coordinated while connecting patients and families to supportive resources.	Residents of primary service area (PSA) with a dementia	Continue to fund and operate the Maturing Minds Clinic	Number of Patients	81	100		150		200		\$151,000		
				Decreases in admissions and 30 day readmissions	40%	35%		30%		30%				
				Total ED visits	9	8		7		6				
	Continue to offer emergency psychiatric care for Baker Act patients	Residents of Orange County	Operate Baker Act facility	Number of Baker Act patients									Space in Orlando Emergency Department	
	**Collaborate with Aspire Health Partners to increase capacity and provide assessment and treatment for patients with an acute mental health crisis	Residents of Orange, Osceola, and Seminole Counties	Aspire Health Partners to provide inpatient care	Value of	\$1.3 million	\$1.3 million		\$1.3 million		\$1.3 million				

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	**Support enhanced behavioral health services in East Orlando	Residents of East Orlando with behavioral health needs	East Orlando Health Collaborative with Federally Qualified Health Center (FQHC), Aspire, and other community providers	Number of patients seen at FQHCs in Alafaya, Hoffner, and Lake Underhill	800	800		TBD		TBD		\$135,500		Central Florida Family Medicine provides clinical space
	Partner with the Mental Health Association to increase capacity and provide treatment for patients with a mental health diagnosis	Residents of Orange County, primarily the uninsured and underinsured	Mental Health Association of Central Florida	Provide financial support to the Mental Health Association	\$13,000	\$13,000		TBD		TBD		\$13,000		
	Advocate for patients with an acute psychiatric diagnosis who require guardians	Residents of Orange County, primarily the uninsured and underinsured	Mental Health Association of Central Florida	Provide financial support to the Mental Health Association	\$14,150	\$14,150		TBD		TBD				
	Continue to support mental health initiatives in Orange County	Residents of Orange County	Mental Health Association of Central Florida	Board membership								In-kind support and leadership		
	Collaborate with Aspire, law enforcement and Orange County Government on the Central Receiving Center	Residents of Orange County who may otherwise go to jail for mental health/substance abuse issues	Orange County Central Receiving Center	Provide leadership and in-kind financial support	5,809	5,900		TBD		TBD		In-kind		Rich Morrison
	Support coordination of mental health services for children in the county	Pediatric residents of Orange County	Actively participate in Mayor Jacob's Commission on Mental Health	Provide leadership and support for the Commission's recommendations	Chair task force	In-kind leadership		TBD				In-kind		Rich Morrison
			Participate in Wraparound Orange	Provide leadership and support	Committee memberships	In-kind						In-kind		Rob Herzog
Violent Crime	Increase access to and awareness of domestic violence resources in the 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

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			Provide space for the Sexual Assault Treatment Center for Orange County	Value of donated space	\$39,892	\$39,892		\$39,892		\$39,892		In-kind		Rich Morrison
			Support Mayor's Human Trafficking Task Force and related initiatives	Board membership	1	1		1		1	In-kind	In-kind		Rich Morrison
Chronic Disease Management	** 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%		Clinical space provided	\$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 Apopka Lung Clinic patients in pharmaceutical support program	Percent of patients enrolled in pharmaceutical support programs	64%	75%		78%		78%		Clinical space provided	\$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		Clinical space provided	\$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	Improve by 1	Improve by 1		Improve by 1		Improve by 1		Clinical space provided	\$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	Pulmonary patients in the primary service area	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%		Clinical space provided	\$390,000	
	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	

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Obesity	**Reduce household food insecurity by introducing low cost, SNAP eligible, fresh fruit and vegetable options to the community	Residents of defined communities in Orlando	Mobile Farmer's Market to stop at 2 sites in Orlando once per week	# of individuals who purchase produce from mobile farmer's market	0	2,000		4,000		6,000		\$329,050 over 2 years	\$550,000 over 3 years	Hebni Nutrition Consultants
				Value of support donated to operate the Mobile Farmer's Market	0	\$218,850		\$110,200		TBD				Hebni Nutrition Consultants
	**Increase the availability of fruits to the diets of the population aged 2 and older	Residents of defined communities in Orlando	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
	**Increase the availability of total vegetables to the diets of the population aged 2 and older	Residents of defined communities in Orlando	Mobile Farmer's Market offering food and education to stop at 2 sites in Orlando 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				
Access to Care / Continuum of Care	** 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	
	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
	** 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	
	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

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	Collaborate with Orange County Health Department to expand nurse practitioner coverage at Edgewater High School to address primary care needs	Children and youth aged 0-18 in the Edgewater community and feeder schools	Provide a nurse practitioner housed at Edgewater High School	Number of children and youth seen	\$25,000	TBD		TBD		TBD		\$25,000	Orange County Health Department and Orange County Public Schools	
			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 capacity expansion for Shepherd's Hope primary and secondary care services.		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		

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		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		
	**Continue to support maternal and child health initiatives in Orange County	Pregnant women in Orange County	Provide financial support to the Healthy Start Coalition of Orange County	Value of donation	\$15,000	\$15,000		\$15,000		\$15,000				
			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

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			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
			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				
	Explore alternatives to Emergency Department for non-emergent conditions	Insured and uninsured emergency department (ED) patients at Florida Hospital Orlando	Work with Community Health Centers (a FQHC) to determine feasibility of opening a CHC site at FH Orlando	Date of Community Health Center opening TBD	0	TBD		TBD		TBD				David Banks
				Number of potential emergency department patients seen at the Community Health Center location TBD	0	TBD		TBD		TBD				David Banks
	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				

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	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				
	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				
	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				
		Patients identified by CCN Team	Implement Health Coaches program	Number of patients seen, evaluated and followed by Health Coaches	0	TBD		TBD		TBD				
	Pilot CREATION Health patient care model at Orlando and Altamonte	Identified patient care units	Improve patient relationships and patient care as measured by increased hospital provider HCAHPS scores related to Nurse Communication.	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		FH: \$591,386 over three years (2014-16)	AHS: \$864,441 over three years (2014-16)	Based on 3% annual improvement; maintain at 95th percentile
		Identified patient care units	Improve patient relationships and patient care as measured by increased HCAHPS scores related to Medication Information	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
		Identified patient care units	Improve patient relationships and patient care as measured by increased HCAHPS scores related to Discharge Education	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
		Identified patient care units	Improve patient relationships and care as measured by increased HCAHPS scores related to <i>Quietness</i>	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

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		Discharged patients, families, and caregivers from identified units	Discharged patients, families, and caregivers attend CREATION Health seminars	Number of patients, family, and caregivers in attendance	0	10% of identified discharges		15% of identified discharges		20% of identified discharges				
Social Determinants of Health & Health Disparities	Work with community partners to address/improve the broad health of underserved communities	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Support United Global Outreach (UGO) and other partners in the Bithlo Transformation Effort (also included in Florida Hospital East Orlando Community Health Plan)	Organizational commitment by Florida Hospital	\$100,000	\$100,000		\$100,000		\$100,000				Does not include in-kind
			Provide in-kind support such as staff time and printing	Value of in-kind	\$50,000	\$50,000		\$50,000		\$50,000				Includes in-kind
	Help UGO build infrastructure and community support	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Engage stakeholders through a Community Advisory Board	Florida Hospital to host 6 meetings per year	6	6		6		6				
				Number of members	35	35		35		35				
	Help UGO build partnerships with vendors and the community	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Number of UGO partners	Number of UGO partners	60	65		70		72				
			Number of Florida Hospital vendors who help in Bithlo	Number of vendors per year	3	4		4		4				
	Help Bithlo receive national recognition as a best practice	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Build UGO relationship with <i>Stakeholder Health</i>	Number of touches/presentations	2	2		2		2				
			Build UGO relationship with <i>The Advisory Board</i>	Number of touches/presentations	1	2		2		2				
			Build UGO relationship with Robert Wood Johnson Foundation <i>NewPublicHealth.org</i>	Number of touches/presentations	1	1		1		1				
			Association for Community Health Improvement	Number of touches/presentations	1	1		1		1				

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	Support UGO efforts to improve education in Bithlo	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Provide in-kind and vendor support to grow capacity at Orange County Academy private school	Number of students	60	65		80		100			Value of vendor services	
			Apply influence as needed to ensure the success of the GED program	Number of graduates	5	10		15		25				
			Supply school uniforms	Value of uniforms	210 shirts and matching donations for pants	300 shirts and matching donations for pants		TBD		TBD		\$1,379	\$500 in-kind for uniforms from Florida Emergency Physicians	
			Supply new shoes for school	Pairs of shoes donated	42 pairs	60 pairs		TBD		TBD		\$1,952		
	Support UGO efforts to improve transportation in Bithlo	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Continue to help UGO engage elected officials in the transportation solution	Number of elected officials	\$5	\$5		5		5				
				Maintain/expand LYNX operations in Bithlo	Pick-up Line	Pick-up Line		Pick-up Line						
	Supports UGO efforts to improve housing in Bithlo	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Work with UGO to identify potential housing partners	Number of potential partner links (such as Democracy Collaborative at University of Maryland)	0	1		2		2				
			Ask Florida Hospital employees to participate in housing repairs	Number of volunteers	0	25		25		30				
	Support UGO efforts to offer permanent Health Care services in Bithlo	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Work with UGO and other partners to provide quality health care services in Bithlo	Number of health partners	4	5		5		5				
	Provide free, onsite, preventative dental services. Increase dental literacy and access for underserved and insured	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Bithlo Dental services	Number of unique patients served	530	530		TBD		TBD		\$100,000	\$50,00	
				Monetary Value of dental services	\$438,000	TBD		TBD		TBD				

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			Work with UGO to provide affordable dental services	Number of dental partners	4	3		3		3				
				Number of dental events	8	8		TBD		TBD				
				Number of toothbrushes and dental care items distributed	414	450		TBD		TBD				
				Number of sealants	207	250		TBD		TBD				
			Help establish permanent dental services in Bithlo through donation of a 5,700sq. ft. modular building	Donation of the modular by Florida Hospital	1	1		1		1		Building value		
			Support behavioral health with Aspire Health Partners & University of Central Florida	Permanent location for the modular	0	1		1		1				
			Support vision services with Central Florida Association of Optometrists through the donation of a 5,700 sq. ft. modular building	Permanent location for the modular	0	1		1		1				
			Strongly encourage Community Health Centers (CHC) to maintain the Federally Qualified Health Center (FQHC) in Bithlo	FQHC presence in Bithlo	1	1		1		1				
	Support UGO efforts to improve the environment in Bithlo	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Support efforts to bring county water to Bithlo	Number of contacts/discussions with policy makers	0	3		3		3				
			Support UGO efforts to clean up A-Z Landfill	Number of contacts/discussions with policy makers	0	3		3		3				
			Support UGO efforts to clean up benzene from gas station leak	Number of contacts/discussions with policy makers	0	3		3		3				
			Support UGO efforts with the state Super Act	Number of contacts/discussions with policy makers	0	3		3		3				

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	Support UGO efforts to build a sense of community in Bithlo	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Support UGO Community Festivals and Back to School Bash	Number of events	1	2		2		2				In-kind volunteers and donated services
				Number of children's physicals	92	TBD		TBD		TBD				In-kind volunteers and donated services
				Number of backpacks donated	780	TBD		TBD		TBD				In-kind volunteers and donated services
				Number of child vision screenings	59	TBD		TBD		TBD				In-kind volunteers and donated services
				Haircuts	55	TBD		TBD		TBD				In-kind volunteers and donated services
				Immunizations	51	TBD		TBD		TBD				In-kind volunteers and donated services
	Support UGO efforts to provide for basic needs	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Support UGO food pantry through renovations	Number of renovations	1	0		1		0				
			Support UGO clothing boutique	Number of clothing items donated	20	50		50		100				
	Support UGO efforts around economic opportunity	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Support <i>Hire Local Bithlo</i> initiative including Brasfield & Gorrie and other employers	Number of jobs	2	10		15		20				
			Consider the feasibility of expanded Florida Hospital employment of qualified Bithlo residents	Number of jobs	0	10		15		25				
	Support UGO development of Transformation Village	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Help with land purchase	Number of land purchases	1	0		1		1		\$120,000	\$60,000	

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			Develop a system to use fresh produce from the FarmDaddy garden system	Value of produce	0	TBD		TBD		TBD				
	Offer health education and strategies in the area of chronic disease management to Bithlo residents	Bithlo community - census tract 166.22, zip codes 32820 & 32833	Expand Stanford Chronic Disease Self-Management program to Bithlo	# of Bithlo residents who complete chronic disease self-management classes	0	10		20		30		\$500		Staff time and material
	Work with community partners to address/improve the broad health of underserved communities	.76 square miles in downtown Orlando: zip code 32805	Support Lift Orlando partners in the revitalization effort	Organizational commitment by Florida Hospital	\$75,000	TBD		TBD		TBD				Does not include in-kind
			Provide in-kind support such as staff time and printing	Value of in-kind	\$50,000	\$50,000		\$50,000		\$50,000				Includes in-kind
	Commission neighborhood survey in target area to understand community needs and desire for community	Zip code 32805	Engage Polis Institute	Number of completed surveys	0	\$1,200		0		0				
	Assist Lift Orlando to build infrastructure and community support	Zip code 32805	Utilize collective impact model	Florida Hospital to participate in setting shared goals	0	4		6		6				
			Actively participate on Board	Board Participation										
	Help Lift Orlando build partnerships with the community	Zip code 32805	Number of Lift Orlando partners	Number of Lift Orlando partners	7	10		TBD		TBD				
	Utilize best practices in revitalization effort	Zip code 32805	Maximize relationship with Purpose Built Communities	Number of touches/presentations	1	3		3		3				
	Support Lift efforts to improve education in target community	Zip code 32805	Provide in-kind to strengthen schools in target communities	Number of students	0	TBD		TBD		TBD			Value of support TBD	
	Support Lift Orlando revitalize targeted community	Zip code 32805	Apply influence/advocacy to ensure the success of the revitalization efforts	Shared Goals	0	TBD		TBD		TBD				

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	Supports Lift Orlando efforts to improve housing in target community	Zip code 32805	Support efforts to identify potential housing partners	Board Participation	0	1		1		1				
	Improve health and wellness in target community	Zip code 32805	Lead health and wellness committees and develop relevant collaborations	Implemented Initiatives	0	2		TBD		TBD				
	Support expansion of health care in target community	Zip code 32805	Work with providers and other partners to provide quality health care services in Lift Orlando service area	Number of health partners	2	2		3		3				
	Support Lift Orlando efforts to increase healthy lifestyle	Zip code 32805	Collaborate with Florida Citrus Sports to improve access to safe exercise areas	Number of areas for exercise										
	Increase access to Summer Camp which includes healthy living component	Zip code 32805	Provide physicals for youth to attend Florida Citrus Sports Summer Camp	Number of physicals provided	0	TBD		TBD		TBD				
	Support Lift Orlando efforts to build a sense of community in target area	Zip code 32805	Support Lift Orlando Community Festivals	Number of events	0	2		2		2				In-kind volunteers and donated services
	Support Lift Orlando efforts to strengthen economic opportunity	Zip code 32805	Active Board participation encouraging economic growth, stability, and development	Number of jobs	0	TBD		TBD		TBD				
	Offer health education and strategies in the area of chronic disease management to residents of the Lift Orlando service area	Zip code 32805	Expand Stanford Chronic Disease Self-Management program to Lift Orlando	# of residents in target area who complete chronic disease self-management classes	0	10		20		30		\$500		Staff time and material

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